

2019 REDUCED TUITION SCHOLARSHIP APPLICATION

Berkshire Humane Society has a limited amount of scholarship money available for campers.

ALL APPLICANTS MUST SUBMIT:

- (1) **some proof of need with this form and**
- (2) **a reference letter from your child's teacher.**

Proof of need can be based on family assistance programs or other social programs.
All information will remain confidential.

Please indicate the amount you would be able to pay towards Camp Humane: \$ _____

Please X the session you are wishing to attend:

July 8 – July 12
Grades 3 & 4
Full Day: 9AM to 3PM

July 15 – July 19
Grades 4 & 5
Full Day: 9AM to 3PM

August 5 – August 9
Grades 4 & 5
Full Day: 9AM to 3PM

July 22 – July 26
Grade 5 & 6
Full Day: 9AM to 3PM

August 12 – August 16
Grades 5 & 6
Full Day: 9AM to 3PM

CAMPER INFORMATION

Child's Name: _____ Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

School: _____

Teacher: _____

Phone: _____

Have you received a previous camp scholarship? Yes No If so, what year? _____

Do you participate in a public assistance program or receive any support? Yes No If yes, please specify:

Please list two references that we may call for referral.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Describe briefly the circumstances that make it necessary for you to apply for a Camp Humane Scholarship:

Why does your child want to attend Camp Humane?

Please complete this form with all requested documentation and a completed Registration Packet to:

Attn: Lizzy Filkins, Camp Director
Berkshire Humane Society
214 Barker Road
Pittsfield, MA 01201

Please fill out the ENTIRE packet and return to: *Berkshire Humane Society, 214 Barker Road, Pittsfield, MA 01201* or fax to 413-443-3347. **Registration is ONLY secured with a non-refundable \$100 deposit.**

Please email for session availability: *ebrown@berkshirehumane.org*

Sessions dates are based upon the grade the student is entering in the Fall of 2019.

SESSIONS

JULY 8 – JULY 12
GRADES 3 & 4

Full Day: 9AM to 3PM
20 Campers.
Eligible for early drop off / late pick up.

JULY 15 – JULY 19
GRADES 4 & 5

Full Day: 9AM to 3PM
20 Campers.
Eligible for early drop off / late pick up.

JULY 22 – JULY 26
GRADES 5 & 6

Full Day: 9AM to 3PM
20 Campers.
Eligible for early drop off / late pick up.

AUGUST 5 – AUGUST 9
GRADES 4 & 5

Full Day: 9AM to 3PM
20 Campers.
Eligible for early drop off / late pick up.

AUGUST 12 - AUGUST 16
GRADES 5 & 6

Full Day: 9AM to 3PM
20 Campers.
Eligible for early drop off / late pick up.

CAMPER INFORMATION

Please complete all of the information for your child's registration to Camp Humane.

Camper's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Gender Identity: _____ Sept. 2019 Grade: _____

Preferred Pronoun: _____ Do you have friends attending this camp?: _____

T-Shirt Size: Please check box the appropriate size.

_____ Child Small
_____ Child Medium
_____ Child Large
_____ Child XL

_____ Adult Small
_____ Adult Medium
_____ Adult Large
_____ Adult XL

GUARDIAN INFORMATION

Please complete all of the contact information below as it will be used for EMERGENCIES.

Name: _____ Day Phone: _____

Address: _____
STREET CITY STATE ZIP

Email: _____ Cell Phone: _____
MANDATORY FOR ALL CAMP INFORMATION.

TUITION

Registration is on a first come, first serve basis.

FULL DAY RATES

EARLY REGISTRATION _____ JANUARY 1 - APRIL 15 _____ \$200.00 one child (\$400.00 siblings)
REGISTRATION _____ APRIL 16 - JUNE 1 _____ \$260.00 one child (\$450.00 siblings)
LATE REGISTRATION _____ JUNE 2 - JULY 9 _____ \$300.00 per child

HALF DAY RATES

EARLY REGISTRATION _____ JANUARY 1 - APRIL 15 _____ \$100.00 one child (\$200.00 siblings)
REGISTRATION _____ APRIL 16 - JUNE 1 _____ \$130.00 one child (\$225.00 siblings)
LATE REGISTRATION _____ JUNE 2 - JULY 9 _____ \$150.00 per child

EARLY DROP-OFF & LATE PICK-UP

Early Drop-Off starts at 8AM, while Late Pick-Up ends at 4:30PM. Payment includes the entire week of camp.

Kids will enjoy being helpers by setting up for camp or watching a children’s movie on the couch.
For a week of either Early Drop-Off or Late Pick-Up the cost is \$50 and for a week of both Early and Late is \$100.

EARLY DROP-OFF:

LATE PICK-UP:

PAYMENT INFORMATION

Payment can be made through cash, check or credit card. Checks can be made out to Berkshire Humane Society. In order to secure a spot, you must place a **\$100 NON-REFUNDABLE DEPOSIT** on that session of camp. If you have questions on whether the spot is secured, please contact the Camp Director directly at 413-447-7878 x129.

PAYMENT IN FULL MUST BE MADE BY THE FIRST DAY OF CAMP.

Please print clearly.

Name on Card: _____

Card Number: _____

Expiration Date: _____



Cardholder's Address: _____
STREET CITY STATE ZIP

Cardholder's Phone: _____



TUITION: _____

EARLY DROP-OFF / LATE PICK-UP FEE: _____

TOTAL: _____

PAYMENT AMOUNT: _____

BALANCE: _____

**BY SIGNING, I UNDERSTAND THAT FEES PAID BY CASH,
CHECK OR CREDIT CARD ARE NON-REFUNDABLE.**
Receipts will be available the first day of your child's camp session.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

CAMP DESCRIPTION

Berkshire Humane Society (BHS) has planned a balanced and fun curriculum for Camp Humane. It includes:

- Hands-on exposure to the shelter animals and other staff pets,
- Exciting education media,
- Field trips,
- Professional speakers and demonstrations in the field of animals, and
- Craft projects.

BHS's goal is to ensure that every camper has a life-enriching experience. In order to achieve this goal, please read and review the following with your child:

- We expect all campers to participate in all activities and *remain as part of the group*. We do not have the staff to supervise campers who would rather not join in with the others. Children unwilling to participate consistently will be asked to leave the camp - no refund will be issued.
- For the safety of the campers as well as the animals, we require that all campers listen to and take directions from all the camp staff including the directors, assistants, and junior counselors. If any camper misbehaves during shelter time with the animals, the entire group of campers may lose the privilege of socializing or working with the animals.
- We expect all campers to be considerate and respectful of other campers and staff.
- BHS is an open admission shelter which means that the subject of euthanasia may be discussed. We also will be talking with campers about other animal welfare topics. We do attempt to explain all issues in language appropriate to your child's age group.
- **Please do not bring your personal pets to the shelter when dropping off or picking up your child as it disturbs the shelter animals.**
- We reserve the right to dismiss any camper whose behavior jeopardizes the safety and well-being of other campers, staff, or the animals. In such cases, no refund will be given.

I have read and understood the description of the Camp Humane program and determined it is appropriate for my child.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

PARTICIPATION AGREEMENT

Please read carefully before signing.

I, the Parent/Guardian, acknowledge that I voluntarily and willingly permit my child to participate in Camp Humane at Berkshire Humane Society.

I fully understand and acknowledge that certain elements of Camp Humane may be potentially hazardous for my child and that he/she may face the risk of accidental and or/other injury. These risks include, but are not limited to, falls and collisions with other persons; animal bites and scratches; and travel to and from field trips. I understand and assume any and all risks associated with my child's participation in Camp Humane.

I attest that my child is sufficiently physically and emotionally fit to participate in all Camp Humane activities.

I do hereby affirm that I have adequate medical insurance to cover any injuries to my child that may result from his/her participation in Camp Humane. I understand that no insurance coverage exists through Berkshire Humane Society to cover any claims that may arise out of my child's participation in Camp Humane.

I, for myself and my personal representatives, heirs, and assigns, do hereby hold harmless and release, waive, and forever discharge Berkshire Humane Society, its successors, assigns, and other legal representatives, and its officers, trustees, agents, employees, and students from, and against any and all claims, demands, and actions, or causes of action, on account of any damage to my child's personal property, personal injury, or death which may result from his/her participation in Camp Humane, even though the claim or liability may arise out of the negligence or carelessness on the part of Berkshire Humane Society, or any third person, whether foreseen or unforeseen, known or unknown.

I hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts, and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continues in full legal force and effect.

I further state that I have carefully read the foregoing release and waiver of liability, know the contents thereof, and agree to sign this release and waiver of liability as my own free act and deed.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

MEDICAL HISTORY OF CAMPER

Please contact the Camp Director, if your child has any special emotional or physical conditions, needs, or limitations so that we may accommodate him/her. Failure to contact us will only impede your child's camp experience.

Please circle YES or NO for each of these conditions. It is important that our campers be safe in their environment. Filling out our medical history thoroughly and honestly will allow Camp Humane to ensure your child's safety.

THE MORE YOU TELL US ABOUT YOUR CHILD, THE BETTER WE CAN ACCOMMODATE YOU.

Chronic or recurring illness/condition?	Y N	Diabetes?	Y N
Recent injury, illness, or infection?	Y N	Seizures?	Y N
Allergies?	Y N	Eating disorder?	Y N
Frequent headaches?	Y N	Asthma?	Y N
Frequent stomach aches?	Y N	Needs a school aide?	Y N
Frequent bloody noses?	Y N	Treated for ADD or ADHD?	Y N

Explain any YES answers:

I have informed the Camp Director of any limitations or special needs my child may have and agree to abide by the Director's decision if Berkshire Humane Society (BHS) can accommodate those needs. I understand that non-disclosure of any physical, emotional or behavioral issues may result in the immediate dismissal of my child from the program with no refund. I understand that my child must follow the stated behavior expectations and safety rules and that the Camp Director reserve the right to dismiss any child whose behavior in their judgment interferes with the rights and safety of others or consistently disrupts group dynamics and/or activities. In such cases, no refund will be given.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

AUTHORIZATION FOR MEDICAL TREATMENT

As a condition of participation in Camp Humane at Berkshire Humane Society (BHS), in order that my child may receive the necessary medical treatment in the event of an emergency whereby he/she may sustain injury or illness during participation in the activity, I authorize any BHS official to consent to and obtain necessary treatment or hospital care for such an injury or illness during the camp and I hereby release, discharge, indemnify and agree to hold BHS, its successor, assigns, and other legal representatives, and its trustees, officers, employees, agents or servants harmless in the exercise of its authority. I further hereby acknowledge that neither BHS, nor any of the persons named above, have any obligation to seek such treatment.

PEDIATRIC PHYSICIAN

Name: _____ Phone: _____

MEDICATION

ALL medications should be packed daily with your child's lunch. Berkshire Humane Society is NOT responsible for lost medications and cannot keep any medications overnight. We cannot legally administer medication; your child MUST assume this responsibility.

Medication Name: _____ Dosage: _____ Time of Day: _____

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ALL MEDICAL INFORMATION IS FOR EMERGENCY USE ONLY.

I have read and understood the above Authorization for Medical Treatment.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

HEALTH CARE RECORD FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROFESSIONAL.

You will also need to attach a copy of your child's current Immunization Record with the camp Registration packet. If this is not done before the start of camp, your child will not be admitted into the session.

Name: _____ DOB: _____ Date of Exam: _____

Age: _____ Height: _____ Weight: _____ B.P.: _____

Nutritional Status: _____ Development: _____ TB Risk : + / -

	NORMAL	ABNORMAL	COMMENTS
HEENT			
Lungs			
Heart			
Abdomen			
Genitalia			
Extremities			
Skin			
Neurologic			
Scoliosis	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>	
Vision	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>	Stereopsis: Pass <input type="checkbox"/> Refer <input type="checkbox"/>
Hearing	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>	

Significant Past Medical History: _____

Allergies: _____

Most Recent Applicable Labs: Hgb: _____ Pb: _____ Date: _____

Diagnosis: _____

Recommendations: _____

Follow-up Needed: _____

Approved for Sports: Unlimited Limited Comments: _____

Name of Provider (printed)

Signature

Date

VEHICLE PICKUP AUTHORIZATION LIST

In case of a request for the release of the child to a person not listed below, the child will remain with staff until you have been contacted and give us permission to release him/her. If there are any specific people your child may NOT be released to, please inform the Camp Director in writing.

Please give first and last names of those individuals to whom your child may be released (*Include carpool drivers and those who are authorized to pick up in an emergency.*)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Additional names may be added at any time by the parent/guardian.

I have read and understood the release policy as described above and authorize Berkshire Humane Society to release my child to the person(s) listed above.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

MEDIA RELEASE

Berkshire Humane Society (BHS) uses images and sounds of children, presenters, and staff participating in programs as a way of documenting the fun and educational experiences they have while attending Camp Humane. BHS will identify your child by first name and session only, unless you give specific written permission to do otherwise. Please read and sign the following statement if you accept this disclosure:

In consideration of the above, I, the Parent/Guardian of the participating camper, hereby consent to BHS photographing, filming, and audio visual taping of my child. This media may appear in BHS's websites, advertisements, and promotional or informational materials including but not limited to newsletters, brochures, advertisements, and newspaper articles. I also waive rights to any compensation for these images or sounds of my child.

FIELD TRIP RELEASE

Berkshire Humane Society (BHS) will bring campers off site to alternate educational locations. Campers will be traveling on school buses equipped with seat belts by professional drivers. Please read and sign the following statement if you accept this disclosure:

I, the Parent/Guardian of the camper, have read, understood, and agreed to allow participation in off-site field trips and their transportation.

I have read and understood the above Media Release and Field Trip Release and agree to its term and conditions.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

PARENTS INFORMATION SHEET

PLEASE DETACH FOR REFERENCE

DROP OFF / PICK UP

- Drop-Off time: **8:50AM** and Pick-Up time: **3PM**
- **Early Drop-Off: 8AM** and **Late Pick-Up: 4:30PM**
- Parents **MUST** escort their child into the classroom to sign them IN and OUT for the day.

ATTIRE

- Sneakers/Shoes **MUST** cover the toes, sides of feet and heels (state licensure requires it).
- Clothing should be suitable for doing craft projects, such as painting.
- Weather related apparel may be necessary, as we go outside rain or shine.
- Field trips may require special clothing or shoes - you will be notified when they are necessary.

LUNCH

- We have no control over **food allergens** that your child might encounter. Please be vigilant to inform us of allergens so we can seek medical attention if something should happen.
- Refrigeration is not available, please use an ice pack if necessary.

CELL PHONES

- Children are allowed to have **cell phones to use as cameras** during animal presentation. Otherwise, cell phones are to be left in backpacks during the day.

FUR

- Your child will be exposed to **fur** on a daily basis. Please medicate accordingly, if necessary.

SUN & BUGS

- Please apply **sunscreen & bug spray** to your child before coming to camp. We do offer generic sunscreen & bug spray for reapplication if necessary.
- Pack any special creams or repellents with your child.
- Kids will be exposed to sun and possibly ticks and other insects. Please do a thorough check each day after camp.

SAFETY

- If your child jeopardizes the **safety and well-being** of any shelter animals or fellow campers, then the Camp Director reserve the right to dismiss your child.