



Date: _____

Side 2 - Camper's Name:

☐ check here if your camper (AGES 12 and UP ONLY) has permission to sign themselves out at the end of each camp day. Parent Initials: _____

IN CASE OF AN EMERGENCY, IF THE PARENTS / GUARDIANS LISTED CANNOT BE CONTACTED, PLEASE CALL:

Name	Relationship	First Phone Number	Second Phone Number: Cell, Work, etc.	*Authorized For Pick-Up
				Y N
				Y N
				Y N
				Y N
				Y N

***AT THE END OF THE CAMP DAY, CAMPER(S) WILL NEED TO BE SIGNED OUT BY PARENT/AUTHORIZED PERSON(S).**

Camper(s) must be signed out each day. We cannot leave a child unattended to wait for pick-up. Please be prepared to show ID at pick-up. Please note a fee may be applied for any child picked up after 5:30 p.m.

Family Information:

Does child receive free or reduced lunch at school: <input type="radio"/> Y <input type="radio"/> N Will you be applying for financial aid? <input type="radio"/> Y <input type="radio"/> N	Household Type: <input type="radio"/> House <input type="radio"/> Apartment <input type="radio"/> Subsidized housing	Language used most by family:
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------	-------------------------------

Family Setting: <input type="radio"/> Both Parents <input type="radio"/> Single Parent (Lives with: _____) <input type="radio"/> Guardian <input type="radio"/> Aunt / Uncle <input type="radio"/> Foster Parent(s) <input type="radio"/> Grandparents(s)	Does your child have any medical concerns (ie: physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain:
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Ethnicity (please check one): <input type="radio"/> Armenian <input type="radio"/> Haitian <input type="radio"/> Asian <input type="radio"/> Middle Eastern <input type="radio"/> Brazilian <input type="radio"/> Portuguese <input type="radio"/> Caucasian / White <input type="radio"/> Russian <input type="radio"/> Hispanic / Latino <input type="radio"/> Other: _____	Family Income (please check one): <input type="radio"/> Under \$15,000 <input type="radio"/> \$36,000—\$45,000 <input type="radio"/> \$15,000—\$25,000 <input type="radio"/> \$45,000 and above <input type="radio"/> \$26,000—\$35,000 <input type="radio"/> Undisclosed Is a member of your immediate family currently serving active military duty? <input type="radio"/> Y <input type="radio"/> N
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For office use: (check all rec'd)	<input type="checkbox"/> Health History	<input type="checkbox"/> Physician / Physical Form	<input type="checkbox"/> Medication / Epi/ Inhaler	Received by: _____ Date: _____
--------------------------------------	-----------------------------------------	----------------------------------------------------	----------------------------------------------------	--------------------------------

GREAT FUTURES START HERE.



Parent Packet Received:

Date: _____

Parent Initials: _____

25 Whites Avenue / Watertown, MA 02472 / 617-926-0968 / info@watertownbcg.org