

Barnstable Summer Leisure Program



SITES Available

Barnstable West Barnstable Elem. (Grades 1-5)
Barnstable High School: Senior Cafeteria (Grades 1-5)
Centerville Recreation (Grades 1-5) nut safe
Centerville Elementary (Grades 1-5)
Barnstable United Elementary (Grades 1-5)

Barnstable Intermediate School (Grades **6-8**)

Program Dates **July 2nd** through **August 17th** (No Program July 4th)
8:30-4:30

Cost is **\$850.00** (Includes Field Trips)
REGISTER **March 13th** AT THE HYCC FRONT OFFICE!!!
OR ON-LINE www.townofbarnstable.us/Recreation

If you have any questions, please contact Mickie at:
Barnstable Recreation, 141 Bassett Lane, Hyannis, Ma. 02601
(508) 790-6345 X107
email: michelle.davies@town.barnstable.ma.us

Enjoy field trips, arts & crafts, games, beach, and talent show and much more!!

E-Mail Completed Packet to: michelle.davies@town.barnstable.ma.us

2018 Summer Leisure Program
July 2 - August 17, 2018 (No program July 4th)
\$850 Program Fee

Form Explanation Sheet

PLEASE PRINT NEATLY AND CLEARLY ON ALL SHEETS. THANK YOU.



- Check off sheet** - This sheet is designed to help you check off what you need to complete in order to be prepared for registration. Once you have completed a form in the registration packet, check off that you have done so. If at any time you have a question about one of the forms or the program, please feel free to ask us at Registration or you can call the Recreation Office @ 508-790-6345, 8:30 to 4:30 Monday through Friday.
- Leisure Program Registration Form** – Please complete the top portion of this form. Be sure to read the bottom portion of the registration form that explains financial aid submittals and refund regulations. **The waiver portion of this Registration form must be signed in the presence of a Recreation Division employee if registering in person. Those registering on-line must provide an electronic signature.**
- Program T-Shirt form** – This sheet will help us outfit your child with the proper fitting T-Shirt. There will be a display at registration of the six different sizes available so that you may choose the proper size for your child.
- Alternate Pick – Up Sheet** – We understand that you may not be able to pick up your child everyday from the program. That being said, it is very important for you to authorize three alternate people to pick up your child in the event you cannot do so. Please list their full names and phone numbers. Also, please explain to anyone you listed that they will be asked for a photo I.D. and the list will be checked at the time of pick up. I apologize now for any inconvenience that this may cause, but it is for the safety of your child. If the individual is not on the list and no prior arrangements have been made with the Leisure Program Director, the child will not be allowed to leave with that individual. Your child cannot attend the program without this information.
- Medical Forms** – These forms total three pages, including the Release of Confidential Information Form. It is very important to fill out all the information so that we may do our best to meet the specific needs of each child and have a clear understanding of each individual. Even if the answer is NO, or does not apply, please take the time to indicate a response. Your child cannot attend the program until we receive this information.
- White Emergency card** (Not included in this packet)– **This small card is very important.** The card goes everywhere your child goes. We need all information on it to be accurate in case of a medical or any other emergency. Please fill out **front and back** completely. We will give you one on the first day of the program to fill out prior to dropping off your child. You can also pick one up at the HYCC starting in March.

- Written Consent for Medication**— This form needs to be filled out **ONLY** if your child is taking any medication during the Leisure Program, including inhalers, Epi pens or any prescriptions/ over the counter medications..
- Private Physician's Examination** (not included in this packet)– Every child coming into the Leisure Program, whether they have attended before or not, must have a current physical saying they can attend the program from their Primary Care Physician. You can get a copy of this information from your school nurse or your primary physician. You can pick up this form at the HYCC to take with you so that it can be completed and signed by your physician or your physician may also have a form that they prefer to use which is acceptable. These forms can be brought to the HYCC in person or they can be faxed to our office by your physician . The fax # 508-790-6279 Attention : Mickie Davies. **Your enrollment in the program will be forfeited if this information is not submitted.** **No Exceptions!!** Understand that this form is essential to register, however, it must be received by us with two weeks of the date of your registration for your child to be able to attend.
You will not be fully registered until the Private Physician's Form (Physical) is received!
- Release of Confidential information** - This form is an important for m and allows us to give and obtain medical information from your child's physician to ensure current, accurate medical records.
- Payment Plan Explanation and Mail-In Receipts (separate from this packet)** – This sheet will be given to you at the time of Registration. The top portion of this sheet explains the cost of the program (\$850 per child), field trip fees, payment plan schedule (if you choose to submit payments), and financial aid requirements. You will find payment submittal receipts on the bottom portion of this sheet. Please detach and submit one receipt with each payment. Make sure that your child's name, Leisure Program Site, and all other information is filled out to ensure your account is credited properly.

IN ORDER FOR YOUR CHILD(REN) TO BE COMPLETELY REGISTERED FOR THIS PROGRAM, YOU MUST SUBMIT THIS ENTIRE PACKET OF PAPERWORK.
Getting this paperwork to us in a timely fashion helps us to prepare to give your child(ren) a Safe and Fun Experience.

E-Mail Completed Packet to: michelle.davies@town.barnstable.ma.us

Items you will need to provide at Registration:

- Birth Certificate** – **FOR CHILDREN ENTERING FIRST GRADE ONLY.** We will need a copy of your child's birth certificate. You will **not** be allowed to register without this.
- Barnstable Residency/Taxpayer** – Please be prepared to verify (driver's license showing a Barnstable address, or a Barnstable address imprinted on your check, or a copy of your most recent real estate tax bill) that you are a year-round resident or taxpayer in the Town of Barnstable. If you are not Barnstable Resident/Taxpayer, you will not be able to register at this time. You will be allowed to register your child(ren) April 25th, 2018, if space is available, for a fee of \$1,700.00.

Thank you for your time. I hope this sheet has assisted you. I look forward to seeing you at registration beginning, Tuesday, March 13, 2018 from 8:30-4:00 PM at the Hyannis Youth & Community Center. You may also set up a household and register on-line beginning at 8:30 AM on March 13, 2018 Any questions, please call the Recreation Office (508) 790-6345. Thank you,

Michelle Davies
Program Coordinator
Town of Barnstable

Registration Form - Leisure Program – 2018

Participant Name: _____ Home Phone: _____

First Last

Gender: M F Birthdates: _____ Grade in Sept. 2018: _____ School: _____

Allergies/Medications: _____

Primary Parent/Guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

Other Parent/Guardian: _____ Home Phone: _____

Address: (if different): _____ Work Phone: _____

E-Mail Address: _____

Emergency contact: _____ Phone #: _____

Address: _____ Relationship: _____

IN ORDER FOR YOUR CHILD(REN) TO BE COMPLETELY REGISTERED FOR THIS PROGRAM, YOU MUST SUBMIT THIS ENTIRE PACKET OF PAPERWORK.

The initial payment \$400.00 is due at the time of Registration by check/money order made payable to the Town of Barnstable. Master Card and Visa are also accepted. We are unable to accept cash. Financial aid is available to qualifying applicants. To apply, complete and submit a Financial Aid form (available upon request) along with your most current tax forms and/or income verification statement(s). Applicants must pay the initial payment of \$400.00 at the time of registration. After reviewing the required documentation, applicants will be notified if they are approved for financial aid. Refunds are not issued after the start of ANY program. Full refunds will be granted through May 1, 2018. Refund requests between May 2 and June 30, 2018 will be granted minus a \$100 administrative fee. No refunds will be granted after July 2, 2018.

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

The undersigned parent or guardian of _____, a minor, does hereby consent to his/her participation in the voluntary **Town of Barnstable Recreation Division Leisure Program** and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Barnstable, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Town of Barnstable Recreation Program; FURTHERMORE, I hereby agree to protect the Town of Barnstable and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Town of Barnstable Recreation Division voluntary activities or programs, and to INDEMNIFY, reimburse or make good to the Town of Barnstable or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorneys' fees, the Town of Barnstable or its representatives may have to pay if any litigation arises from said minor's participation in said recreation program.

Signature of Parent or Guardian/ or Digital Signature _____ Date _____ Relationship to Applicant _____

DO NOT WRITE BELOW THIS LINE – RECREATION STAFF USE ONLY

Amt. Paid \$ _____ Bal. Due \$ _____ F/A/ Submitted: Y N Check/MO# _____

CC# _____ Exp. Date: _____ Security Code _____ Billing Zip _____

Town of Barnstable
Recreation Division
Leisure Program 2018

Please check the correct size for your child so that we may do our best to outfit him/her with the proper fitting shirt for the Leisure Program. There will be shirts on display at registration to help you decide what size you require.

Child's Name: _____

L.P. Site: _____

- ____ Youth Small
- ____ Youth Medium- Size 12
- ____ Youth Large- Size 16
- ____ Adult Small
- ____ Adult Medium
- ____ Adult Large
- ____ Adult Extra Large
- ____ Adult Extra Extra Large

Barnstable Recreation Division
2018 Summer Leisure Program
Alternate Pick-up Sheet

Child's Name: _____

L.P. Site: _____

Please list the people (other than yourself) who may pick up your child from the Leisure Program. Please list their phone numbers. It is very important that our staff know who is able to pick up your child. Also, understand that persons other than yourself will be asked for a photo I.D. and the list will be checked to make sure he or she is authorized to pick up your child. If the individual is not on the list and no prior arrangements were made, the individual will NOT be allowed to take the child. Although this may seem like an inconvenience, please understand that this is for the safety of your child. Your child cannot attend the program until we receive this information

| Name (please print) | Phone# |
|---------------------|--------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

LP SITE _____

GENERAL INFORMATION

Child's name _____ Birthdate: _____ Sex _____ Age _____

Guardian #1 _____ Guardian #2 _____

Home Phone _____ Home Phone _____

Work Number _____ Work Number _____

Cell Number _____ Cell Number _____

Summer Address _____

Emergency Contact _____
Emergency Contact # _____

MEDICAL INFORMATION

Physician's Name _____ Physician's Number _____

Dentist's Name _____ Dentist's Number _____

Medical Insurance Carrier _____ Group Number _____

Is your child on any medications? YES NO

If "YES" please answer the following: Diagnosis _____
Physician: _____
Medication _____
Dosage/Time _____

Does your child have allergies? YES NO

if "YES" please answer the following? Food _____
Medications _____
Other _____

If the parent/guardian or emergency contacts can not be reached, is permission granted to the Leisure Program Staff/Nurse to provide emergency treatment?

YES NO

If necessary, is permission granted to the Leisure Program Staff/ Nurse for your child to be taken to the hospital?

YES NO

MEDICAL HISTORY

In order to better serve your child, please indicate, in detail, any needs, disabilities, or concerns that your child may have: **Does your child need extra assistance due to this disability?**

EXPLAIN: _____

Does your child require any of the following mechanical supports?

Hearing Aid Glasses Braces Wheelchair Splints Crutches Other: _____

EXPLAIN: _____

Does your child have difficulty in the following areas?

Neurological Vision Hearing Orthopedic Mobility Toileting Eating

EXPLAIN: _____

Does your child have any behavior difficulties?

Hitting Pinching Kicking Tantrums Biting Crying Screaming

Running away Non-Compliance Other: _____

EXPLAIN: _____

Is your child on a behavior plan at school?

YES NO

Name of child's school _____ Teacher's Name _____

PARENT AUTHORIZATION

The medical history herein is correct to the best of my knowledge and the person described herein has my permission to engage in all prescribed camp activities except as noted. I hereby release the Barnstable Recreation Division and its Leisure Program Staff from any responsibility or liability for any illnesses or injury that may occur while my child is attending the Summer Leisure Program. I also release Barnstable Recreation Division and Leisure Program Staff from any responsibility or liability for any prescribed medication administered to my child under the direction of my family doctor. I hereby give permission to the medical person selected by the Recreation Program Coordinator or Program Director to order x-rays, routine tests, and treatment for my child in case of serious accident/incident. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Program Staff to hospitalize and secure proper treatment for my child as named in this form. This form may be photocopied for use by medical services outside of the Recreation Program.

Guardian Signature or Digital Signature Date

Town of Barnstable Recreation Division
2018 Summer Leisure Program
Parent/Guardian Written Consent for Medication Administration

LP SITE:

General Information

PLEASE PRINT

Participant's Name _____ Age _____

Date of Birth _____ Gender _____

Parent Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Other Persons, if any, to be notified in case of emergency if parent/guardian is unavailable:

Name _____ Relationship _____ telephone _____

My child is currently taking the following medications (to be completed if not in violation of confidentiality)

Please list all of the medications the child is taking, including those being given during program hours:

1. _____ 2. _____ 3. _____

4. _____

My child is known to have the following allergies: _____

CONSENT

1. I give permission to have the Leisure Program Nurse, or an appropriately trained LP personnel designated to be the Leisure program Nurse, to give my child the following medications.

Prescribed by: _____ To: _____
Licensed Prescriber Participant's Name

2. All medications shall be stored under the LP Nurse or appropriately trained LP Director's supervision.
3. Appropriately trained LP personnel are to assume the responsibility for administering medications requiring injections only in life threatening conditions .
4. The Nurse and Director require a record to be maintained in the individual's student health file for all medications dispensed.

TOWN OF BARNSTABLE
BARNSTABLE RECREATION DIVISION

LEISURE SERVICES DIRECTOR

PATTI MACHADO

141 Bassett Lane

Hyannis, MA 02601

Tel: 508-790-6345

Fax: 508-790-6279

E-Mail: Recreation@town.barnstable.ma.us



Release of Confidential Information

I _____ of _____
(Parent/Guardian) (Address)

hereby authorize Barnstable Recreation to exchange, obtain, and/or disclose information that is contained in the medical record of my child. This information will be kept on file for the child's attendance in the Barnstable Recreation Leisure program. The purpose of releasing this information is to have current, accurate medical records for this child.

(Child's Name)

(Date of Birth)

I understand that this information will be shared among persons involved in the supervision of the Summer Leisure Program.

This consent may be revoked by me at any time except to the extent that action has been taken to comply with it. Without my express revocation, this consent will automatically expire in 12 months.

Start typing below this line:

(Parent/ Guardian Signature)

(Date)

(Exp. Date)