



To: Parents/Guardians
From: Sarah Gillooly, Camp Director
Date: Spring 2018
Subject: **CAMP STEVENSON-WITAWENTIN ~ Girls Day Camp Registration**

Welcome to the 2018 camp season! I am looking forward to another fun and exciting summer! Please read the following carefully, there is important information about registrations, 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, if it is incomplete it will delay processing and your child will not be able to start without required information (i.e. signatures, signed physician's form etc.).

Once again this year free breakfast and lunch is provided through a collaboration with the Pittsfield Public School 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
 - Any special information (concerns, allergies, behavioral, etc)
 - Parent(s)/Guardian(s) name, place of employment, phone, email
 - Emergency contact information
(must be something other than parent/guardian information)
 - Photo Release Section
 - Signature, both parent signatures necessary if applicable
 - Demographic Information
 - Parent/Guardian Handbook sign-off
 - 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 with current immunization history

All of this information is included in the registration packet.

- ✓ **Sign and date it** and we must have emergency contact information. Your child cannot attend camp without a parent/guardian signature(s) on the registration form. Please double check that you have signed it.
- ✓ **Complete the Health Form with current immunization history:**

If your child has not had a physical within the last 24 months, a new physical is required. The first page (health history) must be completed by parent/guardian and the second page signed by a physician ***before*** attending camp. There are 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 packet without the physician signed health form/immunization history, so long as we have the complete 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.

✓ **Pay Fees:**

Cost is \$185 per week/session for Girls Day Camp, \$120 for CIT. A 50% deposit of \$92.5 or \$60.00 ***per session*** is necessary to reserve a space at camp. It is required

**Important
Please Read Carefully**

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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.**

✓ Indicate Transportation Needs:

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 4:45pm. 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 5:30-5:45PM**

✓ Receive a Refund:

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 or 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



GIRLS INC. OF THE BERKSHIRES - CAMP STEVENSON-WITAWENTIN

Girls Day Camp Registration 2018

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



- | | |
|--|--------------------------|
| # 1 June 25-June 29 _____ | # 5 July 23-27 _____ |
| # 2 July 2-6 (closed Wednesday July 4) _____ | # 6 July 30- Aug 3 _____ |
| # 3 July 9-13 _____ | # 7 Aug 6-10 _____ |
| # 4 July 16-20 _____ | # 8 Aug 13-17 _____ |

CAMPER'S NAME _____
last first middle

ADDRESS _____
street town state zip

GRADE (ENTERING FALL 2018) _____ **DATE OF BIRTH** _____ **AGE** _____ **T-SHIRT SIZE** _____
Child or Adult S, M, L, XL

IS THERE ANY SPECIAL INFORMATION YOU WOULD LIKE US TO KNOW? (Concerns, allergies, medical, behavioral etc.)

PARENT/GUARDIAN INFORMATION:

Please fill out both columns. Write "not known" or "not available" if necessary

PARENT/GUARDIAN NAME:	PARENT/GUARDIAN NAME:
HOME MAILING ADDRESS:	HOME MAILING ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
HOME PHONE:	HOME PHONE:
CELL PHONE NUMBER:	CELL PHONE NUMBER:
BUSINESS NAME:	BUSINESS NAME:
BUSINESS ADDRESS:	BUSINESS ADDRESS:
BUSINESS PHONE:	BUSINESS PHONE:
HOURS AT WORK:	HOURS AT WORK:
EMAIL ADDRESS:	EMAIL ADDRESS:

EMERGENCY CONTACT INFORMATION (In order to be contacted, parent/guardian contacted first)

(MUST HAVE AT LEAST ONE CONTACT OTHER THAN PARENT/GUARDIAN INCASE OF EMERGECCNY)

1) Name: _____ Relation to Child _____

Adress: _____

Phone (H): _____ (C) _____ (W) _____

Do you give permission for your child to be released to this person? Yes _____ No _____

2) Name: _____ Relation to Child _____

Adress: _____

Phone (H): _____ (C) _____ (W) _____

Do you give permission for your child to be released to this person? Yes _____ No _____

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 you or your child to be used please write "NO" across the above signature and DO NOT sign it.

IMPORTANT PARENT/GUARDIAN SECTION: (Without signature(s), 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-Witawentin 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 _____

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>
____ American Indian/Alaska Native	____ \$0-\$10,000	____ Two Parents	____ Born in the US
____ Asian	____ \$10,000-\$14,999	____ Mother Only	____ Born Outside
____ Black/African American	____ \$15,000-\$24,999	____ Father Only	____ the US
____ Native Hawaiian/Pacific Islander	____ \$25,000-\$34,999	____ Joint Custody	
____ Multiracial	____ \$35,000-\$49,999	____ Neither Parent	
____ White/Caucasian	____ \$50,000-\$74,999		
____ Other (please specify)	____ \$75,000 and over		

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

I have received the 2018 Camp Stevenson-Witawentin Parent Handbook.

Please initial (The last page of the parent handbook needs to be signed and turned in with the registration packet)

****DO NOT FORGET TO COMPLETE THE TRANSPORTATION PAGE****

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 IF APPLICABLE.

Camp Stevenson-Witawentin
Transportation Plan & Pick-Up Information

****MORE DETAILED BUS STOP INFORMATION IS ON THE BACK SIDE OF THIS PAGE****
PLEASE INDICATE BUS STOP NUMBER

Camper's Name: _____

MORNING

My child will arrive to camp by:

- _____ Parent Drop-Off directly to camp, please indicate the time they will arrive _____
- _____ Bus Stop # _____
- _____ Unsupervised Walk to the Brigham Center to get the bus (must have written permission)
- _____ Other (Describe _____)

STOP #	WHERE	AM PICK-UP TIME	PM DROP-OFF TIME
#1	Brigham Center	8:00	5:45
#2	Herberg Middle School	8:10	5:35
#3	Williams Street Plaza	8:20	5:25
#4	Allendale School	8:25	5:20
#5	Morningside School	8:30	5:15
#6	Crosby School	8:40	5:05
#7	Johnny's Plaza (Pecks Road)	8:50	4:55
	CAMP	9:00	4:45

For those that are participating in Before Care parents/guardians must sign their children in. They cannot just be dropped off outside.

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

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

AFTERNOON

My child will depart from the program by:

- _____ Parent Pick-Up directly from camp, please indicate the time they will depart _____
- _____ Bus Stop # _____
- _____ Unsupervised Walk from the Brigham Center (must have written permission)
- _____ Other (Describe _____)

****Please note that you may choose a morning arrival that is different than the afternoon departure so long as it is indicated.***

For those that are participating in After Care at the center parent/guardian must sign their children out. They cannot wait outside for you.

Please remember that there is a late pick-up fee of \$1 per minute per child after 6:00 at the center and after 4:45 at the camp. If you are picking 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 PICK-UP INFORMATION

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 _____ Relation to parent/guardian _____

Address _____ Phone (home/cell) _____ (work) _____

Name _____ Relation to parent/guardian _____

Address _____ Phone (home/cell) _____ (work) _____

Name _____ Relation to parent/guardian _____

Address _____ Phone (home/cell) _____ (work) _____

Any other transportation request must be stated in writing and maintained in 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 _____

Bussing Information for Camp Stevenson-Witawentin

BUS STOPS MORNING PICK-UP TIMES*

STOP #	WHERE	AM PICK-UP TIME
#1	Brigham Center	8:00am
#2	Herberg Middle School	8:10
#3	Williams Street Plaza	8:20
#4	Allendale School	8:25
#5	Morningside School	8:30
#6	Crosby School	8:40
#7	Johnny's Plaza (Pecks Road)	8:50
	CAMP STEVENSON-WITAWENTIN	9:00

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

BUS STOPS AFTERNOON DROP-OFF TIMES*

STOP #	WHERE	AM PICK-UP TIME
#1	Brigham Center	5:45pm
#2	Herberg Middle School	5:35
#3	Williams Street Plaza	5:25
#4	Allendale School	5:20
#5	Morningside School	5:15
#6	Crosby School	5:05
#7	Johnny's Plaza (Pecks Road)	4:55
	CAMP STEVENSON-WITAWENTIN	4:45

The bus arrives back to the center between 5:30-5:45pm.

**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.



Inspiring all girls to be strong, smart, and bold™

Girls Inc. of the Berkshires
Camp Stevenson-Witawentin
Medication Consent Form
Summer 2018



*** Please fill out if your child will need medication administered during program hours.
A separate form is required for each type of medication**

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)



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Girls Inc. of the Berkshires
Camp Stevenson-Witawentin
Medical Information Form for Special Needs Children
Summer 2018



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:

CLOSURES RELATED TO INCLEMENT/EXTREME WEATHER CONDITIONS

Email Notification List

The center is well known for its commitment to be open for members and operate our programs on days when the city experiences extreme weather conditions, snow, rain, ice, wind, extremely cold or hot temperatures, however the camp on rare occasions has to close early or is unable to operate due to these conditions or as a result of these conditions like an extended power outage. In this event camp would operate out of the main center at 165 East Street until we are able to return to the camp.

We are updating our policy to make sure members/parents/guardians can be prepared as much as possible for changes in our camp (or main building) opening and closing times because of these types of weather conditions.

We have created an email notification list so that we can send out updates via email. This email address would only be used to notify you in the event of changes the camp (or main building) hours of operation. Any questions or concerns would still need to be directed to the Program Director as this will be a general email set up only for notification and not for receiving any emails.

Whenever possible, we will let you know the day before at pick-up time or in the morning at drop-off time of possible changes to our hours, which we have done in the past, in addition to this email notification system. We will continue to post updates on Facebook, so be sure to like the Brigham Center to see these updates as well.

We appreciate your patience and understanding in times like these.

This is optional. You do not have sign-up for email notifications.

SUMMER/CAMP ONLY

_____ No, Thanks.

I have read and understand the memo above addressing potential changes in hours of operation of the Brigham Center and or Camp Stevenson-Witawentin.

PLEASE PRINT CAMPER NAME: _____

PLEASE PRINT EMAIL ADDRESS: _____

Signature of Parent/Guardian

Date



THIS SIDE MUST 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, so long as it is signed and dated with current immunization history.

Child's Name _____ Date of Birth _____ Age _____

Parent/Guardian(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

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

Frequent ear infections _____

Chicken Pox _____

Allergies:

Heart defect/disease _____

Measels _____

Hay Fever _____

Convulsions _____

Rubella _____

Ivy poisoning _____

Diabetes _____

Mumps _____

Insect Stings _____

Bleeding/clotting Disorder _____

Mononucleosis _____

Penicillin _____

Hypertension _____

Asthma _____

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
Camp Stevenson-Witawentin uses "No-Ad" or similar sunscreen with an SPF of 45 or higher.

I give permission to camp staff to apply camp supplied bug repellent to my camper. Yes No
Camp Stevenson-Witawentin uses "OFF!® SKINTASTIC® FAMILYCARE™ INSECT REPELLENT SPRAY" or similar repellent with DEET

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 understand that camp staff are trained in the basics of First Aid and CPR and I authorize them to give administer First Aid and or CPR when appropriate. 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(s)

Date

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

IMMUNIZATION HISTORY:

Please record date of basic immunization and most recent booster:

Vaccine		Date of basic immunization	Date of Booster
Diphtheria		1	1
Pertussis	DPT	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 _____

The child's Health does _____ child's name 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 # _____