

*Project Learn*  
*February Vacation Camp*



**Please print all information and answer all questions.**  
**All information is considered confidential.**

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Marks (birthmarks, scars, etc.): \_\_\_\_\_

**Parent Guardian 1**

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

Address (if different than child):

\_\_\_\_\_  
\_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Parent Guardian 2**

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

Address (if different than child):

\_\_\_\_\_  
\_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please reserve space for the following days during the February Vacation Camp:

\_\_\_\_ Tuesday

\_\_\_\_ Wednesday

\_\_\_\_ Thursday

\_\_\_\_ Friday

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**Health History & Emergency Information Form**

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Emergency Contacts (other than parent/guardian):

A. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

B. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Any Known Allergies?** \_\_\_\_\_

\_\_\_\_\_

**Medications Given at Home:** \_\_\_\_\_

\_\_\_\_\_

**Medications to be administered at the Boys & Girls Club:** \_\_\_\_\_

\_\_\_\_\_

*\*Note that all medications to be administered at the Club must be in the original, labeled pharmacy container. You must also sign a 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 as permission to engage in all activities except as noted. I authorize the Boys & Girls Club staff to give appropriate first aid as needed. I give permission to the medical personnel selected by the Boys & Girls Club staff to order 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 Boys & Girls Club staff to secure proper treatment for my child as named above. I also give permission for the Boys & Girls Club 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 James L. McKeown Boys & Girls Club of Woburn, its staff and directors of all liability.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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If you are already registered for Boys & Girls Club programming (Clubhouse, Project Learn, ATB or BTB) in 2015-2016 (meaning you have renewed your paperwork since September 1<sup>st</sup>), you may skip the rest of this registration form.

All demographic information is kept confidential. It is used only to assist the Club in securing funding, which allows us to keep prices affordable for all families.

**Child's Demographic Information:**

<b>Ethnicity: (check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other _____		<b>Member lives with: (check all that apply)</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian		<b>Single Parent Household? (check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Marital Status Of Parent/Guardian:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Size of Family:</b> <input type="checkbox"/> 2 Persons <input type="checkbox"/> 3 Persons <input type="checkbox"/> 4 Persons <input type="checkbox"/> 5 Persons <input type="checkbox"/> 6 Persons <input type="checkbox"/> 7 Persons <input type="checkbox"/> 8 Persons	
<b>Household Public Benefits: (check all that apply)</b> <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> None		<b>School Lunch Status:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Neither		<b>Annual Income:</b> <input type="checkbox"/> Below \$15,000 <input type="checkbox"/> \$15,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$35,000 <input type="checkbox"/> \$35,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$45,000 <input type="checkbox"/> \$45,001 - \$50,000 <input type="checkbox"/> Over \$50,000		<b>Homeless in last 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Status Offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Housing:</b> <input type="checkbox"/> Section 7 <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> Low Income Housing <input type="checkbox"/> Emergency Housing (shelter, hotel) <input type="checkbox"/> Other (private home, apartment, etc.)		<b>Language Most Used:</b>		<b>History with Juvenile Justice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Child of Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<b>Was child adjudicated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Foster Child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**Parent/Guardian Consent & Release Information:**

*Please initial after each statement.*

- I hereby release, waive, acquit and forever discharge the James L. McKeown Boys & Girls Club of Woburn, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, directors, volunteers from all liability, claims, demands, or causes of action for any and all loss, damage, or injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities either at or away from the Club. **X** \_\_\_\_\_*
- My child has permission to be used in public relation materials for the James L. McKeown Boys & Girls Club of Woburn. Examples of these materials include photographs, videos, literature, web pages, and new releases in both traditional and electronic media. **X** \_\_\_\_\_*
- I understand that my child may be asked to complete surveys and/or assessments relative to programming. This information is used to improve Club services, and is always kept confidential. I understand that the James L. McKeown Boys & Girls Club of Woburn may share information about my child with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. **X** \_\_\_\_\_*
- I give my permission for my child to participate in mentoring activities as a member of the James L. McKeown Boys & Girls Club of Woburn. **X** \_\_\_\_\_*
- I give my permission to the James L. McKeown Boys & Girls Club of Woburn and \_\_\_\_\_ School to exchange information regarding my child, \_\_\_\_\_. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, at the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's school or the Boys & Girls Club in writing. **X** \_\_\_\_\_*
- I understand that my child will have access to the internet while at the Club and that he/she will be instructed on the proper use of a computer, including appropriate websites. I will not hold the James L. McKeown Boys & Girls Club of Woburn, its staff, directors, or volunteers responsible for any of my child's inappropriate access. **X** \_\_\_\_\_*

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**Member Signature**

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**Parent/Guardian Signature**

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**Date**