



To: Parents/Guardians
 From: Sarah Gillooly, Camp Director
 Date: Spring 2017
 Subject: **CAMP STEVENSON-WITAWENTIN ~ Counselor in Training Registration**

Welcome to the 2017 camp season!! I am looking forward to another fun and exciting summer! Please read the following carefully, there is important information about fees, what's needed before your child can begin camp, and what to send your child with. Also, take your time to fill out the registration completely, if it is incomplete it will delay processing and your child will not be able to start without required information (i.e. signature, signed physician's form etc).

AGAIN THIS YEAR: FREE BREAKFAST AND LUNCH PROVIDED by the Pittsfield Public Schools Summer Food Program.

When filling out the camp forms please remember to:

- ✓ Fill out ***all*** of the information. If your registration is incomplete your child(ren) will not be able to attend. **A completed registration consists of:**
 - Weeks attending
 - Camper's name, address, phone, age, grade, & t-shirt size
 - Parent name, place of employment, and phone
 - Emergency contact information
(*must be something other than parent/guardian information*)
 - Any special information
 - Photo Release Section
 - Signature
 - Demographic Information
 - Transportation page indicating how your camper will be transported to and from camp and who is allowed to pick them up
 - Health Form: front side by parent with signature, back side by physician with signature and immunization history. ***Must have up to date immunizations to attend per Health Department.***
 - Parent/Guardian Handbook sign-off (last page)

All of this information is included in the registration packet.

- ✓ **Do not forget to sign and date it** and we must have emergency contact information. Your child cannot attend camp without a parent signature on the registration form. Please double check that you have signed it.
- ✓ **Physicals/Health Forms:**
 If your child has not had a physical within the last 24 months, a new physical is required. The Health form ***must*** be filled out regardless, and the second page signed by a physician ***before*** attending camp. There will be no exceptions. Health form must include up to date immunization history. Without proper immunizations camper will not be able to attend per Health Department. You may turn in the registration form without the health form, as long as we have the health form ***before*** your child attends camp. It is suggested to make an appointment with a doctor for a physical as soon as possible, as it is often difficult to get an appointment at this time of year.

✓ **Fees:**

Cost is \$175 per week/session for Girls Day Camp, \$110 for CIT. A Deposit of \$87.50 for Girls Day Camp and \$55.00 for CIT ***per session*** is necessary to reserve

**Important
Please Read Carefully**

Important Please Read Carefully

a space at camp. It is required at the time of registration. There is a \$25 registration fee, and with this campers will receive a camp t-shirt.

All balances must be paid 1 week in advance of each session and are non-refundable. If balances are not paid, your child(ren) could be terminated from the program.

✓ Transportation:

Campers arrive to camp via the bus from different stops throughout the city or via their own transportation. **You can find the bus stops and times on page on the backside of the transportation page.** The stops and times are the same as last year, but please keep in mind that like most busses, they are not always on time, please give or take 10-15 minutes on either end. Campers may be dropped off directly at camp any time after 8:45am, please no earlier and must be picked up by no later than 4:45pm, we do not have before and after care at the camp. There is a \$1.00 late pick-up fee for every minute after 4:45. It is VERY IMPORTANT THAT you indicate on the registration, how you camper will be transported to and from camp.

***THE BUS LEAVES THE CENTER PROMPTLY AT 8:00AM
RETURNS BACK TO THE CENTER BETWEEN 5:30-5:45***

✓ Refunds:

The goal of Camp Stevenson-Witawentin is that every child has an enjoyable camp experience. If circumstances change and your child will be unable to attend, **notice must be given 10 days prior to the start date** in order to receive a refund. There will be no refunds for a session after that time. Registration fees are non-refundable.

✓ Please send your child with:

- **Clothes, that have campers name on them**, we consistently have tons of unclaimed lost and found items at the end of the summer, and we are not responsible for lost items.
- A bag lunch is only necessary if they do not want the lunch provided, monthly menus will be available.
- A change of clothes or extra layers as the weather around here can change quickly. It is often cool in the mornings and heats up during the day.
- Swim suit and towel, with their name clearly marked on them.
- Clothes that can be played in. Sneakers with socks are required, ***(open toe or open heel shoes are not allowed at camp, water shoes are ok for beach only).***
- Backpack, water bottle, bug spray, sunscreen and a hat to help against sunburn. Please put camper name on everything.

Please do not send your child to camp with cell phones, toys, ipods, tablets, etc. or anything of value as we are not responsible for anything that is lost, stolen, or broken. Camp has adopted a strict NO ELECTRONICS POLICY. Camp is not the time nor place for these things.

If you have any questions please feel free to contact me at 442-5174 ext. 17.

Or at Camp 445-5850. Check out our web site at www.brighamcenter.org

Thank You!
Sarah Gillooly
sarahg@brighamcenter.org
Camp Director



COUNSELOR IN TRAINING CONSENT FORM

To be a CIT at Camps Stevenson-Witawentin you must:

- ✓ Be 13-15 years of age, some exceptions may be made at the discretion of the Camps Director.
- ✓ Participate in an interview process and understand that not everyone that applies will be accepted.
- ✓ Have a great attitude and willingness to learn and help.
- ✓ Commit to your duties as the counselors will come to rely on you. (*If you say you are going to be here, then be here*)
- ✓ Take part in CIT check-in meetings and programming that supports our mission 2-3x a week as part of the camp program.
- ✓ Be able to take part and help with **many** different kinds of duties and activities.
- ✓ Be able to demonstrate respect, maturity and responsibility.
- ✓ Must be flexible. Understand you are placed wherever we need you and it may not always be your first choice. It is about what works best for the overall program.
- ✓ Enjoy working with children.
- ✓ Participate in ALL camp activities and special events, including swimming and clean-up, and encourage campers to do so as well.
- ✓ Be a helper to ALL camp staff, not just the one you are assigned to work with
- ✓ Absolutely leave electronics at home, this includes but not limited to; cell phones, mp3 players, tablets, laptops, game systems, etc.
- ✓ Not be on your cell phone at any time without permission.
- ✓ Not wear headphones/earbuds at any time.

By signing this form, I give permission for my child to take part in the Counselor In Training program at Camps Stevenson-Witawentin.

Signature of Parent/Guardian

Date

By signing this form, I accept my responsibilities and will be an active and productive member of the CIT program. I understand that failure to meet the above criteria may result in the termination of my participation in the CIT program.

Signature of Prospective CIT

Date





GIRLS INC. OF THE BERKSHIRES - CAMP STEVENSON-WITAWENTIN
Counselor In Training (CIT) 2017 Registration

Check the sessions for which you wish to enroll your child:

CLOSED MONDAY JUNE 26

- | | | | |
|--------------------------------------|-------|--------------------|-------|
| # 1 June 27-June 30 | _____ | # 5 July 24-28 | _____ |
| # 2 July 3-7 (closed Tuesday July 4) | _____ | # 6 July 31- Aug 4 | _____ |
| # 3 July 10-14 | _____ | # 7 Aug 7-11 | _____ |
| # 4 July 17-21 | _____ | # 8 Aug 14-18 | _____ |



CAMPER'S NAME _____
last first middle

ADDRESS _____
street town state zip

GRADE (ENTERING FALL 2017) _____ DATE OF BIRTH _____ AGE _____ T-SHIRT SIZE _____
Child or Adult S, M, L, XL

PARENT/GUARDIAN _____

CELL & HOME PHONE _____ WORK NAME & PHONE _____

EMERGENCY NAME _____

CELL & HOME PHONE _____ WORK PHONE _____

****PLEASE COMPLETE THE TRANSPORTION PAGE INDICATING HOW YOUR CHILD WILL BE TRANSPORTED TO AND FROM CAMP. WITHOUT THIS INFORMATION IT WILL DELAY IN PROCESSING. A BUS # MUST BE CHOSEN, YOU CAN FIND THEM ON THE BACK OF THE TRANSPORTATION PAGE****

Is there any special information you would like us to know? (Concerns, allergies, medical, behavioral etc.)

GLADYS ALLEN BRIGHAM COMMUNITY CENTER PHOTO RELEASE:

I hereby release to the Gladys Allen Brigham Community Center and its entities the use of mine or my child's photograph, interview or taped testimonial to be utilized in ways the Brigham Center deems appropriate use of media. No monetary compensation will be paid for this service to the Brigham Center. I will not hold the Gladys Allen Brigham Community Center responsible for any side effects of the above approval.

Child's Name (print) _____

Parent/Guardian _____

Signature: _____ Date: _____

If you do not wish any media of your or your child to be used please write "NO" across the above signature and DO NOT sign it.

IMPORTANT PARENT/GUARDIAN SECTION: (Without signature, child CANNOT attend camp)

I give permission for my child to attend field trips and walks, and to participate in Girls Inc. programming that supports our mission and may include age appropriate topics about health, hygiene, and sexuality. I understand that tuition is non-refundable; this includes deposits and payments. I understand that non-payment of camp tuition may result in termination from the program. I understand that health and accident insurance coverage for my child is my responsibility as parent/guardian. I will not hold Girls Inc. or the Brigham Community Center its representatives, counselors or staff liable for injury incurred by my child. I hereby give approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. I understand that my child(ren)'s participation in activities at Camps Stevenson-Witawentín may involve a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived by myself and my child(ren), and after carefully considering the risks involved I hereby agree to indemnify and hold harmless Brigham Community Center and its directors, officers, employees, and independent contractors and volunteers and sponsors associated with the camp ("Releasees") from and against any claims, damages or causes of action, including attorney fees, arising out of (a) injury or death of my child(ren) brought by or on behalf of my child(ren) or (b) the injury or death of others that may be caused by my child(ren). I further release the Releasees from any liability hereunder and waive all claims that I may have against the Releasees.

Signature of Parent/Guardian _____ Date _____

THE FOLLOWING DEMOGRAPHIC INFORMATION IS REQUIRED BY OUR FUNDERS

(the information is compiled anonymously and not attached to any names so your information is kept confidential)

<u>Racial Background</u>	<u>Family Income</u>	<u>Family Living Configuration</u>	<u>Origin of Birth</u>
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> \$0-\$10,000	<input type="checkbox"/> Two Parents	<input type="checkbox"/> Born in the US
<input type="checkbox"/> Asian	<input type="checkbox"/> \$10,000-\$14,999	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Born Outside the US
<input type="checkbox"/> Black/African American	<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> Father Only	<input type="checkbox"/> Unknown
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> \$25,000-\$34,999	<input type="checkbox"/> Joint Custody	
<input type="checkbox"/> Multiracial	<input type="checkbox"/> \$35,000-\$49,999	<input type="checkbox"/> Neither Parent	
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> \$50,000-\$74,999		
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> \$75,000 and over		

<u>Ethnicity</u>	<u>Marital Status of Household</u>	<u>Highest Level of Education in the home</u>
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Married	<input type="checkbox"/> Less than 9 th grade
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Single/Never Married	<input type="checkbox"/> 9 th through 12 th grade
	<input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> H.S. Graduate or equivalent
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Some College (no degree)
	<input type="checkbox"/> Co-habiting/Living w/partner	<input type="checkbox"/> Associate's Degree
	<input type="checkbox"/> Other Status	<input type="checkbox"/> Bachelor's Degree
		<input type="checkbox"/> Post Graduate Degree

Are any immediate family members (mother, father, brother, sister) on active military duty or waiting deployment?
YES NO

_____ I have received the 2017 Camps Stevenson-Witawentin Parent Handbook.
Please initial (The last page of the parent handbook needs to be signed and turned in with the registration form)



THIS SIDE TO BE FILLED OUT and SIGNED BY PARENT/GUARDIAN

BACK SIDE TO BE FILLED OUT and SIGNED BY A PHYSICIAN

Physician may attach their own form, as long as it signed and dated with current immunization history.

Child's Name _____ Date of Birth _____ Age _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Child's health history (check illness child has had, with approximate dates):

Frequent ear infections _____
Heart defect/disease _____
Convulsions _____
Diabetes _____
Bleeding/clotting Disorder _____
Hypertension _____

Chicken Pox _____
Measels _____
Rubella _____
Mumps _____
Mononucleosis _____
Asthma _____

Allergies:
Hay Fever _____
Ivy poisoning _____
Insect Stings _____
Penicillin _____
Other drugs _____

Operations or serious injuries (specify dates): _____

Disability or chronic recurring illness: _____

Taking any medications? Will they be administered during camp?: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary Modifications: _____

Food allergies or intolerances: _____

Name of physician: _____ Phone: _____

Date of last physical exam: _____ Medical insurance carrier: _____

Name of dentist: _____ Policy group# _____

Has this child menstruated? Yes No, if so, is her menstrual history normal? Yes No, if not, has she been told about menstruation? Yes No

I give permission to camp staff to apply camp supplied sunscreen to my camper. _____ Yes _____ No
Camps Stevenson-Witawentin uses "No-Ad" or similar sunscreen with an SPF of 45 or higher.

Any concerns? _____

Parent comments: _____

This health history is correct so far as I know, and the child described has permission to engage in all camp activities except as noted above.
Emergency authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

Parent/Guardian Signature _____

Date _____

IMMUNIZATION HISTORY:

THIS SIDE MUST BE COMPLETED AND SIGNED BY PHYSICIAN

Physician may attach their own form, as long there is proof of a physical within the last 24 months and current immunization history, must be signed and dated by physician

Please record date of basic immunization and most recent booster:

Vaccine	Date of basic immunization	Date of Booster
Diphtheria	1	1
Pertussis	2	2
Tetanus	3	
_____ or _____		
Tetanus		
Diphtheria	TD	
_____ or _____		
Tetanus		

Oral Polio (Sabin) TOPV		

Injectable Polio (Salk)		

Measles		

Mumps		

Rubella (German measles)		

Other		

Tuberculin test given		(most recent)

Health examination by licensed physician:

I have examined camp applicant: _____ Date _____
child's name

The child's Health does _____ does not _____ preclude participation in an active camp program.

The child is under the care of a physician for the following condition(s) _____

Current treatment (including current medications) _____

Does child have a seizure disorder? _____ Diabetes? _____

Recommendations and restrictions while at camp:

Any treatment to be continued at camp: _____

Any medication to be administered at camp (specify drug and dosage): _____

Any dietary restrictions: _____

Any allergies (food, drugs, plants, bugs, animals, etc.): _____

Physician's signature _____ Date _____

Physician's name _____ Phone # _____



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to be strong,
smart, and bold™

**Girls Inc. of the Berkshires
Camp Stevenson-Witawentin
Medication Consent Form
Summer 2017**



Name of child: _____

Name of Medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Time medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Name and phone number of prescribing physician: _____

Direction for storage: _____

I, _____, (parent or guardian) give permission
to have authorized staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

Doctor's Signature

(for non-prescription medication)

*** Please fill out if your child will need medication administered during program hours.**

A separate form is required for each type of medication



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Girls Inc of the Berkshires
Camps Stevenson-Witawentin
Medical Information Form for Special Needs Children
Summer 2017



Please fill out this form if your child is considered to have special needs, thank you.

Child's Name: _____

Parents/Guardians: _____

Physician's Name: _____

1. Type of Disability: _____

2. Specific precautions that should be taken:

3. Does she/he take medication? If so what kind with times and dosages, side effects, etc.

4. Describe any behaviors of which we should be aware of and how these behaviors should be handled.

5. Are there any activities she/he should not participate in and why?

6. Does she/he have a history of seizures? _____
If so, please describe _____

7. Does she/he have a tendency to wander?

8. Does she/he have any special equipment? (Wheel chairs, braces, etc.) _____

Other comments:

Bussing Information for Camp Stevenson-Witawentin

BUS STOPS MORNING PICK-UP TIMES

Stop #1 Brigham Center	8:00am
Stop #2 Herberg Middle School.....	8:10
Stop #3 Williams St. Plaza.....	8:20
Stop #4 Allendale School.....	8:25
Stop #5 Morningside School.....	8:30
Stop #6 Crosby School.....	8:40
Stop #7 Johnny's Plaza (<i>Pecks Rd</i>).....	8:50
Camps Stevenson-Witawentin.....	9:00

The bus leaves the Brigham Center promptly at 8:00am

BUS STOPS AFTERNOON DROP-OFF TIMES

Stop #1 Brigham Center	5:45pm
Stop #2 Herberg Middle School.....	5:35
Stop #3 Williams St. Plaza.....	5:25
Stop #4 Allendale School.....	5:20
Stop #5 Morningside School.....	5:15
Stop #6 Crosby School.....	5:05
Stop #7 Johnny's Plaza (<i>Pecks Rd</i>).....	4:55
Camps Stevenson-Witawentin.....	4:45

The bus arrives back to the center between 5:30-5:45 at the end of the day.

Bus times are at best a guide - PLEASE allow 10-15 minutes on either end as exact timing can be difficult.

The hours of camp are 9:00am-4:45pm. If the camper is being dropped off or picked-up directly at camp they cannot be dropped off before 8:45am and must be picked-up no later than 4:45pm.

**Camp Stevenson-Witawentin is located at 600 Churchill Street,
Pittsfield. West Street to Churchill Street.**

Camp Stevenson-Witawentin
Transportation Plan & Pick-Up Information
****BUS STOP INFORMATION IS ON THE BACK SIDE OF THIS PAGE****
PLEASE INDICATE BUS STOP NUMBER

Camper's Name: _____

MORNING

Please indicate the time your child will arrive _____

My child will arrive to camp by:

- ____ Bus (directly to camp from a stop other than the Brigham Center please indicate which stop# _____)
- ____ Parent Drop-Off (directly to camp)
- ____ Bus (from the Brigham Center must be at center by 8am)
- ____ Unsupervised Walk to the Brigham Center (must have written permission)
- ____ Other (Describe _____)

If you check bus from the Brigham Center then that means you are participating the ABC Before/After Care Program and they must be at the center by 8am. You must also check how they will be arriving to the center. Also, for those that are registered in Before Care parents/guardians must sign their children in. They cannot just be dropped off outside.

If you are dropping your child of directly at camp they cannot arrive before 8:45am.

THE BUS TO CAMP LEAVES THE CENTER PROMPTLY AT 8:00am

AFTERNOON

Please indicate the time your child will depart _____

My child will depart from the program by:

- ____ Bus (directly from camp to a stop other than the Brigham Center please indicate which stop# _____)
- ____ Parent Pick-Up (Directly from camp)
- ____ Bus (to the Brigham Center)
- ____ Unsupervised Walk (from the Brigham Center. must have written permission)
- ____ Other (Describe _____)

If you check bus to the Brigham Center then that means you are participating the ABC Before/After Care Program and they must be picked-up at the center by 5:55pm. There is a late pick-up fee of \$1 per minute after 6:00, per child. You must check how they will be arriving to the center. Also, for those that are registered in Before Care parents/guardians must sign their children out. They cannot wait outside for you.

If you choose to pick your child up directly from camp, they must be picked-up no later than 4:45pm.

The Bus returns to the center between 5:30-5:45

ALTERNATIVE TRANSPORTATION PLAN

I give permission for my child to be released from the program at the end of the day as stated above and or I give permission to the following people to receive my child at the end of the day. (If no one is authorized please indicate below by writing "NO ONE". Please list any additional pick-ups on the back of this form.

Name _____	Relationship _____
Address _____	Phone (home) _____ (work) _____
Name _____	Relationship _____
Address _____	Phone (home) _____ (work) _____
Name _____	Relationship _____
Address _____	Phone (home) _____ (work) _____

Any other transportation request must be stated in writing and maintained I the child's file or above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature

Date