Key points to remember about Summer Day Camp to make registration easy for you:

1. Deadline for Early Bird Discount is **May 19th**
2. To receive the Early Bird discount, Doctor’s Vaccination Record must be received by the deadline (May 19). The doctor’s office can FAX it directly to the Town Hall at 941-6116, Attn: Recreation Department or you can send a copy from the doctor’s office.
3. **Last deadline for registering is June 16.**
4. All campers will be at our new Recreation Center located 2 doors south of the Town Hall (old State Trooper Barracks)

Instructions for 2017 Summer Day Camp are as follows:

**New and Returning Campers** – A new, application form will be used for all campers. The new form is available at [www.townofboston.com](http://www.townofboston.com) as well as at the town hall. The new form consists of a page for child and parent(s) information, program waiver, health information, emergency contact / permission for pick up information which only needs to be filled out. Please complete all pages and add signatures where required. Additional instructions are on the forms.

**Latchkey Hours for Campers** are 7-8, 3-4 and 3-5. Cost is $80/child/hour all 30 days. Latchkey registration forms are at the Town Hall and at [www.townofboston.com](http://www.townofboston.com)

**Other Programs** – The Town of Boston also offers Red Cross Swim Lessons at Springville Pool, Red Cross Babysitter’s Course, Tennis Lessons, Spanish, Reading and Math. Anyone can register for these programs whether they are in camp or not. Registration deadline is June 10 (No Early Bird Discount). Details for these programs are being finalized. The registration forms for these programs will be available at the Town Hall and on the web site shortly.

**Field Trips** – There will be 3 field trips scheduled for the kids who are in the Summer Camp. The field trips will be scheduled on Friday’s (the 2nd, 3rd, and 4th weeks of camp), therefore, on the days there are field trips there will be NO Camp or Latchkey (unless your child is on the field trip).

Contact Recreation Director Tony Zeniuk @ 262-4773 or [recreationdirector@townofboston.com](mailto:recreationdirector@townofboston.com), with any questions.
BOSTON 2017 SUMMER DAY CAMP REGISTRATION

- Monday, July 10 – Friday, August 18, 2017 (8 am to 3 pm)
- Boston residents Early Bird PRICE $360 by May 20.
- Non-residents Early Bird PRICE $460 by May 20.

**After May 20 $385 Boston resident/ $485 out of town resident**

- June 16, 2017 ALL REGISTRATION IS CLOSED
- Campers are grouped according to grade in the present School Year.

K, 1, 2, 3, 4 – BRIGHT IDEAS 5, 6, 7, 8 - SUMMER FRIENDS

Camper Information:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Age (on July 1st)</th>
<th>Date of Birth</th>
<th>Circle Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legal Home Mailing Address if different from parent

<table>
<thead>
<tr>
<th>Town</th>
<th>Zip</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School

Current Grade

Child’s Doctor

Telephone

**Shirt Size (1) Free with Registration (required for field trips): Youth Size - S M L Adult Size - S M L XL**

Parent/Guardian Information

<table>
<thead>
<tr>
<th>Father/Guardian</th>
<th>Last Name</th>
<th>First</th>
<th>Daytime phone</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother/Guardian</th>
<th>Last Name</th>
<th>First</th>
<th>Daytime phone</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legal Home Mailing Address

<table>
<thead>
<tr>
<th>Town</th>
<th>Zip</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email Address: _______________________________________________________________________________________________

Program Waiver:

In registering for this program I attest that my child is at a level of fitness necessary to participate in the program and assume the responsibility of having my child’s physical condition evaluated if any questions exist. I understand that the Town does not carry insurance to cover any medical bills that result from participating in any recreation program(s). I give my full permission for such first aid as is deemed necessary to be provided to my child on the premises or prior to transport to a hospital for further treatment. Please stress to your children that their continued participation in camp is dependent on their behavior. Failure to respect staff, other children, materials and rules will result in removal from the program without any refund. I am aware of the Recreation Department’s policies regarding emergencies, refunds, program cancellations, and program changes. I have read, understand, and agree to the preceding statement.

Parent / Guardian Signature ___________________________________________ Date _______________
Camper Name (Last, First): ____________________________________________

Is your child a year- long resident of the Town of Boston? _____ Y _____ N

My child has my permission to swim? _____ Y _____ N

I consent that my child may be included in any photographs/video which may be used for various forms of publications/publicity? _____ Y _____ N

Any information the staff needs to know about my child (medical/social/emotional):
(ex. List any medications, Allergies, Dietary modifications, etc…)
____________________________________________________________________________________
____________________________________________________________________________________

I hereby request that staff of the Town of Boston Day Camp supervise my child taking the above medication(s) as indicated.

Parent/ Guardian Signature: ________________________________ Date ______________

Doctor/ Insurance Information:

Name of Family/ Child Physician: _____________________________ Phone # __________________

Do you have insurance? If, so indicate policy/group # and Carrier: ____________________________

Choice of hospital emergency room, if necessary & possible: ____________________________
(emergency care and/or emergency ambulance service is at your expense)

This health history is correct so far as I know and the person listed above has permission to engage in all prescribed camp activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the person named above. I expect to be notified immediately.

Parent/ Guardian Signature ________________________________ Date ______________

Immunization Record

In order for your child to attend the Town of Boston Summer Day Camp, please attach their current immunization record available from you pediatricians/family doctor.

Please indicate when/how we will receive it: ____________________________
Camper Name (Last, First):__________________________________________

In case of an emergency, if parent / guardian are unavailable, please notify:

Name: __________________________________ Relation: _________________ Phone # _________________
Name: __________________________________ Relation: _________________ Phone # _________________

Permission for Pick Up:
Below is a table that should be filled out to include any persons you would like to have permission to pick up your child from camp. Please include Parent/ Guardian names in the table. At pick up, staff may ask for IDs to assure that the appropriate people are taking your child. If a name is not listed below, camp staff will not release your child to that person. Please make every effort to list people that may be picking up your child during the program, including YOURSELF, grandparents, siblings, friends, etc…

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>