



Agassiz Baldwin Community

20 Sacramento Street Cambridge MA 02138

Phone: 617-349-6287 Fax: 617-497-4388

www.agassiz.org

Outback Summer Program

Total number of children in your family attending outback 2009:

Child's First Name: _____ **Last Name:** _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Date of Birth: _____ **Age:** _____ 2nd Language (if relevant): _____

School: _____ Grade in Fall: _____ (Outback is open to children entering 1st-6th grade)

Parent/Guardian #1: _____ Daytime Phone: _____

Place of Employment: _____ Days/Hours: _____

Home Address & Phone if different from child's: _____

E-mail (if applicable): _____ Cell # (if applicable): _____

Parent/Guardian #2: _____ Daytime Phone: _____

Place of Employment: _____ Days/Hours: _____

Home Address & Phone if different from child's: _____

E-mail (if applicable): _____ Cell # (if applicable): _____

Please check dates	REGULAR DAY	OR	EXTENDED DAY
Week 1 (June 29-July 2)	_____ 8:30-2:30 PM (\$225)		_____ 8:30-5:30 PM (\$281)
Week 2 (July 6-10)	_____ 8:30-2:30 PM (\$225)		_____ 8:30-5:30 PM (\$281)
Week 3 (July 13-17)	_____ 8:30-2:30 PM (\$225)		_____ 8:30-5:30 PM (\$281)
Week 4 (July 20-24)	_____ 8:30-2:30 PM (\$225)		_____ 8:30-5:30 PM (\$281)
Week 5 (July 27- 31)	_____ 8:30-2:30 PM (\$225)		_____ 8:30-5:30 PM (\$281)
Week 6 (Aug 3-7)	_____ 8:30-2:30 PM (\$225)		_____ 8:30-5:30 PM (\$281)
Week 7 (Aug 10-14)	_____ 8:30-2:30 PM (\$225)		_____ 8:30-5:30 PM (\$281)
Week 8 (Aug 17-21)	_____ 8:30-2:30 PM (\$225)		_____ 8:30-5:30 PM (\$281)

Registration Requirements:

- Registration cannot be accepted without the following:
 - All information on this form is completed.
 - Registration fee of \$50 for the first child and \$25 for each additional child.
 - 50% deposit of total tuition.
- Please remit completed form to Agassiz Baldwin Community, 20 Sacramento Street, Cambridge, MA 02138.
- Full payment for all registered weeks is due by April 30th, 2009.

Registration Questions

- Contact Micah Eglinton-Woods, Administrative Assistant, at (617) 349-6287 x19 or mwoods@agassiz.org.

Program questions and scholarship information

- Contact Jacy Edelman, Program Director, at (617) 349-6287 x11 or jedelman@agassiz.org.

2009 Registration & Emergency Form

Application Received: _____
QuickBooks: _____
FileMaker: _____
Deposit: _____
Medical Forms: _____

EMERGENCY CARD INFORMATION FORM

PLEASE NOTE: This sheet is for the Outback Summer Program first aid kit, which will accompany your child when leaving the premises. This is required by MA Department of Early Education and Care (EEC).

Child's Name: _____ **Date of Birth:** _____

Child's Home Address: _____

_____ **Phone:** _____

INSTRUCTIONS TO REACH PARENT OR GUARDIAN

Name: _____ **Cell Phone:** _____

Work: _____ **Home:** _____

Name: _____ **Cell Phone:** _____

Work: _____ **Home:** _____

EMERGENCY CONTACT PERSONS

Name: _____ **Relation to child:** _____

Work: _____ **Cell Phone:** _____ **Home:** _____

Name: _____ **Relation to child:** _____

Work: _____ **Cell Phone:** _____ **Home:** _____

Name: _____ **Relation to child:** _____

Work: _____ **Cell Phone:** _____ **Home:** _____

Identifying Information

EEC requires that we collect the following identifying information about your child (you may also submit a current photo.)

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye color:** _____ **Hair color:** _____

Other Identifying marks: _____

Health & Allergies

Child's physician and/or clinic: _____

Phone: _____

Address: _____

Please provide a detailed explanation of any conditions (medical or emotional), dietary restrictions, or medications used (attach additional sheet if necessary):

Is there anything you'd like to tell us about your child that will help him/her have the most positive camp experience possible?

Allergic Reaction/Symptom Attach additional sheets if necessary

Allergy	Severe	Moderate Please Describe	Minor	Medical treatment necessary

Emergency Medical Treatment

I hereby give Outback Summer Program permission to administer first aid and /or CPR to my child _____ and/or take above mentioned child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child’s health. My preference for hospital, if possible, is _____.

Parent/Guardian Signature: _____ **Date:** _____

Sunscreen Permission

I hereby give permission for Outback staff to apply sunscreen to my child, _____ during program hours and at field trips. (Please provide your own sunscreen.)

Parent Signature: _____ **Date:** _____

General Permission

I hereby give the Outback Summer Program permission to take my child, _____ off the premises of the Outback Summer Program for walking field trips. These include:

- Walks within the Agassiz neighborhood
- Harvard Sprinklers
- Sacramento Field
- Harvard Farmers Market
- Cambridge Common
- The Baldwin School and Alden Park

Parent Signature: _____ **Date:** _____

Your Child In Photos Permission

We love to capture our memories on film! Photos are an important way for kids to track their years and remember the fun times they’ve had. On occasion ABC might use these photos for marketing purposes (newsletters or brochures). We kindly ask your permission to take photos of your child.

_____ Yes, I authorize Agassiz Baldwin Community to take photos of my child for nostalgia and/or marketing purposes.

_____ No, I **DO NOT** authorize Agassiz Baldwin Community to take photos of my child for nostalgia and/or marketing purposes.

Child’s Name: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

AUTHORIZATION FOR CHILD PICK-UP

1.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

2.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

3.) Name: _____ Relationship to child: _____

Address: _____ Phone: _____

4.) _____ **Other than parent/guardian, no one is authorized to pick up my child.**

ARRIVAL/DEPARTURE OPTIONS

Please check relevant arrival options:

My child will arrive at Outback by:

- Parent/guardian drop off
 Unsupervised walk
 Supervised walk with: _____
 Other (describe): _____

Please check relevant departure options:

My child will depart Outback by:

- Parent/guardian pick up
 Other adult pick up
 Unsupervised walk (**requires an additional form & Program Director approval prior to starting Outback**)
 Other (**requires an additional form & Program Director approval prior to starting Outback**)

Please initial each statement and sign below.

_____ I will contact Outback if my child cannot attend the days for which he/she is registered.

_____ I give Outback staff permission to administer first aid, or in the event of a medical emergency, to transport my child to the nearest hospital to receive medical attention. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

_____ I will submit a copy of my child's last physical (must be from within the last two years), including their immunization records by **June 1st**. I understand that if the Outback Summer Program does not have these records on file, my child will be unable to attend Outback until the medical form is received.

_____ In accordance with Outback policies, I agree to pay a late fee if my child is not picked-up by 2:30 or 5:30 PM (depending upon the schedule for which my child is registered).

_____ I agree to pay a registration fee and deposit equivalent to 50% of what will be due for the summer. I understand that my child is not registered without this deposit.

Parent/Guardian Signature:

Date: