



2006 Summer Arts Program

Student Registration Form

Student's Name _____ Sex M F
Age _____ Grade (entering Fall '04) _____ Date of Birth ____/____/____

Emergency contacts:

Name _____ Daytime Telephone _____
Name _____ Daytime Telephone _____
Evening Telephone _____ E-mail _____
Mailing Address _____

Program Sessions: (Please circle and specify half-day or full-day option for each)

July 10 th – July 21 st	July 24 th – August 4 th	August 7 th – August 18 th
Half-day / Full-day	Half-day / Full-day	Half-day / Full-day

Payment:

The entire program fee is due upon registration. A complete payment reserves a spot for your child and is non-refundable.

Fees: \$595 per full-day session /// \$345 per half-day session

Amount Enclosed: _____

Credit card

Type MC/VS/DSC/AMEX Number _____ Exp. Date ____/____

Check (enclosed & made payable to the BCCA)

Withdrawal/Refund Policy:

Students' participation in this program is voluntary and students may withdraw from the program at any time. The program fee is non-refundable.

We're curious...

How did you hear about the BCCA Summer Arts Program? (please check all that apply)

Poster: _____ BCCA Website: _____ Magazine Ad: _____ Web Search: _____ Summer Scoop: _____

Other: _____

Completed forms may be faxed or mailed
to BCCA's temporary address at 327 St. Paul Street, #2
Brookline, MA 02446

Emily@bccaconline.com
• (t): 617.738.2800 • (f): 617.738.2801
www.bccaonline.com

Health & Safety Agreement

Health Agreement

Allergies/Health Concerns _____

I agree that I have disclosed all allergies and health conditions that will help the BCCA guarantee a safe summer environment for my child.

For the safety of all students, I will refrain from sending snacks with my child that may contain peanuts or other types of nuts. I also agree to abide by additional safety precautions that may be implemented to accommodate other specific needs.

Pick-up Authorization Agreement

I agree to send a signed note to the BCCA providing authorization if someone other than the two guardian/emergency contacts will be picking up my child. Also, students will not be allowed to leave by themselves without the appropriate parent or guardian authorization.

Consent, Liability, and Licensure

I hereby release, discharge, and hold harmless BCCA and its employees, volunteers and other representatives or affiliates from and against any and all claims arising out of or relating to illness, physical injury, or other damages that may result to said individual while participating in this program. If medical treatment is necessary for my child, I give consent for treatment to be given. I understand that every effort will be made by BCCA staff to first contact me prior to emergency treatment.

I acknowledge that the BCCA Summer Arts Program is not a licensed day-camp, and I may inquire about program supervision and safety specifications to the Summer Program Coordinator at the contact info below. I give consent for the BCCA staff to take photographs/video of my child during his/her program activities which may be used for promotion purposes.

Behavior Policy

I understand that repeated disruptive and/or disrespectful behavior by my child will be grounds for dismissal from the BCCA Summer Arts Program. In this event, the program fee will not be refunded.

Any other helpful information (health-related, behavioral, etc.) about my child:

By signing below, I understand and consent to the specifications of this registration.

Parent/Guardian Name (Please Print) _____

Signature _____ **Date** _____

Thank you for your help in making the BCCA Summer Arts Program
a fun, safe environment for our students!

- Emily Gold, Youth Program Director