



## 10 Week Summer Program Registration Form 2023

Youth Members ages 5 (who have completed Kindergarten)-14 are welcome to attend. The program is held Monday-Friday 8:30am-6:00pm at the Youth Center. This program is \$150 per week with an option of before care for an additional \$30 per week. (Before Care will be 6:30am-8:30am) Part time slots may be available after June 1<sup>st</sup>.

EARLY REGISTRATION DISCOUNT! If you register by May 26<sup>th</sup> for our summer program you will receive a \$15 discount. The deposit goes toward your child's last week of our summer program. **Deposit is due when registering.**

Full Day Program (8:30am-6:00 pm)

Before Care Program (6:30am- 8:30am)

Child's Name:

\_\_\_\_\_

Last

First

Middle initial

Address:

\_\_\_\_\_

Street

City

State

Zip

Age: \_\_\_\_\_

Grade in fall of 2023: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_

Please check off each week your child will attend. You will be responsible for payments the weeks your child is signed up for. Circle the days of the week if your child will only be here certain days of the week.

<b>June 26th- July 30th</b> Hello Summer- Eric Carle Week M T W T H F	
<b>July 3rd-July 7th</b> Party in the USA Week M W T H F (closed 7/4)	
<b>July 10<sup>th</sup>-14<sup>th</sup></b> When We Grow Up Week M T W T H F	
<b>July 17<sup>th</sup> - 21<sup>st</sup></b> Science & Space Adventure Week M T W T H F	
<b>July 24<sup>th</sup> - 28<sup>th</sup></b> Animal Planet Week M T W T H F	

<b>July 31<sup>st</sup>- August 4<sup>th</sup></b> Decade Week M T W T H F	
<b>August 7<sup>th</sup>- 11<sup>th</sup></b> Let's get Wild- Wild, Wild West Week M T W T H F	
<b>August 14<sup>th</sup>-18<sup>th</sup></b> Island Fiesta Week M T W T H F	
<b>August 21<sup>st</sup>- 25<sup>th</sup></b> Carnival Week M T W T H F	
<b>August 28<sup>th</sup>- September 1<sup>st</sup></b> Goodbye Summer! M T W T H F	

I give my permission for my child to attend field trips and walks. (Walks are local and may not be on the schedule.) **Initial** \_\_\_\_\_

I give my permission for Youth Center Inc. /news media to photograph/video/interview my child. It is my understanding that this photograph/video/interview or portions thereof will be used for public view. I agree to these forms of media without financial remuneration, and I understand that this releases Youth Center Inc./photographer/interviewer from any future claims, as well as from any liability, arising from the use of the said photograph/video/interview. Please circle one: **YES OR NO**

I have received and read the YCI Member Handbook. **Initial** \_\_\_\_\_

I understand that participation entails physical activities and is done at the individual's own risk. I understand that health and accident insurance coverage for my child is my responsibility as a parent/guardian. I will not hold the Youth Center Inc., or its representatives, staff, board of directors liable for any injury incurred by my child. **Initial** \_\_\_\_\_

I give my permission for the Youth Center to apply sunscreen to my child.  
Please circle one **YES OR NO**  
**Initial** \_\_\_\_\_

Please initial if a copy of your child's Physical and Immunization Records are attached \_\_\_\_\_  
(Your registration is not complete without this)

Drop off time: \_\_\_\_\_

Pick up time: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Every camper needs proof of immunizations, physical examination, enrollment packet and membership.**

What to bring:

- ✓ **Appropriate clothing.** Ones used for play as they may get dirty or stained. Sneakers are the best footwear. **NO FLIP FLOPS ALLOWED.** Dress for the weather (jacket/sweatshirt on colder days, raincoat if the forecast calls for rain).
- ✓ **Sun block (we will collect TWO bottles from each child, and it will be used by all the children)**
- ✓ **Water Bottle** (This is a must as they will need to refill them with water numerous times a day)  
Please label all personal items such as clothes, or backpacks. *We are not responsible for lost or stolen items.* No cell phones are allowed at our program. We recommend you keep all expensive toys, electronics or valuables at home.

**ANY QUESTIONS PLEASE CALL THE YOUTH CENTER INC. 743-3550 or  
Email [Mcarpenter@youthcenterinc.org](mailto:Mcarpenter@youthcenterinc.org)  
Physical and Immunization Records can be faxed to 743-9550**



## Child's Enrollment Form

### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Parent/Guardian Information

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

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

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

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

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

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

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

Reachable Phone Number: \_\_\_\_\_



Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

\_\_\_\_\_

**Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?  
If yes, please attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

\_\_\_\_\_

**School Age Only**

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:**

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**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



# Youth Center Inc.

Serving Youth and Families of Northern Berkshire

## CONSENT FOR CHILD TO LEAVE THE PROGRAM

(MUST BE AGE 9 OR OLDER)

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ authorize my child, \_\_\_\_\_  
 (Parent/Guardian's Name) (Child's name)

to leave the program. This permission is in effect from \_\_\_\_\_ to \_\_\_\_\_.  
 (Date) (Date)

Activity/Location	Method of Transportation	Leave/Return Time	Restrictions
4H Programs	None		
Drop In Center	None		

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program.

\_\_\_\_\_  
 (Parent/Guardian Signature) (Date)

\_\_\_\_\_  
 (Program Staff Signature) (Date)



# Youth Center Inc.

Serving Youth and Families of Northern Berkshire

## CONTRACT FOR CHILDREN 9 YEARS AND OLDER FOR LEAVING THE PROGRAM

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

I \_\_\_\_\_, understand that the permission I have received  
(Child's Name)

to leave the program is a privilege granted to me. This privilege is based on my parent(s)/guardian(s) and the staff's expectations of my ability to be responsible for my safety and well-being while I am away from the program.

By signing this contract I agree to the following:

I will always check in with a staff person when arriving and before departing from the program.

I will go only to the destinations agreed to by my parent(s)/guardian(s) and will inform staff of my destination each time I leave the program.

I will act in a safe and courteous manner while I am away from the program.

I will return to the program at or before the time designated by my parent(s)/guardians(s) or by the staff. If I am going to be returning late, I will call the program to inform them of when I will be returning and why I am late.

I will abide by all restrictions listed by my parent(s)/guardians(s) on the authorization and consent form.

Further, I will understand that if I do not abide by the agreements made above, both my parent(s)/guardian(s) and /or the program, as a consequence for my actions may take away my privilege to leave the program for a time period deemed appropriate by them.

\_\_\_\_\_  
(Child's Signature) (Date)

As \_\_\_\_\_ parent/guardian, I agree with this contract.  
(Child's Name)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Program Staff Signature) (Date)



# Youth Center Inc.

Serving Youth and Families of Northern Berkshire

## FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

### Emergency Contacts (In order to be contacted)

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date (valid for one year)





MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Please  one of the following: Prescription: \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_

Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_

Topical Non-Prescription (**applied to open wound/ broken skin**) \_\_\_\_\_

My child has previously taken this medication \_\_\_\_\_

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given:  
\_\_\_\_\_

Times medication to be given:  
\_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner:  
\_\_\_\_\_

Child's Health Care Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

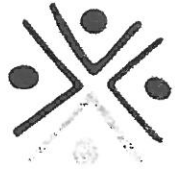
I, \_\_\_\_\_, (parent or guardian) gives permission

(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For topical, non-prescription **NOT** applied to open wound / broken skin (parent signature only)



# Youth Center Inc.

Serving Youth and Families of Northern Berkshire

**General Information:**

Date of Admission \_\_\_\_\_

Age at Admission \_\_\_\_\_

Child's full name \_\_\_\_\_

Nick name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_

Primary language of child \_\_\_\_\_ Primary language of parents \_\_\_\_\_

Allergies special diets \_\_\_\_\_

Name of Parent(s) Guardian(s) \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Physical Description**

Eye color \_\_\_\_\_

Hair color \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Other \_\_\_\_\_

**Parent(s)Guardian(s) business address /location during childcare:**

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Where: \_\_\_\_\_

Where: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Instructions: \_\_\_\_\_

Instructions: \_\_\_\_\_

**Emergency Contact/Authorized Pick up Person:**

In the event of an emergency when I may not be reached, contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

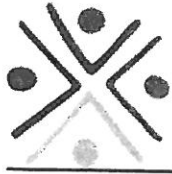
Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p>Optional: Photo of child</p>
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# Youth Center Inc.

Serving Youth and Families of Northern Berkshire

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## WALKING PERMISSION SLIP

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT

... give my child, \_\_\_\_\_, permission to attend spontaneous outings within walking distance of the YCI with classroom teachers. I understand that a separate field trip policies and permission slip which requires vehicle transportation will be sent home prior to the field trip with a field trip description.

Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUDIO/VIDEO RELEASE

\_\_\_\_\_ I consent and authorize \_\_\_\_\_ I do not consent and authorize

... the use and reproduction of any and all photographs or video footage taken of my child, \_\_\_\_\_, for the YCI. I understand that I receive no reimbursement for allowing my child's photo to be taken or for the use of the photo video. Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUNSCREEN PERMISSION SLIP

I give YCI staff permission to apply sunscreen to my child for protection from the sun.

Child's name: \_\_\_\_\_

Name of sunscreen: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ENROLLMENT AGREEMENT

I have read and understand the parent handbook policies.

Child's name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Youth Center Inc.

Serving Youth and Families of Northern Berkshire

## Membership Form 2023-2024

Number of people in your family \_\_\_\_\_

Full Year Membership (Please check which one applies) \_\_\_\_\_ Individual (\$50) \_\_\_\_\_ Family (\$75)

### PARENT & GAURDIAN INFORMATION *(In case of an emergency parent/guardian is contacted first)*

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Name	Address	Home Phone	Daytime Phone
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Employer Address	Days and Hours at work
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Name	Address	Home Phone	Daytime Phone
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Employer Address	Days and Hours at work
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### EMERGENCY CONTACT INFORMATION *(Information other than a parent/guardian in case they cannot be reached first)*

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Full Name & Address *(As it would appear on their Identification Card)*

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Phone Number	Relationship to Member
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Full Name & Address *(As it would appear on their Identification Card)*

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Phone Number	Relationship to Member
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### YOUTH MEMBER INFORMATION

1. \_\_\_\_\_

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First Name	Last Name	Sex	Identify as/Pronouns
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Address <i>(If different from parent/guardian information)</i>	Phone Number
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Grade

Religion

Ethnicity

Please List any special information or interest they may have: -

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Please List any special eating habits, food dislikes or **allergies**:

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2.

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First Name

Last Name

Sex

Identify as/Pronouns

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Address *(If different from parent/guardian information)*

Phone Number

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Grade

Religion

Ethnicity

Please List any special information or interest they may have: -

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Please List any special eating habits, food dislikes or **allergies**:

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3.

---

First Name

Last Name

Sex

Identify as/Pronouns

---

Address *(If different from parent/guardian information)*

Phone Number

---

Grade

Religion

Ethnicity

Please List any special information or interest they may have: -

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Please List any special eating habits, food dislikes or **allergies**:

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4.

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First Name	Last Name	Sex	What they identify as
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Address ( <i>If different from parent/guardian information</i> )	Phone Number
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Grade	Religion	Ethnicity
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Please List any special information or interest they may have: -

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Please List any special eating habits, food dislikes or **allergies**:

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5.

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First Name	Last Name	Sex	What they identify as
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Address ( <i>If different from parent/guardian information</i> )	Phone Number
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Grade	Religion	Ethnicity
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Please List any special information or interest they may have: -

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Please List any special eating habits, food dislikes or **allergies**:

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I give permission for my child's picture/video to be taken and published? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is anyone specifically denied permission to see or pick up the child? *(If this is court ordered please provided the information from the court)*

First Name	Last Name	Sex
First Name	Last Name	Sex
First Name	Last Name	Sex

**My signature indicates that I have read, understood and agreed with the Membership Policies of the Youth Center Inc. I understand that all members participate in all programs at their own risk. I agree to hold the Youth Center Inc. harmless from all claims related thereto.**

\_\_\_\_\_  
**Member Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian Signature** *(If child is under age 18)* **Date**