

Registration Form SUMMER 2024

FORM A
SIDE 1

Please complete both sides

Register online at 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. Payment for DYC Day Camp is due one week prior to the start of 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.

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

*Name _____

*Date of Birth _____

Home Address _____

*Grade as of September 2024 _____

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 CRA Summer Program, I hereby release the Community Recreation Association, Inc., 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 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 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 2024 Policies and Procedures**. I understand and agree to the Summer 2024 Policies and Procedures. (**Note: Required for ALL**)

Parent's / Guardian's Signature _____ Date _____



Community Recreation Association

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***required**



Berkshire United Way
Community Partner

MASSACHUSETTS SCHOOL HEALTH RECORD

Health Care Provider's Examination

Name _____ Male Female Date of Birth: _____

Medical History _____

Pertinent Family History

Current Health Issues

- | | | |
|--------------------------|--------------------------|---|
| Y | N | |
| <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

Alison Peters	Executive Director, CRA
Dustin Belcher	Director of Operations
Kyle Lyman	Program Manager, Sports Clinics / Specialty Workshops
Jon Yetto	Program Manager, DYC Day Camp Director
Tom O'Connor	Program Coordinator

Schedule

Day Camp Hours: 7:30 am – 5:00 pm

Sports/Specialty Hours: See 2024 SUMMER AT A GLANCE

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

Registration Procedure

DYC Day Camp accepts children entering Kindergarten through grade 7 as of fall 2024. All children must be fully potty trained to attend camp.

Sports Clinics and Specialty Clinics ages vary, please see 2024 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.

Payments

Day Camp payments are due a week prior (7 days) to the week your child is attending camp. **Your child will not be able to attend camp until any overdue payment is received.** This includes financial aid agreement payments.

Sports/Specialty and Make it a Full Day 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.

Release

Child's parents/guardians are required to review and accept the Summer 2024 Policies and Procedures Notice.

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 Program Manager 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.

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).



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