



## Boston Renaissance Charter Public School - Scholars Summer Program

Please check services needed (vouchers are accepted).

\_\_\_\_ Program Rate (8-4 pm) **\$185** per week  
\_\_\_\_ Before Program (7-8 am) additional \$20  
\_\_\_\_ After Program (4-5 pm) additional \$20  
\$ \_\_\_\_ Total Program amount

**Applications are to be returned to:**

Boston Renaissance Charter Public School  
1415 Hyde Park Ave.  
Hyde Park, Ma 01236  
Attention: BRCPS Scholars Summer Program  
Fax: 617-357-0949

Program Dates: **TBA**

### Student Information

Date: \_\_\_\_\_ Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female

Address: \_\_\_\_\_  
(Street Apt# City/State Zip)

Current Grade Completed as of June \_\_\_\_\_

### Student Medication

Does your child have any medical conditions/allergies \_\_\_\_\_.

Does your child take any medication \_\_\_\_\_.

**Parent/Guardian Information**– Please add all parents and guardians for these will be the only adults allowed to pick up your child from the Program unless other arrangements are made. This information is not transferred to other departments.

### Primary Contact:

Parent/Guardian Name \_\_\_\_\_

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

Address: \_\_\_\_\_

Street City/State Zip Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Lives with Child? \_\_\_Yes \_\_\_No

**Secondary Contact:**

Parent/Guardian Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Street City/State Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Lives with Child? \_\_\_Yes \_\_\_No

**Additional Names for Pick-up**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Parent/Guardian Signature Only**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

*By signing this document, you are in agreement with the BRCPS Scholars Summer Program Policy*



# AGREEMENT and DISCLAIMER FORM

I hereby register my child for The BRCPS Scholars Summer Program. I understand that the program hours are 8:00 a.m. to 4:00 p.m. at the regular fee. Before/After Care is from 7:00 a.m. to 8:00 a.m. and 4:00 p.m. to 5:00 p.m. is an additional fee of \$20 for each session.

I understand that breakfast and a light lunch is included in the fees. I will provide a small snacks and a filled water bottle for my child(ren) daily.

I have seen the Boston Renaissance site and hereby give permission for my child to use all facilities, including playground equipment and athletic fields, and hereby find them safe and suitable for my child. I have clearly explained all program rules to my child and he/she understands the consequences for failure to abide by them.

I certify that my child's medical records are complete and that he/she is fully immunized and physically and mentally able to participate in all physical activities of the program. I certify that my child is covered by a health insurance policy and that Boston Renaissance's insurance will cover immediate emergency treatment ONLY, not liability. I understand that in case of an accident, I will first submit the claim to my insurance carrier. I agree to be responsible for any hospitalization or other required treatment.

I hereby give permission for my child's photo, group video or group photos to be published in either the school's website or any other publication.

I understand that my child will be transported to/from all field trips in privately owned, school busses or vans and hereby release Boston Renaissance , its Directors, Employees or volunteers of any and all liability that may occur at the school site, during any athletic activity or during any optional field trip.

A \$20.00 late payment penalty is added when payment is not made within the first 2 days of the due date. A

\$35.00 penalty will be charged for all checks returned by the Bank.

If I do not pick up my child by 4:00 p.m., **late payment penalties of \$1.00 for each minute fraction will be due at time of pick up; these must be paid directly to the staff member in charge at the time.** Fees must be paid at the time of pickup or the following day. If not, the student will be suspended until all balances are paid in full. I understand that Program starts at 8:00 a.m. and that my child cannot arrive after 9:30 a.m. I also understand that session fees are due prior to the first day of each session.

I understand that if registered to attend a session, I am obligated to make my payment regardless of absence. I UNDERSTAND THAT ALL PAYMENTS MADE ARE NON-REFUNDABLE. I have read or have been read to all of the above and hereby understand and agree to what is stated here.

**WITHDRAWAL FROM THE PROGRAM** – I must notify the Program Director a minimum of 10 days in advance of my intention to withdraw my child from the program. Withdrawal with less than 10 days written notice, results in an obligation to pay full tuition for that pay period. The deposit/registration fees and payments are non-refundable, and are not applicable to any tuition balance for any child leaving the program before the last day of the summer program. Our programs incur staffing and other expenses based upon the total number of individual student enrollments, and operating costs associated with them projected for the full year.

**I have read and understand the policy for BRCPS Scholars Summer Program.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_