



CITY OF BOSTON

MARTIN J. WALSH, MAYOR

CHRISTOPHER BYNER, Interim Executive Director

April 1, 2015

Dear Camp Joy Parents/Guardians:

Boston Centers for Youth & Families (BCYF) is committed to providing high-quality programming for residents of all ages and abilities in Boston. Since 1946 the Camp Joy program has provided thousands of Boston's youth with special needs an enriching summer camp experience.

The *BCYF Camp Joy Summer Program* focuses on the principles of inclusion, learning and fun. Trained, highly-skilled staff works to create a safe and nurturing environment for all participants. The *BCYF Camp Joy Summer program* is for Boston residents' ages 3—22 with disabilities and their siblings, 3-7 years old. The 4-week summer program provides structured, daily opportunities for participants to engage in recreational activities designed to promote peer-to-peer socialization, foster relationship building and support individual growth. Activities range from group games to gym time and arts and crafts. In addition, the program fosters connections between participants and their community by engaging community partners in program activities and connecting families to the resources and services they provide.

For 2015, *The BCYF Camp Joy Summer Program* will be in session Monday-Friday from July 13th—August 7th, 2015 from 8am-2pm at the following sites: **BCYF Holland, BCYF Jackson-Mann and BCYF Ohrenberger.** Enrollment is on a first come, first served basis based on a completed application. **The parent fee for the first child is \$250.00 and \$75.00 for each sibling or Agency fee of \$300.00 per child. Money orders only. Please include Camper Photo along with Camp Joy Application.**

Please note that this year we have amended the Transportation Policy. Camp Joy will be offering transportation through **ASSIGNED BUS STOPS** where an adult must still be present at pick-up and drop-off. Door-to-door transportation will be offered on a limited basis for campers with mobility issues.

Program Requirements:

- Be between the ages of 3-22 for youth with disabilities;
- Be able to interact in a 3:1 participant to staff ratio;
- Be a Boston resident (proof of residency required);
- Complete application with all documentation and signatures

For more information about the BCYF Camp Joy Summer Program or to request an application please contact me at Roberta.Smalls@Boston.gov or (617) 635-4920 ext. 2402.

Sincerely,

Roberta Smalls
BCYF Camp Joy Program Manager

BCYF does not discriminate on the basis of race, creed, color, national origin, ability, sex, secular preference, sexual orientation, marital status, age, political affiliation or religion, in accordance with the non-discrimination requirements of applicable statutes.

"This camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local board of health."

BCYF Blackstone
BCYF Charlestown
BCYF Cleveland
BCYF Clougherty Pool
BCYF Condon
BCYF Curley
BCYF Curtis Hall
BCYF Draper Pool
BCYF Flaherty Pool
BCYF Gallivan
BCYF Golden Age
BCYF Grove Hall
BCYF Hennigan
BCYF Holland
BCYF Hyde Park
BCYF Jackson/Mann
BCYF Leahy-Holloran
BCYF Mason Pool
BCYF Menino
BCYF Mildred Avenue
BCYF Mirabella Pool
BCYF Nazzaro
BCYF Ohrenberger
BCYF Paris Street
BCYF Paris Street Pool
BCYF Perkins
BCYF Pino
BCYF Quincy
BCYF Recreation Center
at Madison Park
BCYF Roche
BCYF Roslindale
BCYF Shelburne
BCYF Tobin
BCYF Tynan
BCYF Vine Street

Administrative Offices
1483 Tremont Street
Boston, MA 02120
Phone: 617-635-4920
Fax: 617-635-4524
cityofboston.gov/bcyf
Facebook: BCYFBoston
Twitter: BCYFCenters

Every Neighborhood,
One Mission

BCYF Camp Joy Summer 2015

Session Dates: July 13, 2015 – August 7, 2015



Boston Centers for Youth & Families (BCYF) is committed to providing high quality programming for Boston residents of all ages and abilities. To this end, BCYF offers Camp Joy for Boston residents ages 3 to 22 with disabilities and their siblings 3 to 7 years old. The four-week summer camp provides structured, daily opportunities for participants to make new friends, have fun, learn and grow during the summer months. The summer offers a variety of enrichment activities designed to promote peer-to-peer socialization, foster relationship building and support individual growth.



Group Games



Arts & Crafts

Field Trips



Transportation Provided

Program Requirements:

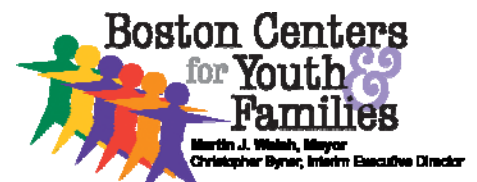
- Camper must be able to interact in a 3:1 participant to staff ratio;
- Parent or guardian must complete all required documentation;
- Payment is due at enrollment to ensure a slot.

Participant Fees:

\$250.00 for 1st child, \$75.00 for each sibling OR Agency fee: \$300.00 per child.

This camp complies with regulations of the MA Department of Public Health and is licensed by the local board of health.

For more information or for an application, please call Camp Joy at (617) 635-4920 or email Roberta.Smalls@boston.gov



BCYF Camp Joy Summer 2015

Session Dates: July 13, 2015 – August 7, 2015



CAMPER APPLICATION

Please mail or drop-off original applications to:

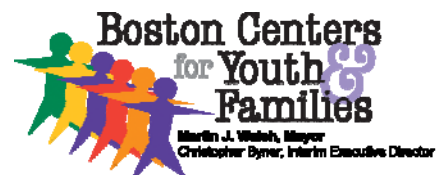
Boston Centers for Youth & Families
1483 Tremont Street
Boston, MA 02120
Attention: Roberta Smalls
(617) 635-4920 ext. 2402

INCOMPLETE OR ILLEGIABLE APPLICATIONS WILL NOT BE ACCEPTED.
Enrollment will remain open until Friday, May 29, 2015 or until all slots are filled.

Please include a copy of the Camper's photo you are applying for along with the completed application.

Enclosed medical section and camper immunization form must be completed and signed by a physician.

*"This camp complies with regulations of the MA Department of Public Health
and is licensed by the local board of health."*





SUMMER 2015 CAMPER APPLICATION

CAMPER INFORMATION:

Camper's Name: _____

Age: _____ Date of Birth: ____/____/____ Gender: Male Female

Home Address: _____

City: _____ Zip Code: _____

Camper's Home Language: _____ Race (for State report only): _____

Camper's T-shirt size: Child S M L Adult S M L XL

HOME ADDRESS (for making BUS STOP ASSIGNMENTS): My child has a mobility issue that could require door-to-door transportation

Address: _____

City: _____ Zip Code: _____

****NO ADDRESS CHANGES WILL BE ACCEPTED AFTER FRIDAY, JUNE 12, 2015.**

AN ADULT MUST BE PRESENT AT ASSIGNED BUS STOP PICK-UP/DROP-OFF LOCATION

Name of Parent/Legal Guardian: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____

EMERGENCY CONTACTS (must be someone besides the parent/guardian):

In case of emergency if parent/guardian is unavailable, please contact:

Contact Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Home Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Home Address: _____

City: _____ Zip Code: _____

BCYF Camp Joy 2015

Camper's Name: _____

EMERGENCY CONSENT AND RELEASE

If a situation arises in which my child is in need of prompt medical attention and I, or my designee (emergency contact), cannot be contacted, I hereby grant permission to a responsible member of the Camp Joy staff to authorize treatment for my child.

PARENT/GUARDIAN SIGNATURE

DATE

ACKNOWLEDGEMENT

The undersigned acknowledges that, in consideration of the opportunity to participate in the City of Boston's therapeutic recreation program, neither the City nor any of its employees are liable in the event of illness, injury, accident or death which may occur while my child or the participant is engaged in the program, is traveling to or from the program, or is engaged in any function of the program. This acknowledgment does not relieve the City or its employees from claims based on gross negligence, or intentional or reckless conduct.

The undersigned further acknowledges that if any child or the participant does not conform to the standards and organization of the program or if the directors of the program judge that the behavior of my child or the participant endangers himself/herself or the welfare of others in the program or the program itself, (s) he may be dismissed from the program upon written notice.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTOGRAPHIC RELEASE

Please read and sign this photographic release. Please note that it is not necessary for you to sign this portion of the release for your child to attend Camp Joy. However, it would be to our convenience if you would sign this section.

I hereby give my consent to Camp Joy to photograph my son/daughter without limitation to use such pictures and/or stories in connection with any of the work of Camp Joy without consideration of any kind and I do hereby release Camp Joy and Boston Centers for Youth & Families from any claims whatsoever which may arise in said regard.

PARENT/GUARDIAN SIGNATURE

DATE

BCYF Camp Joy 2015

GENERAL INFORMATION:

Does your child use any of the following?

Glasses? Yes No Hearing Aid? Yes No Walker? Yes No

Does your child use any other type of adaptive equipment? Yes No If yes, please explain: _____

Does your child have Allergies? Yes No If yes, please explain: _____

Does your child have any dietary restriction? _____

Will it be necessary for your child to take medication during the camp day? Yes No

****If your child requires medication during camp hours you must complete the Authorization to Administer Medication to a Camper Form, and attend a mandatory orientation before the child can attend Camp Joy.**

Does your child have a sibling attending Camp Joy? Yes No If so, what is his/her name?

What school does your child currently attend? _____

Does your child communicate verbally? Yes No _____

Does your child need assistance using the bathroom? _____

Did your child attend Camp Joy last summer? Yes No What location? _____

Please list any compulsive behaviors and appropriate responses for staff to take: _____

Please list any other precautions or behaviors that the camp staff should be aware of: _____

Please tell us about your child's swimming ability: _____

Can your child participate in other physical activities? Yes No If yes, list any necessary accommodations: _____

Does your child have a special toileting procedure? Yes No If so please describe: _____

Does your child use a wheelchair? Yes No If so, please identify the level of support needed: _____

BCYF Camp Joy 2015
Camper Application—Medical Section

APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS FORM COMPLETED & SIGNED BY A PHYSICIAN

Camper's Name: _____

Diagnosis: (Medical Term) _____

(Layman's Term) _____

Is camper subject to allergic reactions? Yes No If so, please specify: _____

Is camper medicated? Yes No

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Time(s) administered: _____

How is medication administered? _____

Will it be necessary for camper to take medication during the camp day? Yes No

Is camper subject to seizures? Yes No Are they controlled? Yes No

To your knowledge, is the camper suffering from or has (s)he recently been exposed to any contagious disease?

Does camper have any dietary restrictions? _____

May camper participate in carefully supervised swimming activities? Yes No

May camper participate in a physical education program? Yes No

Are there any precautions that should be noted? (PLEASE SPECIFY) _____

Does camper live in a group home: _____

Camper's height: _____ Weight: _____

Does the camper use any other type of adaptive equipment? Yes No

If yes, please explain: _____

Camper/Family Caseworker: _____

Agency: _____ Telephone: _____

Date of Physical Examination ____/____/____

Physician's Signature (REQUIRED) M.D. _____

Print/Type Physician's Name

BCYF Camp Joy 2015
CAMPER IMMUNIZATION FORM
APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS FORM
COMPLETED AND SIGNED BY A PHYSICIAN

Required Immunization for Campers and Staff

	For Campers & Staff < 18 years or age	For Campers & Staff ≥ 18 years of age	<u>Date Issued</u> Must be completed by a physician
MMR 1	2 doses measles, 1 dose mumps 1 dose rubella	2 doses measles 2 1 dose mumps 2 1 dose rubella	
POLIO	≥ 3 doses of either inactivated poliovirus vaccine (IPV) or oral poliovirus vaccine (OPV). If mixed schedule or IPV/OPV was used, 4 doses are required	No Requirement	
DtaP/DTP/ DT/Td	≥ 4 doses DtaP/DTP/DT or ≥ 3 doses Td3 A booster dose of Td is required for all campers and staff who will be entering <ul style="list-style-type: none"> • grades 7 – 10 if it has been more than 5 years since the last dose of DtaP/DTP/DT; • grades 11 & 12 if it has been more than 10 years since the last dose of DtaP/DTP/DT/Td. (Tdap is also acceptable.)	≥ 3 doses DtaP/DTP/DT/Td. A booster dose of Td is required if > 10 years since the last dose of DtaP/DTP/DT/Td vaccine. (Tdap is also acceptable.)	
Hepatitis B	3 does for all children born on or after January 1, 1992	No requirement	

Camper's Name: _____

Date of Physical Examination ____/____/____

Physician's Signature (REQUIRED) M.D.

Print/Type Physician's Name

AUTHORIZATION TO ADMINISTER MEDICATION

Camper's Name: _____ Age: _____

Food/Drug Allergies: _____

Diagnosis (at parent/guardian discretion): _____

Name of Licensed Prescriber: _____

Business Phone: (_____) _____ Emergency Phone: (_____) _____

Parent/Guardian Name: _____ Home Phone: (_____) _____

Business Phone: (_____) _____ Emergency Phone: (_____) _____

MEDICATION

Name of Medication: _____ Dosage given at camp: _____

Route of administration: _____ Frequency: _____ Date Ordered: _____

Duration of Order: _____ Quantity Received: _____

Expiration Date of Med Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Special Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other Medications (at parent/guardian discretion): _____

Location where Administration will Occur: _____

I hereby authorize **BCYF CAMP JOY** to administer, to my child _____ the medication(s) listed above, in accordance with 105 CMR 430.160.

105 CMR.160 (A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in original containers containing the original label, which shall include the directions for use.

105 CMR 430.160 (C)

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is a written permission from the parent/guardian.*

105 CMR 430.160 (D)

When no longer needed, medications shall be returned to a parent/guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

**Health Supervisor- A person who is at least 18 years of age, specifically trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.*

PARENT/GUARDIAN SIGNATURE

DATE

BCYF CAMP JOY 2015
COMPLETED APPLICATION CHECKLIST

**Before returning this Camp Joy Camper Application,
please check (✓) to see that the following sections are FULLY completed:**

- CAMPER INFORMATION COMPLETED including HOME ADDRESS (you will be a transportation assignment)
- PARENT/GUARDIAN INFORMATION COMPLETED
- EMERGENCY CONTACT LISTED (AT LEAST ONE)— Must be different from home telephone number.
- EMERGENCY CONSENT SIGNED (parent/guardian signature)
- ACKNOWLEDGEMENT SIGNED (parent/guardian signature)
- PHOTO RELEASE SIGNED (parent/guardian signature)
- GENERAL CAMPER INFORMATION PAGE COMPLETED
- CAMPER MEDICAL SECTION—**COMPLETED BY THE PHYSICIAN with SIGNATURE**
- CAMPER IMMUNIZATION SECTION COMPLETED— **COMPLETED BY THE PHYSICIAN with SIGNATURE**



WITHOUT MEDICAL & IMMUNIZATION SECTIONS COMPLETED AND SIGNED BY A PHYSICIAN YOUR APPLICATION WILL BE RETURNED. PLEASE DOUBLE CHECK



COMPLETE AN AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER FORM BY A PARENT/GUARDIAN IF NECESSARY.

- NON-REFUNDABLE FEE:** Personal Checks and Cash are not accepted. Please make **money orders** payable to the **The Foundation for BCYF-Camp Joy**. FULL payment is due with the completed application.
 - If you are a **parent paying the entire Camp Joy fee**, you will pay \$250 for your first child and an additional \$75 for each additional sibling. Siblings without special needs can attend Camp Joy between the ages of 2-7. Siblings with special needs can attend Camp Joy between the ages of 3-22.
 - If you are a parent receiving a scholarship from another agency or organization that will go towards covering a portion of the Camp Joy fee, you are responsible for paying the remaining balance of the \$300.00 fee. Your application must include the payment or a letter stating intent to pay from the organization, as well as a money order from the parent for the remaining balance. (For example, if you receive an agency scholarship for \$100, you are required to pay the remaining balance of \$200.)
 - If you are an agency supporting in registering a child and covering the ENTIRE Camp Joy fee you are required to pay \$300. Documentation stating the agency's intention to pay and/or complete payment needs to accompany any application. ***Please DO NOT send a check that does not include information about whose fee the payment is intended to cover.
- CAMPER PHOTO:** Please include a photo of camper along with Camper application!
- CURRENT IEP (Individual Education Plan):** Please send copies of the goals pages of your child's most current IEP. A letter from your child's doctor will be accepted if you do not have an IEP.

PERSONAL CHECKS AND CASH ARE NOT ACCEPTED. NO EXCEPTIONS!
ONLY COMPLETED APPLICATIONS WILL BE PROCESSED!