



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

ACTION ADVENTURES DAY CAMP **2019 Registration Form**

Interoffice Only
Date Received: _____
Tw Oaks #: _____
BSRCC Member? Y N

Child's Full Name: _____ Date of Birth: _____

Primary Language _____ Identifying Marks _____

Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Gender: Male ___ Female ___ Grade Fall 2019: _____

Is there a custody agreement, restraining order or other court order in place pertaining to this child?
Yes ___ No ___ *If yes, please attach a copy for our records, which will be kept confidential.*

Is an IEP or behavior plan or other services in place for this child? Yes ___ No ___
If yes, you are required to provide Berkshire South with a copy to help us best meet each child's needs at camp.

Names of siblings who attend BSRCC programs: _____

<p>Parent/Guardian 1</p> <p>Name: _____</p> <p>Home Phone: (____) _____ - _____</p> <p>Cell Phone: (____) _____ - _____</p> <p>Work Phone: (____) _____ - _____</p> <p>E-Mail: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ BSRCC Member? _____</p> <p>Does this student reside with this parent? _____</p> <p>This parent/Guardian will be considered authorized to pick up the student unless specified otherwise here:</p>	<p>Parent/Guardian 2</p> <p>Name: _____</p> <p>Home Phone: (____) _____ - _____</p> <p>Cell Phone: (____) _____ - _____</p> <p>Work Phone: (____) _____ - _____</p> <p>E-Mail: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ BSRCC Member? _____</p> <p>Does this student reside with this parent? _____</p> <p>This parent/Guardian will be considered authorized to pick up the student unless specified otherwise here:</p>
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I would like my child, _____, to attend Action Adventures Day Camp at Berkshire South Regional Community Center. I will be financially responsible for the following weeks/

Rates per Week: Members \$234 Guests \$310

Weeks:

- ___ Week 1: Artful Antics: June 17- June 21
- ___ Week 2: Campers Vs. Counselors: June 24 - June 28
- ___ Week 3: Color Me Crazy: July 1-3, July 5
(Members \$188; Guests \$248)
- ___ Week 4: Adventureland: July 8 - July 12
- ___ Week 5: Eyes to the Sky: July 15 - July 19
- ___ Week 6: Aqua Adventures: July 22 - July 26
- ___ Week 7: Forts and Forest: July 29 - August 2
- ___ Week 8: Muck and Slime Science: August 5 - August 9
- ___ Week 9: Growin' Green: August 12 - August 16
- ___ Week 10: Greatest Hits: August 19 - August 23

___ I have enclosed the **\$25 registration fee** with this form (\$25 per child must be paid annually for Action Adventures Programs in order to process registration)

***Pre-Registration is required. No child will be enrolled without payment, a complete registration packet including physical form and immunizations on file.**

***Registration packet is due the Tuesday prior to the week the child plans to attend.**

***Payment in full is due at the time of Registration.**

I understand:

- I am financially responsible for the weeks I have chosen for my child.
- There is no reimbursement for sick or cancelled days. I am responsible for my commitment to the program.
- BSRCC is unable to provide care to families with a past due balance of more than 30 days.
- I will abide by all Policies and Procedures as states in the Parent Policies and Procedures Handbook.
- Refunds will not be given for the late arrivals, early departures, or missed days.
- Any students remaining at the program after closing (6:00p.m.) will be assessed a \$5.00 charge per minute for the first five minutes and \$1.00 for each additional minute, which will be added to the following month's invoice. Suspension from the program might be considered for chronically late pickups.

Signature of person responsible for payment _____ Date _____

For shared payment arrangements, please fill out both lines below and provide all information for both parties. To set up other arrangements, please contact our business office.

Person responsible for payment: _____ % or amount _____

Person responsible for payment: _____ % or amount _____

Billing email address(es): _____

Billing Address(es) _____

_____, _____, _____
City/Town State Zip Code

Child's Name _____

Date of Birth: _____

I understand that Berkshire South Regional Community Center will not release my child to any other person unless I notify the program in advance, following the guidelines below.

- If the person picking up my child is listed on this form, please notify program staff ahead of time.
- If the person picking up my child is not listed, I must notify the program in writing.
- Identification may be requested of any person picking up my child.
- If no one besides the listed parent/guardian is authorized to pick up my child from the program, I must indicate on this form by writing "NO ONE."
- Please attach copies of any custody agreements, court orders, and restraining orders pertaining to the child.
- Emergency Contacts are permitted to sign your child out of the program unless otherwise noted.

Emergency Contacts (in addition to parents/guardians listed on reverse)

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

*If you have additional emergency contacts, please add them on a separate sheet.*_____
Parent/Guardian Signature_____
Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Permission Form

Child's Name: _____

Sunscreen & Insect Repellent

We play outside daily, as much as possible. Please apply repellent and sunscreen prior to drop off. We want to be sure children are protected from the sun and insects.

If you provide permission for your child to reapply as necessary the below items with the assistance of camp counselors, please send some in, labeled with your child's name, to stay in their backpack each day of camp.

I do ___ or do not ___ provide permission for my child to apply sunscreen, with assistance of camp counselors

I do ___ or do not ___ provide permission for my child to apply insect repellent, with assistance of camp counselors

Photographs

Occasionally we take photographs of the children for classroom bulletin boards and other use within the classroom. Please check if you do ___ or do not ___ authorize the use and reproduction of these photographs for summer camp use. *A separate form is included in this packet to provide permission for use of photographs in BSRCC marketing materials.*

Use of Building

My signature below verifies that I give my child to permission to use each area that is checked while attending Action Adventures Day Camp. I understand that my child will be supervised by educators while using all areas.

Youth Room
 Splash Pool
 Gymnasium
 Auditorium
 Kitchen & Lounge

Play Structure
 Meeting Room
 Trails & Grounds
 Arts & Crafts Room
 Stay & Play Area

Offsite Activities

Several times during the summer, camp will go on field trips. Some of the trips are within walking distance and others require transportation. When we do have a field trip, you will be notified about it beforehand.

I do ___ I do not ___ give my child permission to participate in offsite activities. I recognize that I will be notified in advance of all field trips and that I will be asked to fill out a permission form for each scheduled field trip and that transportation for offsite trips will be provided by BSRCC vehicles with qualified drivers.

Signature: _____

Date: _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER MINOR RELEASE

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledgement as received, upon terms herein stated, I hereby grant Berkshire South, its Executive Director and any and all staff, his/her legal representatives and assigns, the absolute right and permission to copyright and use, re-use and publish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or fictitious name, or reproductions thereof in color or otherwise made through any media at her studios or elsewhere for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby release, waive any right that a minor or I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection there within or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Berkshire South Regional Community Center, its executive director and any staff her legal representatives or assigns, and all persons acting under her permission or authority or those whom she is acting, from any and all liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof even though it may subject the minor to ridicule, scandal, reproach, scorn and indignity.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents therein.

Minor's Name: _____

Date: _____

Signature: (Father) (Mother) (Guardian)

Printed Name: _____

Address: _____ Phone: _____

Witness: _____

**ACTION ADVENTURES
FIRST AID & EMERGENCY
MEDICAL CARE CONSENT FORM**

Child's Name _____ Date of Birth _____

I authorize Berkshire South Regional Community Center Staff, trained in the basics of first aid, to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Berkshire South Regional Community Center Staff to transport my child to the nearest medical care facility and/or to _____, and secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____

Phone Number: _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions and/or health conditions: _____

Dietary Restrictions? _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Please list any rescue medications prescribed for your child (i.e. EPI Pen, Inhaler): _____

Regular medications: _____

If your child requires emergency medication or is to receive medication during the hours of our program, you MUST have one Medication Authorization Form for EACH prescription or over the counter medication you send with your child.

Is there an Individual Health Plan for student with a chronic health condition? _____ If yes, please attach.

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature_____
Date

Dear Parent/Guardian,

All students enrolled in this state-licensed program are required to have a written statement from a physician as evidence of an annual physical exam, along with immunizations and lead screening in accordance with the Department of Public Health's recommended schedules.

We have provided this form in the event your pediatrician does not provide one. Should the pediatrician complete a different form, immunizations, the last physical and lead screening information must be included.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

Name of Child: _____ Date of Birth: _____

Parent/Guardian Names: _____

Address: _____ Phone # _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance?

Has this child been screened for lead poisoning: Yes ____ No ____

If yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision etc.) which require special consideration or care by the child care provider? If so, please detail below:

Physician Name: _____ Phone # _____

Physician's Signature: _____ Date: _____

Comments: _____

Please attach a copy of the child's most recent physical and immunizations. Thank you!

Please return to: Action Adventures at Berkshire South, 15 Crissey Road, Great Barrington, MA 01230

Fax: 413-528-5260 Phone: 413-528-2810 ext. 34

Registration

- In order to register for Action Adventures programs, parents must completely fill out the full registration packet and return along with required documentation, registration fee and full payment for the weeks enrolled.
- An annual \$25.00 registration fee is required for each child to process enrollment. *This registration fee is per child and is good for all Out of School Programs (After School and/or Day Camp)*
- If you are accessing New England Farmworker Vouchers, DCF Camp Vouchers or Berkshire South Regional Community Center's Financial Assistance program, these arrangements must be complete prior to registration.
- There is a **\$5 Invoice Fee** for any payment plan or bill issued by the Berkshire South Business Office
- Any child who remains in OOS after closing (6:00pm) will be charged a penalty of \$5.00 per minute for the first 5 minutes and \$1.00 per minute thereafter. Additional invoicing fees may also apply.
- Suspension from the program will be considered for chronically late pickups. Suspensions are at the complete discretion of the OOS Program Manager.

Payment Plans

If you would like to set up a credit card for payment for your childcare, please select the appropriate box on the enrollment page or contact Rebecca Wolin, the Director of Finance and Administration at 413-528-0397 or rwolin@berkshiresouth.org.

Financial Aid

BSRCC has a 3-step process for financial aid applications for childcare and camp programs. For more information, please see our website at www.berkshiresouth.org, or ask a front desk representative for our information sheet on how to apply. For further information, contact our billing office at 413-528-0397.

Sick or Cancelled Days:

There is **no reimbursement** for late arrivals, early departures and/or sick or cancelled days. Any changes to child's OOS schedule must be submitted in writing prior to the 25th of the previous month. Approvals of said changes and/or reimbursement are at the discretion of the OOS Director

Medical Refund Policy:

Refunds will be offered if there is a serious medical emergency involving the child, and your child misses more than two weeks of the program. This refund is applied after two weeks of missed program time when accompanied by a doctor's note.

Financial Responsibility

As a user of the program, you recognize that you are financially responsible for the entire care that you have registered for your child for. BSRCC is unable to provide care to families with a past due balance of more than 30 days, and a 2% monthly late fee will be assessed for any and all unpaid balances. Accounts that fall into arrears without a payment plan in place will experience a suspension, possible termination of care and BSRCC will employ the support of Small Claims Court for unresponsive accounts. If a check cannot be processed by the bank, the appropriate bank fee will be charged.

Program Information

For information about the details of the programs, please use the information below.

- Action Adventures; Sarah Lampro at 413-528-2810 ext. 34 or slampro@berkshiresouth.org
- Sunshine Preschool; Amanda Marcinak at 413-528-2810 Ext. 16 or amarcinak@berkshiresouth.org

