

675 Watertown Street Newton, MA 02460  
Phone: (617) 630-2066 Fax: (617) 630-8999  
www.newtonbgc.com

## FREE FEBRUARY VACATION PROGRAM APPLICATION

**Please return by mail or in person. SPACE is limited to the first 200 KIDS who preregister!**

*We will be offering a vacation week program for kids ages 6-18 between the hours of 9:00 AM and 6:00 PM Monday February 15 – Friday, February 19, 2010. **This 5 day program will be FREE thanks to a generous anonymous donation made in honor of Victor & Dawn Colantonio.** Activities will be based on the ages and the number of kids who sign up but are guaranteed to include daily movies, theme days with games and prizes, and **FREE LUNCH daily.** Program highlights will include Club Olympics, Luau Day, Dance OFF, Tie Dye Day, Wii Fit & PS3 Tournaments. This will be a **CLOSED** door program and participants **will not be allowed to leave the building unsupervised.** Preregistration is required!*

Child #1 Name: \_\_\_\_\_  Girl  Boy Age: \_\_\_\_\_  
First Name Last Name

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ School:\_\_\_\_\_ Grade:\_\_\_\_\_

**Days Child Will Attend:**  All Days  Monday  Tuesday  Wednesday  Thursday  Friday

Child #2 Name: \_\_\_\_\_  Girl  Boy Age: \_\_\_\_\_  
First Name Last Name

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ School:\_\_\_\_\_ Grade:\_\_\_\_\_

**Days Child Will Attend:**  All Days  Monday  Tuesday  Wednesday  Thursday  Friday

Child #3 Name: \_\_\_\_\_  Girl  Boy Age: \_\_\_\_\_  
First Name Last Name

**Days Child Will Attend:**  All Days  Monday  Tuesday  Wednesday  Thursday  Friday

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ School:\_\_\_\_\_ Grade:\_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street City Zip

Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_  
First Name Last Name

Address (If different): \_\_\_\_\_  
Street City Zip

Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**FAMILY INFORMATION:**

Race:  African American  Asian  Caucasian  Hispanic  Multi-Racial  Other \_\_\_\_\_  
 less than \$ 9,999  \$15,000 - \$24,999  \$35,000 - \$44,999  \$55,000 - \$64,999  
 \$10,000 - \$14,999  \$25,000 - \$34,999  \$45,000 - \$54,999  Over \$65,000

Single-parent household: yes  no  Number of people in household: \_\_\_\_\_

**EMERGENCY CONTACTS:** (Person to call if we are unable to reach parents/guardians):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**PERMISSION/DISCLAIMER:**

I hereby give my permission for my child to participate at John M. Barry Boys & Girls Club during **FEBRUARY VACATION WEEK 2010 Program**. I certify that my child is fit and capable of participating in activities without restriction unless noted above. I hereby, for myself, my child, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I or my child may have against The John M. Barry Boys & Girls Club, its staff, and members of its Board of Directors, for any and all injuries suffered by during participation in Club-sponsored activities.

I give consent for my child(ren) to participate in the United Skates Field Trip and to be transported to their location in Rumford Rhode Island. yes  no

I give consent for photographs to be taken of my child(ren) to be used in displays, brochures, newsletters etc., exclusively for the John M. Barry Boys & Girls Club of Newton yes  no

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**HEALTH CONCERNS:**

Please list any allergies, medical, or social conditions your child/children may have that may effect their participation in activities at the Club.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_