



# 2004 Summer Arts Program

## Student Registration Form

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Student's Name \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_ Grade (entering Fall '04) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
T-shirt size: Youth S Youth M Youth L Adult S Adult M Adult L

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### Emergency contacts:

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_  
Evening Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Mailing Address \_\_\_\_\_

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### Program Sessions: (Please specify theme, dates, and half-day or extended-day option)

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### Payment Options:

- I will pay the \$100 non-refundable registration fee\* now and the remaining balance by May 1, 2004.
- I will pay the total program fee of \$385 (per half-day session) or \$700 (per full-day session) now. This fee includes a \$100 non-refundable registration fee\*; the rest is fully refundable until May 1<sup>st</sup>.

### Payment method:

- Credit card Type \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_
  - Check (enclosed)
  - Cash (Please don't send cash by mail. *To pay in cash, please pay in person at the BCCA*)
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\*The registration fee reserves a place for your child in each desired session until May 1<sup>st</sup> when the total program fee is due. Remaining balance must be paid by this date to avoid forfeit of your registration placement and deposit. No program fee refunds will be made after May 1<sup>st</sup>.

BCCASummerCamp2004@hotmail.com

BCCA • 14 Green Street (Coolidge Corner), Brookline MA 02150 • (t): 617.738.2800 • (f): 617.738.2801

## Health & Safety Agreement

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### Health Agreement

Allergies/Health Concerns \_\_\_\_\_

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

I understand that the BCCA Summer Arts Program will be a peanut-free environment. For the safety of all students, I will refrain from sending snacks with my child that may contain peanuts. 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/guardian authorization.

### Program Licensure

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.

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### 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:

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**Parents/Guardian Name** (Please Print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for your cooperation in making this  
a fun, safe environment for the students in  
the BCCA Summer Arts Program!*

-Emily Gold  
BCCA Summer Program Coordinator

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