

**Project Learn
February Vacation Club**

2012 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: _____

E-mail: _____ E-mail: _____

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 February Vacation Club by February 15th.

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 judgement, 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 February Vacation Club

Tues _____ Wed _____ Thurs _____ Fri _____

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

Project Learn February Vacation Club

Health History & Emergency Information Form

Child's Name _____

Age _____ Gender M/F Birthdate ___/___/___

Local Emergency Contact (other than parent)

1. Name _____ Relationship _____
Home # _____ Cell # _____ Work # _____
2. Name _____ Relationship _____
Home # _____ Cell # _____ Work # _____

Allergies _____

Medications given at home _____

Medications to be administered at the Boys & Girls Club: _____

All Medications to be administered at the Boys & Girls Club must in the original labeled pharmacy container. Parents must sign medication consent form prior to any medication being administered.

Any special medical conditions or concerns?

This health history form is correct so far as I know, and the child enrolled has permission to engage in all activities except as noted. I authorize Project Learn and Boys & Girls Club staff to give appropriate first aid as needed. I give permission to the medical personnel selected by the Project Learn staff to order x-rays, routine tests and treatment for my child in the event of an emergency and I cannot be reached. I give permission to the 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 staff to authorize transportation for my child in the 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, it's staff and directors of all liability.

Signature of Parent/Guardian _____ Date _____