

**Project Learn
April Vacation Club**

2010 Application

Please PRINT all information and answer all questions. All information is considered confidential.

Child's Name _____ Age _____ Sex M/F

Address _____ Birthdate _____

City _____ State _____ Zip _____

Home Phone _____ School _____ Grade _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Identifying Marks (birthmarks, scars, etc.) _____

Parent/Guardian Name: _____ Parent/Guardian Name _____

Address: _____ Address: _____

City: _____ State _____ Zip _____ City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Business Name _____ Business Name: _____

Enrollment Agreement

The \$50 deposit for the week is enclosed. Registration will not be processed without the deposit.

I agree to pay the balance of April Vacation Club by April 14th.

I understand it is my responsibility to bring any special conditions or concerns about my child to the director's attention at the time of registration.

I give permission for my child to participate in all Project Learn Vacation Club field trips and organized activities.

I give permission to the Project Learn Vacation Club Program to have, use, publish and reproduce photographs or video tapes of my child for its records, public relations or advertising programs.

I have read the Project Learn Vacation price schedule. I understand and accept the program's policy concerning registration fees, tuition and terms of enrollment.

I understand that once an application is accepted by Project Learn Vacation Club Programs, no funds or transfers of funds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.

I certify that the above named child on this registration form is physically and mentally prepared to participate in all activities and field trips.

I understand that the director reserves the right to dismiss a camper when in his/her judgment, the camper's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the Project Learn principles of conduct.

Parent Signature _____ Date _____

Please reserve space for the following days during the April Vacation Club

Tues _____ Wed _____ Thurs _____ Fri _____

Project Learn April Vacation Club is offered by the Boys & Girls Club of Woburn
Charles Gardner Lane, Woburn MA 01801 781-935-3777

Project Learn

April Vacation Club

Health History & Emergency Information Form

Child's Name _____

Age _____ Sex M/F _____ Birthdate _____

Local Emergency Contacts (other than parent/guardian in order to be called)

Name _____ Relationship _____

Address _____

Home Phone _____ Bus Phone _____

Cell Phone/Beeper _____

Name _____ Relationship _____

Address _____

Home Phone _____ Bus Phone _____

Cell Phone/Beeper _____

Medications given at home: _____

Medications to be administered at Project Learn Vacation Club: _____

Medications must be given to the Director in the original labeled pharmacy container. Parents must sign medication consent forms prior to any medication being administered.

Has your child had any serious injuries/operations/chronic illness or disability?

List dates _____

Does your child have any allergies? _____

IMPORTANT MUST BE COMPLETED

I authorize Project Learn staff to give my child first aid if and when needed. I hereby give permission to the medical personnel selected by the Project Learn Vacation Club to order x-rays, routine tests and treatment for my child in the event I or my emergency contacts cannot be reached in an emergency. I hereby give permission to the emergency hospital/physician selected by the Project Learn staff to secure proper treatment for my child as named above. I also give permission to Project Learn Vacation Club to authorize transportation for my child in event of an emergency. I understand that I will assume full responsibility for any accidents incurred thereby releasing the Boys & Girls Club of Woburn/Project Learn Extended Day Program, its' staff and its' directors of all liability.

Health Insurance Provider: _____ Policy # _____

Signature of Parent/Guardian _____ Date _____

This form must be completed and returned by April 14th. After this date, please do not mail. All health forms must be on file before your child may attend Project Learn April Vacation Club.
