



Please complete this application and send with a check to:
Boston ABA
464 Common St #106
Belmont, MA 02478

Summer Camp - Application

www.bostonaba.com/Campsunrise.html / 617-272-0212

Student's Name: _____

Preferred name (if different than above): _____

DOB: _____

Grade entering in the fall: _____

Mother's name: _____

Father's name: _____

Home Address: _____

Mailing Address (if different than above):

Home Telephone Number: _____

Mother's Daytime Telephone: _____

Father's Daytime Telephone: _____

Additional Emergency Contact: _____

Name

Address

Telephone

Relationship to child

Please Describe Your child:

Does Your Child Exhibit Any Aggressive Behaviors? (yes/no) If yes please describe:

Swimming

Swimming sessions may be incorporated into the schedule. Children will be monitored closely and sessions will be attended by a Water Safety Instructor. What is your child's swimming ability?

Medication and Medical Information:

Physician's name: _____ Telephone

Number: _____

Insurance Policy and number: _____

Summer program staff are not certified to administer medication. However it is necessary for us to have information about any medications your child is taking.

Medication	Dose	Purpose	Time Given	Side Effects

While we never anticipate any injuries, program staff are First Aid and CPR certified. If there is an emergency requiring medical attention your child will be taken to the nearest medical facility and you will be contacted through the information you provide on this form.

In the event of an emergency, I give my permission to the summer program staff to treat my child and/or release information to medical personnel regarding my child.

Parent/Guardian

Date

Sunscreen and Insect Repellant

Children are engaged in various activities both in doors and out, and therefore it is necessary to dress your children appropriate for the weather and also to apply and send sunscreen and insect repellent to protect your child.

Transportation

Transportation to and from the program will be by parent unless otherwise coordinated by your school district. If the child is to leave by a different mode of transportation (i.e.: Relative) this must be arranged in advance.

Please complete the below chart of persons authorized to pick up your child.

Relationship	Persons name	Contact Information

I confirm that all information provided is correct and accurate.

Parent/Guardian

Date

Please Check the Program(s) for which you are applying:

6 Week Program \$3750 (June 30- August 8) _____

Additional 3 Week Program \$1875 (August 11 -August 31) _____

Afterschool Program Monday-Friday, from 2:00pm until 5:00pm. Children must be registered prior to the summer program to be eligible for this service and fees must be paid at the time of tuition. The fee for the program is \$40 per day.

Session 1 _____ M _ T _ W _ R _ F _

Session 2 _____ M _ T _ W _ R _ F _

All tuition must be paid in full before the start of camp.