

Registration Instructions & Information Boston Summer Day Camp 2018 & other Summer Programs

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

1. Deadline for Early Bird Discount is **May 25th**
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 22nd.
4. All campers will be housed at our new Recreation Center located 2 doors south of the Town Hall (old State Trooper Barracks)

Instructions for 2018 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 as well as at the town hall. The new form consists of a page for child and parent(s) information, program wavier, 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

Other Programs – The Town of Boston also offers Red Cross Swim Lessons at Springville Pool, Tennis Lessons, Spanish, Reading and Math lessons and Tae Kwon Do. Anyone can register for these programs whether they are in camp or not. Registration deadline is June 22 (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, with any questions.

BOSTON 2018 SUMMER DAY CAMP REGISTRATION

- **Monday, July 9 – Friday, August 17, 2018 (8 am to 3 pm)**
- **Boston residents Early Bird PRICE \$375 by May 25.**
- **Non- residents Early Bird PRICE \$475 by May 25.**

****After May 25th \$400 Boston resident/ \$500 out of town resident**

- **June 22, 2018 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

<p>For Town Use ONLY</p> <p>Date: _____</p> <p>Amt. Paid \$ _____</p> <p>Bookkeeper # _____</p> <p>Check # _____</p> <p>Money Order _____</p> <p>Staff Initials: _____</p>

Camper Information:

Last Name	First	Age (on July 1 st)	Date of Birth	M F Circle Gender
-----------	-------	--------------------------------	---------------	---------------------------

Legal Home Mailing Address if different from parent	Town	Zip	Home Telephone
--	------	-----	----------------

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

Father/Guardian	Last Name	First	Daytime phone	Cell
-----------------	-----------	-------	---------------	------

Mother/Guardian	Last Name	First	Daytime phone	Cell
-----------------	-----------	-------	---------------	------

Legal Home Mailing Address	Town	Zip	Home Telephone
----------------------------	------	-----	----------------

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** _____

BOSTON 2018 SUMMER DAY CAMP REGISTRATION

For Town Use ONLY

Date: _____ BI SF

Check what applies

Child is in:

Latchkey 7-8, 3-4, 3-5

Tennis Lessons

Red Cross Swim Lessons

Math/ Reading Lessons K- 3

Tae Kwon Do

Staff Initials: _____

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...

Name	Relationship	Phone #

Permission to walk/ ride bike

Upon completion of this section, the camp staff will allow a child to arrive and sign him/ herself into camp and also be dismissed from camp to walk/ ride bike home. The child is the parent's responsibility outside of the designated camp times (8:00 am – 3:00 pm) and property.

Days walking/ riding bike: M T W TH F

Parent/ Guardian Signature _____ **Date** _____

Please send complete registration with all 3 required items. We cannot register your child until we have all 3.

1. Registration Form – Completed and signed (please sign at all required spots)
2. Vaccination record from Doctor's office – Required by Erie County Health Dept.

Important Note: To receive the Early Bird discount Doctors Vaccination Record must be received by the deadline. As an added convenience, the doctor's office can fax it directly to the Town Hall at:

Fax # 941-6116.

3. ****Check or Money Order made out to - Town of Boston Recreation**

Return all 3 to: **Tony Zeniuk, Recreation Director**
Boston Town Hall
8500 Boston State Road
Boston, New York 14025