

# Registration Form SUMMER 2023

**FORM A**  
SIDE 1

Please complete both sides

Register online at [daltoncra.org](http://daltoncra.org) OR Please fill out all listed forms when registering in person:

\_\_\_ FORM A – Registration – completed, Side 1 and Side 2

\_\_\_ FORM B: Health Form – completed by child's physician For safety reasons, all health forms must be submitted to the CRA including a copy of child's immunizations. Your child will not be able to attend until completed health forms are received by the CRA.

\_\_\_ Payment NOTE: Payment must be made in full at time of registration for clinics, workshops, and Make it a Full Day. A \$25 per week non-refundable security deposit is required at registration for DYC Day Camp. Financial aid is available upon completion of a financial aid application. Please note financial aid requests must be received the 7-days prior to the start of the requested camp. For application, please contact the CRA at (413) 684-0260 or download at [daltoncra.org](http://daltoncra.org).

## Child's Information (Please fill out a separate form for each child)

\*Name \_\_\_\_\_

\*Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\*Grade as of September 2023 \_\_\_\_\_

Gender M \_\_\_\_\_ F \_\_\_\_\_

Allergies and/or Special Diet \_\_\_\_\_

**Prescription Medications** (Additional documentation is required for all administered and self-administered medication. Please reference Policies and Procedures page for details.)  
\_\_\_\_\_

## Parent/Guardian Information

\*Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

\*Phone Number 1 \_\_\_\_\_

Phone Number 2 \_\_\_\_\_

\*email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone Number 1 \_\_\_\_\_

Phone Number 2 \_\_\_\_\_

email \_\_\_\_\_

## Emergency Contact Information (other than Parents/Guardians)

\*Name \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Relationship to Camper \_\_\_\_\_

\*Is this contact authorized to pick up camper Yes \_\_\_\_\_ No \_\_\_\_\_  
(Proof of ID may be requested upon pick-up)

\*Name \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Relationship to Camper \_\_\_\_\_

\*Is this contact authorized to pick up camper Yes \_\_\_\_\_ No \_\_\_\_\_  
(Proof of ID may be requested upon pick-up)

## \*General Release / Photo Release / Summer Program (camp/clinic/workshop) Policies and Procedures Release

• **General Release:** I hereby acknowledge that participation in summer programs carries with it a potential risk of harm. Accordingly, in consideration of my being permitted to participate in a Dalton CRA Summer Program, I hereby release the Dalton Community Recreation Association, Inc., The CRA Board of Governors, The CRA Board of Trustees, the Central Berkshire Regional School District, the Town of Dalton, the instructors and employees of the foregoing from any and all claims or other liability for illness or injury to person or property arising out of participation in a Dalton CRA Summer Program.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

• **Photo Release:** I grant to the CRA, the right to take photographs of my child(ren) in connection with summer programs. I authorize the CRA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Dalton CRA may use such photographs of my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

• **Summer Programs Policies and Procedures:** I have reviewed **NOTICE PAGE: Summer 2023 Policies and Procedures**. I understand and agree to the Summer 2023 Policies and Procedures. (Note: Required for ALL)

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*required**



**Community Recreation Association**

400 Main Street • Dalton, MA 01226 • (413) 684-0260 • FAX: (413) 684-4033 • [daltoncra.org](http://daltoncra.org)



# Registration Form SUMMER 2023

Please complete both sides

Please check ALL that Apply

**SPORTS / SPECIALTY / ELITE**

- Cheer**
  - Grades K-8 . . . . June 24 (1 day) . . . . . \$40
- Co-ed Soccer**
  - Grades K-9 . . . . June 26 to 30 . . . . . \$85
- Art**
  - Grades 1-3 . . . . July 3, and 5 to 7 (4 days) . . . . \$70
- Softball**
  - Grades K-9 . . . . July 5 to 7 (3 days) . . . . . \$50
- Elite Baseball**
  - Ages 8-14 . . . . July 10 to July 14 . . . . . \$130
- Boys Basketball**
  - Grades 3-9 . . . . July 10 to 14 . . . . . \$85
- Girls Basketball**
  - Grades 3-9 . . . . July 17 to 21 . . . . . \$85
- Baseball**
  - Grades 1-6 . . . . July 24 to 28 . . . . . \$85
- Dance**
  - Grades 1-5 . . . . July 24 to 28 . . . . . \$85
- Basketball Shooters**
  - Grades 3-9 . . . . August 1 to 3 (3 days) . . . . . \$60
- Coach Campbell's FUNdamental Youth Football**
  - Grades 3-8 . . . . July 31 to August 3 (4 days) . . . \$50
- Girls Soccer**
  - Grades 1-8 . . . . July 31 to August 4 . . . . . \$85
- All Star Girls Soccer**
  - Grades 7-10 . . . . July 31, August 2 & 4 (3 days) . . . \$50
- Co-ed Lacrosse**
  - Grades 3-9 . . . . August 8 to 10 (3 days) . . . . . \$50
- Elite Basketball**
  - Grades 5-12 . . . . August 7 to 11 . . . . . \$130
- All Star Boys Soccer**
  - Grades 3-8 . . . . August 14 to 18 . . . . . \$85
- All Sports Camp**
  - Grades 2-6 . . . . August 21 to 25 . . . . . \$85

**DYC DAY CAMP**

- Week 1 . . . . . June 26 – 30 . . . . . \$200
- Week 2 . . . . . July 3 – July 7 (4 days) . . . . . \$160
- Week 3 . . . . . July 10 – 14 . . . . . \$200
- Week 4 . . . . . July 17 – 21 . . . . . \$200
- Week 5 . . . . . July 24 – 28 . . . . . \$200
- Week 6 . . . . . July 31 – August 4 . . . . . \$200
- Week 7 . . . . . August 7 – 11 . . . . . \$200
- Week 8 . . . . . August 14 – 18 . . . . . \$200
- Week 9 . . . . . August 21 – 25 . . . . . \$200

NOTE: Payment must be made in full at time of registration for clinics, workshops, and Make it a Full Day. A \$25 per week non-refundable security deposit is required at registration for DYC Day Camp. Financial aid is available upon completion of a financial aid application. Please note financial aid requests must be received the 7-days prior to the start of the requested camp. For application, please contact the CRA at (413) 684-0260 or download at [daltoncra.org](http://daltoncra.org).

Child's Name \_\_\_\_\_

Grade as of September 2023 \_\_\_\_\_

Program Name	FEE	MAKE IT A FULL DAY ADD \$120	TOTAL

Come be  
part of the fun!

The Community Recreation Association's Camp is in full compliance with the Massachusetts Department of Public Health (MDPH) and is licensed by the LOCAL BOARD OF HEALTH (LBOH).

Please make check payable to **Dalton CRA.**

**Total Enclosed** \$ \_\_\_\_\_

FOR OFFICE USE ONLY    DATE REC'D \_\_\_\_\_    INITIALS \_\_\_\_\_

# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Medical History \_\_\_\_\_

**Pertinent Family History**

**Current Health Issues**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>Y</b>                 | <b>N</b>                 |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies: Please list: Medications _____ Food _____ Other _____                                    |
|                          |                          | History of Anaphylaxis to _____ Epi -Pen®: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma: Asthma Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizure disorder: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Please specify) _____  |

**Current Medications (if relevant to the student's health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

**Physical Examination**

**Date of Examination:** \_\_\_\_\_

Hgt: \_\_\_\_\_ (\_\_\_\_%) Wgt: \_\_\_\_\_ (\_\_\_\_%) BMI: \_\_\_\_\_ (\_\_\_\_%) BP: \_\_\_\_\_

(Check = Normal / If abnormal, please describe.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General _____     | <input type="checkbox"/> Lungs _____     | <input type="checkbox"/> Extremities _____ |
| <input type="checkbox"/> Skin _____        | <input type="checkbox"/> Heart _____     | <input type="checkbox"/> Neurologic _____  |
| <input type="checkbox"/> HEENT _____       | <input type="checkbox"/> Abdomen _____   | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Dental/Oral _____ | <input type="checkbox"/> Genitalia _____ |  |

**Screening:**

- |                   |   |                    |   |                               |   |
|-------------------|---|--------------------|---|-------------------------------|---|
|                   | (Pass) (Fail)                                     |                    | (Pass) (Fail)                                     |                               | (Pass) (Fail)                                     |
| Vision: Right Eye | <input type="checkbox"/> <input type="checkbox"/> | Hearing: Right Ear | <input type="checkbox"/> <input type="checkbox"/> | Postural Screening:           | <input type="checkbox"/> <input type="checkbox"/> |
| Left Eye          | <input type="checkbox"/> <input type="checkbox"/> | Left Ear           | <input type="checkbox"/> <input type="checkbox"/> | (Scoliosis/Kyphosis/Lordosis) |   |
| Stereopsis        | <input type="checkbox"/> <input type="checkbox"/> |                    |   |                               |   |

**Laboratory Results:**  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

**The entire examination was normal:**

**Targeted TB Skin Testing:**  Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):  
 TB Test Type:  TST  IGRA Date: \_\_\_\_\_ Result:  Positive  Negative  Indeterminate/Borderline  
 Referred for evaluation to: \_\_\_\_\_ Date: \_\_\_\_\_  Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Fine/Gross Motor Deficit
<input type="checkbox"/> Emotional/Social	<input type="checkbox"/> Behavior	<input type="checkbox"/> Other	

Comments/Recommendations: \_\_\_\_\_

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date \_\_\_\_\_

\_\_\_\_\_  
Please print name of Examiner.

Group Practice Telephone \_\_\_\_\_

Address City State Zip Code

# Policies and Procedures

## Administration

Jon Yetto	Director, DYC Day Camp
Dan McMahon	Director, DYC Day Camp
Kyle Lyman	Assistant Director, Sports Clinics / Specialty Workshops
Dustin Belcher	Director, Sports Clinics / Specialty Workshops
Alison Peters	Executive Director, CRA

## Schedule

**Day Camp Hours:** 7:30 am – 5:00 pm

**Sports/Specialty Hours:** See 2023 SUMMER AT A GLANCE

*We reserve the right to charge for late pick-ups!*

## Registration Procedure

DYC Day Camp accepts children entering grade 1 through grade 6 as of fall 2023. All children must be fully potty trained to attend camp.

Sports Clinics and Specialty Clinics ages vary, please see 2023 SUMMER AT A GLANCE page.

**To attend, all forms must be completed for each child.** This includes general information, as well as medical and emergency contact information.

**Once registered and the deposit is paid your child is GUARANTEED a slot in that week's program. Because this slot is guaranteed for your child, you must pay for that slot whether your child attends or not.** (Example: a child is registered for Monday-Friday and only attends 2 days. The parent or guardian is still responsible for payment for the full Monday-Friday week the child is signed up for.)

## Payments

Day Camp payments are due the Friday prior to the week your child is attending. **Your child will not be able to attend camp until any overdue payment is received.** This includes financial aid agreement payments.

Sports/Specialty Payments are required at time of registration in order to guarantee your child's spot.

## Day Camp Attire

Please remember to dress for the weather. We encourage you to dress your child in clothing that you do not mind getting dirty or stained with art materials.

- Please send your child with a water bottle DAILY

Here are some helpful reminders of camp appropriate clothing:

- Closed-toe shoes
- T-shirts
- Shorts
- Please send your child with a swimsuit and towel DAILY
- Please send your child with a change of clothes DAILY

## Lost and Found

Day Camp has a Lost and Found for misplaced items. Please label all items with your child's name. While we make every effort to keep all camper belongings in their backpack or with them, items can be misplaced. Camp will not be held responsible for lost or stolen items. Please make a quick check of your child's backpack at the end of the camp day.

## Behavioral Policy

Camp has a strict 3-strikes policy. We give a child the opportunity to turn their behavior around 3 times before their parent/guardian is contacted to pick the child up.

In cases of immediate danger—or incidents such as running away, physical or verbal altercations, and bullying—the 3-strikes policy will not apply. The parent/guardian will be contacted immediately to pick up their child. Depending on the child's actions, if a suspension is necessary, it will be up to the Director to determine when the child can return to camp. There will be no reimbursement for suspensions!

## Illness Policy

To attend Camp, children must be healthy enough to participate in the program's daily routine. For the safety and comfort of your child, please keep them home until they feel better and no longer present the danger of passing on their illness - we do not have the facilities to care for sick children. An ill child will be provided with rest and quiet and the parent/guardian will be called to pick up child. Conditions that necessitate an ill child to be picked up early from the program include: fever, diarrhea, vomiting, lethargy, Conjunctivitis (Pink Eye), head lice, persistent crying, difficulty breathing, or other evidence of disease, including suspicious rashes. We ask parents to keep their child(ren) home if they are experiencing any symptoms listed above. **Children will be allowed to return to program when they are free of the above symptoms for a 24-hour period, or with written approval of their physician.** The Director may request a written note from the physician if there is a concern of the child or other children in the program. Camp staff will notify the parent/guardian of symptoms that might indicate allergy, respiratory, skin or digestive distress.

## Medications and Allergies

Parents need to record any known allergies or current medications on the Registration Form. Additional documentation related to current allergies and medication is required. Please contact the specific camp director for additional information.

Camp staff will be notified of all allergies. An allergy list will be posted at the DYC, CRA, on the refrigerator in the kitchen, and on the snack storage cabinet.

**Medication will be administered to children enrolled in the Day Camp by the Camp Leader or Director only when given with medication form or doctors note and:**

- All medications shall be labeled in its original container with the child's name, the name of the drug, and the directions for its administration and storage. All medications must be given directly to the Director or Camp Leader by the parent/guardian.**
- All medications will be stored out of the reach of children.**
- The program will maintain a written record of the administration of any medications (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time of date of each administration, the dosage, and the name of the staff member administering the medication. This completed record will become part of the child's file.**
- All unused medication will be returned to the parent.**

## Release

**Child's parents/guardians are required to review and accept the Summer 2023 Policies and Procedures Notice.**

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