



CAMP BGC

REGISTRATION PACKET 2017



To Register:

Complete all forms in the Registration Packet. A separate and complete Registration Packet must be submitted for each camper. Online registration is available at: NewtonBGC.com

- Registration Form
- Emergency Contact/Release & Health History Forms
- Epi-pen/Inhaler and Medication Administration Forms

Return all forms with the non-refundable deposit of **\$125.00** per camper, per session. No Registration will be processed without deposit. No incomplete Registrations will be processed. Registration deposits will be applied toward your total camp fee.

Once the Registration Packet is processed, your first Confirmation Packet will be mailed/emailed which includes an invoice, confirmation of registered session(s) and the John M. Barry Boys & Girls Club Parent Handbook. All campers are required to submit by June 5, 2017 a Certificate of Immunization which must be dated within 18 months of camp attendance dates.

Scholarship Information:

The John M. Barry Boys & Girls Club is committed to helping all children have a quality summer camp experience regardless of their family's financial situation.

APPLYING FOR A SCHOLARSHIP – WHAT YOU SHOULD KNOW

1. **APPLY EARLY!** Fill out our Financial Aid Application and attach the necessary supporting documentation.
2. A deposit of \$250.00 is required and is fully refundable with written notice of cancellation prior to May 16th, 2017

Price Breakdown:

Each session runs two weeks from 9:00am-4:00pm with the option for Extended Care in the AM and/or PM.

- Sibling discount of \$50 per child per session (up to \$200 per child) or
- Sign-up for ALL sessions and receive a \$200 discount

- Camp Spark (5yrs & 6yrs old) is priced at \$500.00 a session, NOT including Extended Day
- Camp Spark (5yrs & 6yrs old) before care (8:00am-9:00am) costs \$50.00 a session (two weeks)
- Camp Spark (5yrs & 6yrs old) after care (4:00pm-6:00pm) costs \$100.00 a session (two weeks)

- Camp BGC (7yrs-12yrs old) is priced at \$450.00 a session, NOT including Extended Day
- Camp BGC (7yrs-12yrs old) before care (8:00am-9:00am) costs \$50.00 a session (two weeks)
- Camp BGC (7yrs-12yrs old) after care (4:00pm-6:00pm) costs \$100.00 a session (two weeks)

- Camp BGC Leadership Program (13yrs-18yrs old) is priced at \$400.00 a session, NOT including Extended Day
- Camp BGC Leadership Program (13yrs-18yrs old) before care (8:00am-9:00am) costs \$50.00 a session (two weeks)
- Camp BGC Leadership Program (13yrs-18yrs old) after care (4:00pm-6:00pm) costs \$100.00 a session (two weeks)

Payments:

All nonrefundable payments and forms are due by Monday, June 5, 2017. Acceptable payments are check, cash or credit card. We accept Master Card & Visa.

GREAT FUTURES START HERE.

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Last Name First Name MALE FEMALE

_____/_____/_____
D.O.B. Grade Home Phone Cell

Street Town State Zip

Parent/Guardian (1) Parent/Guardian (2)

Is this your first time attending The John M. Barry Boys and Girls Club Camp? YES NO

CAMP PROGRAMS	*Session 1 6/26-7/7	Session 2 7/10-7/21	Session 3 7/24-8/4	Session 4 8/7-8/18	**Session 5 8/21-8/25	TOTALS
Camp Spark - Ages 5 & 6	\$450.00	\$500.00	\$500.00	\$500.00	\$250.00	
Spark Extended Day - 8am-9am	\$40.00	\$50.00	\$50.00	\$50.00	\$50.00	
Spark Extended Day - 4pm-6pm	\$75.00	\$100.00	\$100.00	\$100.00	\$50.00	
Camp BGC T-Shirt			CHILD <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L ADULT <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			

BGC - Ages 7-12	\$425.00	\$450.00	\$450.00	\$450.00	\$225.00	
BGC Extended Day - 8am-9am	\$40.00	\$50.00	\$50.00	\$50.00	\$25.00	
BGC Extended Day - 4pm-6pm	\$75.00	\$100.00	\$100.00	\$100.00	\$50.00	
Camp BGC T-Shirt			CHILD <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L ADULT <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			

LIT - Ages 13+	\$375.00	\$400.00	\$400.00	\$400.00	\$200.00	
LIT Extended Day - 8am-9am	\$40.00	\$50.00	\$50.00	\$50.00	\$25.00	
LIT Extended Day - 4pm-6pm	\$75.00	\$100.00	\$100.00	\$100.00	\$50.00	
Camp BGC T-Shirt			CHILD <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L ADULT <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			

*Camp will be closed on Tuesday, July 4th for all Campers **Session 5 is a 1 week program

Method of Payment: Check # _____ (Payable to John M. Barry Boys and Girls Club)

VISA/MC Charged \$ _____ Card # _____ 3 digit code _____

Exp. Date _____ Card-holder Zip _____ Print Name _____

Signature* _____

* This authorizes John M. Barry Boys and Girls Club to charge this credit card to the specific amount list above.

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2017 EMERGENCY CONTACTS, RELEASE & HEALTH HISTORY

 Last Name First Name (Initial) D.O.B. / /

 Street Town State Zip

 Parent/Guardian (1)

 Parent/Guardian (2)

 Address (Only if different from Camper)

 Address (Only if different from Camper)

 Phone (H) Phone (C)

 Phone (H) Phone (C)

 Email

 Email

Please list below two Emergency Contacts that would have transportation and be able to pick up a sick child during camp hours. These contacts are also your authorized people who will be allowed to pick up your child at the end of the day.

 Emergency Contact (1)

 Emergency Contact (2)

 Address

 Address

 Phone (H) Phone (W)

 Phone (H) Phone (W)

 Phone (C)

 Phone (C)

My child has permission to walk home unsupervised.

Allergies, if your child does not have any allergies, check here <input type="checkbox"/>				Severity:	Mild	Moderate	Severe
Insect Bite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reaction: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bee Sting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reaction: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reaction: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reaction: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reaction: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medications for Above: (Including: Epi-Pen or Inhaler) _____

Will your child be taking any other medications (including over the counter medicine) while at camp? Yes No

What other medications? _____

All medications must go directly to the camp office and must come with a completed "Medication Information" sheet.
 Prescribed Epi-Pens and Inhalers must be at camp and requires completion of additional permission form.

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2017 GENERAL INFORMATION & RESTRICTIONS

Any other physical, mental or psychological conditions requiring medications, treatment or restrictions while at camp? (such as diabetes, epilepsy, chronic headaches, etc.) _____

List any past medical treatment or recent injuries _____

Describe any specific activities from which child should be exempted: _____

Any Dietary Modifications/Restrictions: _____

Doctor/Dentist Information:

Name of family physician: _____ Phone: _____

Address of family physician: _____

Name of dentist/orthodontist: _____ Phone: _____

Insurance Information:

Insurance Carrier _____ Insurance Policy Holder Name _____

Policy or Group # _____

Immunization History:

STATE BOARD OF HEALTH GUIDELINES REQUIRE THAT CAMPS HAVE ON FILE A CERTIFICATE OF IMMUNIZATION HISTORY FROM THE CAMPER or STAFF MEMBER'S DOCTOR.

You may use the form provided or a form provided by your doctor's office. Date of Last Physical Exam: _____

Authorization:

Accuracy of Information: This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. Sunscreen & Insect Repellent: I authorize the John M. Barry Boys and Girls Club of Newton permission to apply sunscreen and insect repellent to my child. My child may use any brand of sunscreen or insect repellent supplied by the camp if my child does not have their own

— Unless this box is checked

Photo Release: I authorize John M. Barry Boys and Girls Club of Newton, Boys and Girls Club of America, and the American Camp Association permission for our child's photo to appear in camp brochures, videos, on websites or other promotional literature for general marketing or publicity purposes.

— Unless this box is checked

Transportation: I authorize John M. Barry Boys and Girls Club of Newton permission for our child to be transported to and from all camp activities.

Authorization for Treatment: In case of health problem or emergency, I authorize John M. Barry Boys and Girls Club of Newton and the staff at Crystal Lake to administer first aid and, where necessary, to transport my child to Newton-Wellesley Hospital or the nearest hospital emergency room if on a field trip, and to order X-rays, routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

"Christian's Law Regulations" 105 CMR 432.000 require that Summer Camps accommodate any parent who would like to send their child to camp with a Coast Guard Approved flotation device. Please check the box at right if you intend to send one with your child:

Acknowledgment of Risk & Waiver:

I hereby release and discharge, and agree to indemnify and hold harmless, John M. Barry Boys and Girls Club and its officers, directors, members, agents, employees, volunteers and any other persons or entities acting on its behalf, against all claims, demands, and causes of action whatsoever, either in law or equity, relating to or arising from any medical treatment, recommendation, transportation or administration, or any lack thereof

Signature of Parent/Guardian of a Camper or Staff member under 18 years of age: _____ Date _____

Staff Member 18 years of age and older: _____ Date _____

IMPORTANT: This form is not complete unless a copy of your child's immunization records and a report from a recent physical examination are attached to it.

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2017 EPI-PEN/INHALER FORM

Child's Name: _____ Dates Attending Camp: _____

For a child with prescribed **INHALERS** Location of where inhaler is kept (you must choose an option from this box)

- I request that my child's inhaler(s) Medication name: _____ be kept on my child's person at all times while at camp.
- I request that my child's inhaler(s) Medication name: _____ be kept on my child's counselor at all times while at camp.

For child with prescribed **EPI-PENS** Location of where Epi-Pen or Epi-Pen Jr is kept (you must choose an option from this box)

- I request that my child's Epi-Pen or Epi-Pen Jr Medication name: _____ be kept on my child's person at all times while at camp.
- I request that my child's Epi-Pen or Epi-Pen Jr Medication name: _____ be kept on my child's counselor at all times while at camp.

Person who can administer **Inhaler** (you must choose an option from this box)

- I request that my child's inhaler(s) Medication name: _____ be administered by qualified personnel as prescribed.
- I request that my child's inhaler(s) Medication name: _____ be self administered by my child.

Person who can administer **Epi-Pen or Epi-Pen Jr** (you must choose an option from this box)

- I request that my child's Epi-Pen or Epi-Pen Jr Medication name: _____ be administered by qualified personnel as prescribed.
- I request that my child's Epi-Pen or Epi-Pen Jr Medication name: _____ be self administered by my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Camp Director's Initials: _____

IMPORTANT: Please read the following if your child is capable of self-administration of inhaler or Epi-pen.

If I request that my child's inhaler or Epi-pen be self administered by my child then I certify that my child is capable of proper self-administration of medication and that my child's physician has given consent for my child to self-administer this medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of the reach of other campers, the child will be taken (with the medication) to the camp director immediately and a call to the parent/guardian will be placed. I understand that John M. Barry Boys and Girls Club of Newton is not responsible for replacement of this medication if lost, stolen or improperly discharged. If my child's medication requires replacement for any reason, I agree to bring such replacement to John M. Barry Boys and Girls Club of Newton immediately.

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2017 MEDICATION ADMINISTRATION FORM

Child's Name: _____ Dates Attending Camp: _____

For safety and accountability, your child's medication must be kept with qualified personnel.

Prescribed medications must be accompanied by a current pharmacy label containing the Rx number, the name of the medication, the dosage, directions for administration, and the child's name. All non-prescription medication must be in its original containers, clearly labeled with the child's name, and directions for its use.

I hereby give permission for John M. Barry Boys & Girls Club of Newton to administer the following medication(s) to my child during his/her stay. **In the table below, please fill in the appropriate times and dosages of each medication for each day of your child's weeks at the John M. Barry Boys & Girls Club of Newton.**

MEDICATION:	TIME	MONDAY	TUESDAY	WEDNEADAY	THURSDAY	FRIDAY
	MORNING					
	NOON					
WHAT IS THIS BEING ADMINISTERED FOR?	AFTERNOON					
	OTHER					
	AS NEEDED					

MEDICATION:	TIME	MONDAY	TUESDAY	WEDNEADAY	THURSDAY	FRIDAY
	MORNING					
	NOON					
WHAT IS THIS BEING ADMINISTERED FOR?	AFTERNOON					
	OTHER					
	AS NEEDED					

MEDICATION:	TIME	MONDAY	TUESDAY	WEDNEADAY	THURSDAY	FRIDAY
	MORNING					
	NOON					
WHAT IS THIS BEING ADMINISTERED FOR?	AFTERNOON					
	OTHER					
	AS NEEDED					

MEDICATION:	TIME	MONDAY	TUESDAY	WEDNEADAY	THURSDAY	FRIDAY
	MORNING					
	NOON					
WHAT IS THIS BEING ADMINISTERED FOR?	AFTERNOON					
	OTHER					
	AS NEEDED					

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

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