

BCYF Camp Joy

Winter 2016-2017

Saturdays, October 22, 2016-April 29, 2017



CAMPER APPLICATION

Please mail or drop-off original applications to:

Boston Centers for Youth & Families
1483 Tremont Street
Boston, MA 02120
Attention: Roberta Smalls
(617) 635-4920 ext. 2402

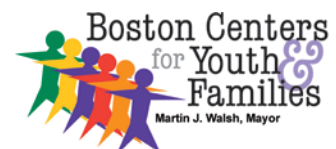
INCOMPLETE OR ILLEGIABLE APPLICATIONS WILL NOT BE ACCEPTED.

Enrollment will remain open until all slots are filled.

Completed applications are due September 30, 2016.

Please include a copy of the Camper's photo you are applying for along with the completed application.

Enclosed medical section and camper immunization form must be completed and signed by a physician.





CAMP JOY WINTER 2016-2017 CAMPER APPLICATION

CAMPER INFORMATION:

Camper's Name: _____

Age: _____ Date of Birth: ____/____/____ Gender: Male Female

Home Address: _____

City: _____ Zip Code: _____

Camper's Home Language: _____ Race (for State report only): _____

Name of Parent/Legal Guardian: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

EMERGENCY CONTACTS:

In case of emergency if parent/guardian is unavailable, please contact:

Contact Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home Address: _____

City: _____ Zip Code: _____

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Camper's Name: _____

EMERGENCY CONSENT AND RELEASE

If a situation arises in which my child is in need of prompt medical attention and I, or my designee (emergency contact), cannot be contacted, I hereby grant permission to a responsible member of the Camp Joy staff to authorize treatment for my child.

PARENT/GUARDIAN SIGNATURE

DATE

ACKNOWLEDGEMENT

The undersigned acknowledges that, in consideration of the opportunity to participate in the City of Boston's therapeutic recreation program, neither the City nor any of its employees are liable in the event of illness, injury, accident or death which may occur while my child or the participant is engaged in the program, is traveling to or from the program, or is engaged in any function of the program. This acknowledgment does not relieve the City or its employees from claims based on gross negligence, or intentional or reckless conduct.

The undersigned further acknowledges that if any child or the participant does not conform to the standards and organization of the program or if the directors of the program judge that the behavior of my child or the participant endangers himself/herself or the welfare of others in the program or the program itself, (s) he may be dismissed from the program upon written notice.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTOGRAPHIC RELEASE

Please read and sign this photographic release. Please note that it is not necessary for you to sign this portion of the release for your child to attend Camp Joy. However, it would be to our convenience if you would sign this section.

I hereby give my consent to Camp Joy to photograph my son/daughter without limitation to use such pictures and/or stories in connection with any of the work of Camp Joy without consideration of any kind and I do hereby release Camp Joy and Boston Centers for Youth & Families from any claims whatsoever which may arise in said regard.

PARENT/GUARDIAN SIGNATURE

DATE

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GENERAL INFORMATION:

Does your child use any of the following?

Glasses? Yes No Hearing Aid? Yes No Walker? Yes No Wheelchair? Yes No

Does your child use any other type of adaptive equipment? Yes No If yes, please explain: _____

Does your child have Allergies? Yes No If yes please explain: _____

Does your child have any dietary restriction? _____

Will it be necessary for your child to take medication during the camp day? Yes No

****If your child requires medication during camp hours you must complete the Authorization to Administer Medication to a Camper form, and attend a mandatory orientation before the child can attend Camp Joy.**

Does your child have a sibling attending Camp Joy? Yes No If so, what is his/her name? _____

What school does your child currently attend? _____

Does your child communicate verbally? Yes No _____

Does your child have allergies? If so, please explain: _____

Does your child need assistance using the bathroom? _____

Has your child ever attended Camp Joy? Yes No What location? _____

Please list any compulsive behaviors and appropriate responses for staff to take: _____

Please list any other precautions or behaviors that the camp staff should be aware of: _____

Please tell us about your child's swimming ability: _____

Can your child participate in other physical activities? Yes No If yes, list any necessary accommodations: _____

Does your child have a special toileting procedure? Yes No If so please describe: _____

Does your child use a wheelchair? Yes No If so, please identify the level of support needed: _____

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Camper Application—Medical Section

APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS FORM

COMPLETED & SIGNED BY A PHYSICIAN

Camper's Name: _____

Diagnosis: (Medical Term) _____

(Layman's Term) _____

Is camper subject to allergic reactions? Yes No If so, please specify: _____

Is camper medicated? Yes No

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Time(s) administered: _____

How is medication administered? _____

Will it be necessary for camper to take medication during the camp day? Yes No

Is camper subject to seizures? Yes No Are they controlled? Yes No

To your knowledge, is the camper suffering from or has (s)he recently been exposed to any contagious disease?

Does camper have any dietary restrictions? _____

May camper participate in carefully supervised swimming activities? Yes No

May camper participate in a physical education program? Yes No

Are there any precautions that should be noted? (PLEASE SPECIFY) _____

Does camper live in a group home: _____

Camper's height: _____ Weight: _____

Does the camper use any other type of adaptive equipment? Yes No

If yes, please explain: _____

Camper/Family Caseworker: _____

Agency: _____ Telephone: _____

Date of Physical Examination ____/____/____

Physician's Signature (REQUIRED) M.D. _____
Print/Type Physician's Name

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CAMPER IMMUNIZATION FORM
APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS FORM
COMPLETED AND SIGNED BY A PHYSICIAN

Required Immunization for Campers and Staff

	For Campers & Staff < 18 years or age	For Campers & Staff ≥ 18 years of age	<u>Date Issued</u> Must be completed by a physician
MMR 1	2 doses measles, 1 dose mumps 1 dose rubella	2 doses measles 2 1 dose mumps 2 1 dose rubella	
POLIO	≥ 3 doses of either inactivated poliovirus vaccine (IPV) or oral poliovirus vaccine (OPV). If mixed schedule or IPV/OPV was used, 4 doses are required	No Requirement	
DtaP/DTP/DT/Td	<p>≥ 4 doses DtaP/DTP/DT or ≥ 3 doses Td3 A booster dose of Td is required for all campers and staff who will be entering</p> <ul style="list-style-type: none"> • grades 7 – 10 if it has been more than 5 years since the last dose of DtaP/DTP/DT; • grades 11 & 12 if it has been more than 10 years since the last does of DtaP/DTP/DT/Td. (Tdap is also acceptable.) 	<p>≥ 3 doses DtaP/DTP/DT/Td. A booster dose of Td is required if > 10 years since the last dose of DtaP/DTP/DT/Td vaccine. (Tdap is also acceptable.)</p>	
Hepatitis B	3 does for all children born on or after January 1, 1992	No requirement	

Camper's Name: _____

Date of Physical Examination ____/____/____

 Physician's Signature (REQUIRED)

M.D.

 Print/Type Physician's Name

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COMPLETED APPLICATION CHECKLIST

Before returning this Camp Joy Camper Application, please check (v) to see if the following sections are accurately completed:

- CAMPER INFORMATION COMPLETED including BUS PICK-UP & DROP-OFF ADDRESS
- PARENT/GUARDIAN INFORMATION COMPLETED
- EMERGENCY CONTACT LISTED (AT LEAST ONE)— Must be different from home telephone number.
- EMERGENCY CONSENT SIGNED (parent/guardian signature)
- ACKNOWLEDGEMENT SIGNED (parent/guardian signature)
- PHOTO RELEASE SIGNED (parent/guardian signature)
- GENERAL CAMPER INFORMATION PAGE COMPLETED
- CAMPER MEDICAL SECTION COMPLETED—**WITH PHYSICIAN SIGNATURE**
- CAMPER IMMUNIZATION SECTION COMPLETED—**WITH PHYSICIAN SIGNATURE**



WITHOUT MEDICAL & IMMUNIZATION SECTIONS COMPLETED AND SIGNED BY A PHYSICIAN YOUR APPLICATION WILL BE RETURNED. PLEASE DOUBLE CHECK



COMPLETE AN AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER FORM BY A PARENT/GUARDIAN IF NECESSARY.

- NON-REFUNDABLE FEE:** Please make **money orders** payable to the **Foundation for Boston Centers for Youth & Families**. Payment is due with the completed application.
 - Parent/Guardian fee is \$150.00 per child.
- CURRENT IEP (Individual Education Plan):** Please send copies of the goals pages of your child's most current IEP. A letter from your child's doctor will be accepted if you do not have an IEP.

PERSONAL CHECKS AND CASH ARE NOT ACCEPTED. NO EXCEPTIONS!
ONLY COMPLETED APPLICATIONS WILL BE PROCESSED!