



116 Florence Street, Springfield, MA 01105 | (413) 732-5804
www.jcwilliamsc.org

Group Care and School-Age (5-14)

CHILD ENRICHMENT PROGRAM

SUMMER REGISTRATION PACKET

Bring the following to enroll your child:

- Completed Registration (fill in every line of each page)
- Copy of ID for those on pick-up list
- Copy of birth certificate
- Copy of physical/immunization records
- First payment
- Medical forms for medication if needed

JCWCC Child Enrichment Summer Program Registration Form

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Camper Name: _____ **Age:** _____ **Date:** _____

Child Information

First _____ Middle _____ Last _____
Gender: Male ___ Female ___
School Name _____ Grade _____
Birth date ____/____/____ Age (as of July 1st, 2019) _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Please list those people in addition to parents/guardians who are permitted to pick up your child (provide photocopy of picture ID):

- 1: _____
- 2: _____
- 3: _____

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Camper Name: _____ Age: _____ Date: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should a paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Are your child's immunizations up to date? Yes ___ No ___

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet (allergies/food restrictions)?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the JCWCC or its JCWCC Child Enrichment Summer Program will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

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Camper Name: _____ Age: _____ Date: _____

TUITION INFORMATION - \$190 per week/ \$38 per day

Please indicate which days your child will attend.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

* The full day program is 8AM-3PM any time necessary outside of this will incur a fee. Indicate below if you will need to utilize this service.

Pre- Program (7AM-8AM) +ADDITIONAL \$20 per day

Mon __ Tue __ Wed __ Thu __ Fri __

Post- Program (3PM-4PM) +ADDITIONAL \$20 per day

Mon __ Tue __ Wed __ Thu __ Fri __

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the JCWCC Child Enrichment Summer Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of JCWCC Child Enrichment Summer Program and its affiliates.

Parent's/Guardian's Initials _____

The JWCC Child Enrichment Program and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

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Camper Name: _____ **Age:** _____ **Date:** _____

Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT DROP OFF

___ PARENT PICK UP

___ SUPERVISED WALK

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

___ OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT DROP OFF

___ PARENT PICK UP

___ SUPERVISED WALK

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

___ OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

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Camper Name: _____ Age: _____ Date: _____

FIELD TRIP PERMISSION FORM

I, _____, give permission for my son/daughter _____ to attend weekly field trips offered by the JCWCC Child Enrichment Summer Program. I further give permission for my child to be transported to and from events by hired and volunteer drivers.

Signature of Parent or Legal Guardian	Printed name of Parent or Guardian	Date

In case of emergency please contact:

Parent Name: _____ Number _____

Parent Name: _____ Number _____

Emergency Contact #1: _____ Number _____

Emergency Contact #2: _____ Number _____

Please list any allergies or restrictions below:
