



# Summer Enrichment Day Camp

**Boston Renaissance Charter Public School**

- ❖ Applications are to be returned to: **The Boston Renaissance Charter Public School  
Summer Enrichment Day Camp  
1415 Hyde Park Ave, Hyde Park, MA 02136  
ATTN: Regina A. Yapp**

## ❖ Student Information

**Date:** \_\_\_\_\_ **Name** \_\_\_\_\_  
First Last

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

**Address:** \_\_\_\_\_  
Street Apt# City/State Zip

**Grade for SY11/12** \_\_\_\_\_

**Voucher recipient** No \_\_\_ Yes \_\_\_ If yes, Location: \_\_\_\_\_

**Email Address** \_\_\_\_\_

- ❖ **Parent/Guardian Information** – Please add ALL PARENTS AND GUARDIANS for these will be the ONLY ADULTS allowed to pick up your child from the After School Program unless other arrangements are made. THIS INFORMATION IS NOT TRANSFERRED TO OTHER DEPARTMENTS.

### **Primary contact:**

Parent/Guardian Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street City/State Zip

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell# \_\_\_\_\_ Lives with Child? \_\_\_ Yes \_\_\_ No

### **Secondary contact:**

Parent/Guardian Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street City/State Zip

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell# \_\_\_\_\_ Lives with Child? \_\_\_ Yes \_\_\_ No

### **Additional names for pick-up**

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### **Parent/Guardian Signature only**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_  
By signing this document, you are in agreement with the BRCPS Summer Enrichment Policy