



Reg Fee \$15.00 \_\_\_\_\_  
 Total Weekly Fee \$ \_\_\_\_\_  
 Processed by \_\_\_\_\_  
 Received by KJB \_\_\_\_\_ CO \_\_\_\_\_  
**OFFICE USE ONLY**



## KIDSCAPE 2010 REGISTRATION

P.O. BOX 128 WESTFIELD, MA 01086 ~ 413-562-2301 [www.bgcwestfield.org](http://www.bgcwestfield.org)

**We will not accept this application and your child cannot attend camp without the following:**

**Registration fee, Current Proof of Immunization and completed Medical Emergency / Authorization to Administer Medication Sheet**

Member First Name: \_\_\_\_\_ Last Name : \_\_\_\_\_

Gender:  M  F **Ethnicity:** African American, Asian, Caucasian, Hispanic, Multi-Racial, Native American, Pacific Islander

Member **DOB:** MM/ DD/ YYYY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_ City & State or Country of birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent email \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ relationship to member \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Address/City \_\_\_\_\_

2<sup>nd</sup> Contact Parent/Guardian: \_\_\_\_\_ relationship to member \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Address/City \_\_\_\_\_

**Weeks Attending: (please circle) 1 2 3 4 5 6 7 8 9 10 all 10 weeks**

**Early Drop off 7:00 am - 8:30 am \$15.00 per child per week \_\_\_\_\_ Yes \_\_\_\_\_ No**

***Picking up your child later than 5:30pm could result in losing camp privileges.***

**Transportation:**

**\*\*\*LOCATION PICK UP AND DROP OFF TIMES ARE SUBJECT TO CHANGE\*\*\***

**I agree to pay the \$15.00 weekly fee and authorize the Boys & Girls Club of Greater Westfield to transport my child to/from the following locations.**

\_\_\_\_ Dairy Mart – Franklin St., Westfield (8:00 am /4:45) Please Circle AM only PM only AM & PM

\_\_\_\_ Powder Mill Village Apts., Westfield (8:20 am /4:30) Please Circle AM only PM only AM & PM

**I give my child permission to walk home from The Boys & Girls Club or one of the drop off points \_\_\_\_\_ YES \_\_\_\_\_ NO**

**FINANCIAL AID IS AVAILABLE**

**My Childs swimming abilities are:**

- |   |   |   |
|---|---|---|
| Always needs a swimming device in the water                 | Y | N |
| Can swim, but not very well                                 | Y | N |
| Can swim with no assistance needed, but in shallow end only | Y | N |
| Can swim in any depth of water safely                       | Y | N |
| My child has had swim lessons:                              | Y | N |

***I give permission to The Boys & Girls Club of Greater Westfield to release my child to the following persons who I authorize to pick them up either at the Club directly or at a specific location. If parent or guardian is not available I also give permission to contact them in order of (1- 4) for pickup in case of non-medical emergency.***

- 1) \_\_\_\_\_ Home\_\_\_\_\_ Cell\_\_\_\_\_
- 2) \_\_\_\_\_ Home\_\_\_\_\_ Cell\_\_\_\_\_
- 3) \_\_\_\_\_ Home\_\_\_\_\_ Cell\_\_\_\_\_
- 4) \_\_\_\_\_ Home\_\_\_\_\_ Cell\_\_\_\_\_

**Parent or Guardian gives permission to use member in positive publicity in video, print, and photos.**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**Child has permission to use computers YES \_\_\_\_\_ NO \_\_\_\_\_**

**I hereby give permission to my son/daughter to become a member of the Boys & Girls Club of Greater Westfield's KIDSCAPE Summer Program. I understand that the Club is not responsible for personal injury or loss of property. I agree to provide a certificate of Immunization for MMR, Polio, and DTP as well as an Authorization to Administer Medication to my child in compliance with Department of Public Health.**

**Authorized Signature \_\_\_\_\_ Date\_\_\_\_\_**

**This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health.**