



# 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 2011:

**Child's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade in Fall 2011: \_\_\_\_\_ (Outback is open to children entering K-6th grade)

**\*Children must be four years, nine months before their first day. Kindergarten spaces are limited.**

**Parent/Guardian #1:** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Home Address & Phone if different from child's: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Home Address & Phone if different from child's: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**T-shirt size desired** (please check one): **XS**  **S**  **M**  **L**  **XL**

Please check dates	REGULAR DAY	OR	EXTENDED DAY
<b>Week 1</b> (July 5-July 8)	_____ 8:30-3:00 PM (\$285)		_____ 8:30-5:30 PM (\$340)
<b>Week 2</b> (July 11-15)	_____ 8:30-3:00 PM (\$285)		_____ 8:30-5:30 PM (\$340)
<b>Week 3</b> (July 18-22)	_____ 8:30-3:00 PM (\$285)		_____ 8:30-5:30 PM (\$340)
<b>Week 4</b> (July 25-29)	_____ 8:30-3:00 PM (\$285)		_____ 8:30-5:30 PM (\$340)
<b>Week 5</b> (Aug 1-5)	_____ 8:30-3:00 PM (\$285)		_____ 8:30-5:30 PM (\$340)
<b>Week 6</b> (Aug 8-12)	_____ 8:30-3:00 PM (\$285)		_____ 8:30-5:30 PM (\$340)
<b>Week 7</b> (Aug 15-19)	_____ 8:30-3:00 PM (\$285)		_____ 8:30-5:30 PM (\$340)
<b>Week 8</b> (Aug 22-26)	_____ 8:30-3:00 PM (\$285)		_____ 8:30-5:30 PM (\$340)

### Registration Requirements:

- Registration cannot be accepted without the following:
  - All information on this form is completed.
  - Non-refundable registration fee of \$50 for the first child and \$25 for each additional child.
  - Non-refundable 50% deposit of total tuition due with application.
  - Please note: 10% sibling discount will be applied towards each additional child.
- Please remit completed form to ABC, 20 Sacramento Street, Cambridge, MA 02138.
- Balance of payment for all registered weeks is due by April 30th, 2011.
- Full tuition is non-refundable after April 30th, 2011.

### Registration Questions

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

### Program questions and scholarship information

- Contact Jacy Edelman, Director of Children's Programs, at (617) 349-6287 x11 or jedelman@agassiz.org.

**2011 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 (MUST BE OTHER THAN PARENT OR GUARDIANS)

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 (please 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 \_\_\_\_\_.

Child's Name

Name of hospital

**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:

Child's Name

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

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

**Swim Permission**

I hereby give permission for my child, \_\_\_\_\_ to attend free-swim at the Cambridge War Memorial Pool (1640 Cambridge Street, Cambridge, MA 02138). I understand that children will be supervised by a War Memorial Pool lifeguard on duty at all times. Please check one:

- Yes, my child can swim** and is expected to pass a swim test of one length of the regular pool.
  **My child cannot swim** and can only use the wading pool (less than 3 feet deep).
  **No, I do not** give permission for my child to attend free-swim.

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

## AUTHORIZATION FOR CHILD PICK-UP (OTHER THAN PARENTS)

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  
\_\_\_\_\_ Other (describe): \_\_\_\_\_

#### Your Child In Photos Permission

Photos are an important way for kids to remember the fun times they've had. On occasion ABC might use these photos for our website, newsletters or brochures. We kindly ask your permission to take photos of your child.

\_\_\_\_\_ Yes, I authorize ABC to take photos of my child for nostalgia and/or marketing purposes.

\_\_\_\_\_ No, I **DO NOT** authorize ABC to take photos of my child for nostalgia and/or marketing purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Please initial each statement and sign below.

\_\_\_\_\_ 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 3:00 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: \_\_\_\_\_