BOSTON COLLEGE

Protection of Minors on Campus

Program Registration Form

GUIDE

Under the Boston College Protection of Minors on Campus policy, http://www.bc.edu/content/bc/offices/policies/universitypolicies.html all sponsors of Boston College "programs" involving minors must complete this Registration Form and return it to their Dean or Vice President for approval. The Registration Form and the Background Check Release Form(s) for each Authorized Adult are then sent to the HR Officer assigned to the School or department no later than thirty (30) days prior to start of the Program. Please contact your Human Resources Officer or Boston College's Human Resources Department at 617-552-3330 with any questions concerning this form or the registration process. For additional information please see http://www.bc.edu/bcprotectionofminors.

I. General Program Information:

a. Please describe the Program below:

- Boston College **(Name of Program)** for children ages **(Age Range)**. Camp hours are from **(Camp/Program Hours)** , **(Days of Operation)**.
- Brief description of program activities/ purpose.

(Briefly Describe Program Here)

Ex. Children participate in a variety of games, activities, and sports. Each session is dedicated to give the children a healthy outlet for their energy, a fun environment to meet friends, and a safe place to be themselves.

b. Please list the employee(s) with primary responsibility for the Program.

1. **(Employee Name, Title email address)**
2. **(Employee Name, Title, email address)**

c. Please list below names of all authorized adults participating in Program.

Note: The term "authorized adult" refers to any university students, employees, independent contractors or volunteers who will supervise or otherwise have contact with minors in connection with the program. **Note**: NO persons listed below shall serve as an Authorized Adult unless and until they have completed a personal information disclosure form, an on-line training program and a background check in compliance with the Boston College's Policy on the Protection of Minors on Campus.

Name of Authorized Adult	Email Address

II. Communication Plan:

Please provide below or on a separate sheet a description of Communication Plan to be followed by the program. The Communication Plan must include:

- A procedure for obtaining and maintaining contact information for participants' parents/legal guardians, as well as emergency contacts in the event the parents/guardians are unavailable;
- A procedure for notification of all participants' parents/legal guardians in the event of an emergency; and
- A procedure for parents and guardians to follow to contact program personnel and/or their child during program hours.

All contact information was provided to participants, parents/legal guardians through the summer camp registration form. Parents/legal guardians can also access their children directly (by calling camper's cell phones) or indirectly, by contacting **(Employee(s) with Primary Responsibility, Title)** at **(Phone Number)**. Our staff will maintain the list of parent/legal guardian contact information.

- At time of registration parents/guardians will be required to complete an emergency contact form. This information will provide contact information for parents/guardians along with designated emergency contacts.
- In an emergency, summer staff/counselors are expected to notify student's parent/legal guardian and keep them updated about situations.
- There is no specific restriction on parent/legal guardians contacting summer program personnel regarding questions relating to program.

III. Medical Emergency Plan:

Please provide below or on a separate sheet an outline of the Medical Emergency Plan to be followed by the Program. The Medical Emergency Plan shall include:

- A procedure for obtaining and maintaining (i) authorization from all participants' parents/legal guardians to transport program participants to local hospitals as deemed necessary; and (ii) authorization for emergency medical treatment in the event the parents/legal guardians or their designated emergency contact are not available;
- A procedure for obtaining and maintaining disclosures of any allergies or other medical condition or physical limitation that might impact participation in the Program; and
- A procedure to administer medication to program participants as necessary during program hours.

- As part of the registration process a medical release form must be provided to authorize the day camp staff/volunteers to render first aid and permission to transport child to closest hospital. Prudent attempts will be made to contact the parent/guardian immediately.
- Parent/guardian must complete the medical form outlining any allergy, medical condition, or physical limitation that might impact their child during the program.
- When a staff member finds symptoms of sickness of a child/camper, he/she is required to call 911, in case of emergency, and bring child to nearby hospital. If it is not an emergency situation, staff member(s) is required to report the symptom(s) to the Director of Camp Activity, or medical staff, whoever is available first.

IV. Supervision Plan:

Please provide below or on separate sheet a description of the Supervision Plan to be followed by the program. Please note that the policy on the Protection of Minors on Campus prohibits any unobserved, unsupervised one-on-one contact between a minor and any Authorized Adult. A Supervision Plan must specify:

- The person having responsibility over all Authorized Adults serving in the Program;
- The proposed ratio of participants to Authorized Adults;
- The proposed number of Authorized Adults over 21;
- The breakdown of Authorized Adults by category of employees, students and volunteers; and
- Curfew, rules pertaining to any visitors, and limitations of use of free time in the event the Program involves any overnight stays.

- The **(Name and Title of Individual(s) Responsible for Authorized Adults)** will have responsibility of the Authorized Adults.
- The average ratio of children to counselors is **(Ratio Children to Counselors)** to ensure the safety of our campers.
- There will be **(# of Authorized Adults over 21)** Authorized Adults over the age of 21. All Authorized Adults have been selected through thorough evaluation.
- The Authorized Adults will be comprised of **(# Employees, # Students, # Volunteers)**.

- No unauthorized visitors will be allowed on the camp site unless they have been approved by the Director or Assistant Director of the camp.

V. Transportation Plan:

Please provide below or on an attached sheet a description of Transportation Plan to be followed by the program. The Transportation Plan must include:

- a procedure for the pick-up and drop-off of participants, specifying times and locations;
- a procedure to obtain written permission from a parent or legal guardian in the event any participant is to be released to any person other than his or her parents or legal guardians; and
- a description of any transportation of participants to be provided by the program, specifying the type of vehicle, and drivers. Note: any program providing for transportation of participants by Authorized Adults must be in all instances be reviewed and approved by the Office of Risk Management. Under no circumstances shall an Authorized Adult be permitted to be alone with a minor in a car or other vehicle.

- **Drop-off and Pick-up Plan:**

(Please Complete Here)

Ex. Check-in for camp will begin at 8:30 a.m. with pick-up no later than 4:30 p.m., Monday through Friday. The designated drop-off and pick-up location will be at the Flynn Recreation Complex outdoor basketball court located adjacent to the Mod parking lot across from the Commonwealth Avenue parking garage. You may enter campus through the St. Ignacio entrance. Camp staff will be visible in the Mod parking lot just outside the outdoor basketball court of the Flynn Recreation Complex and will be available to answer any questions.

- As part of the registration process parent/legal guardian(s) must provide the Authorized Release form to the camp staff, listing the names of individuals authorized to drop off and pick up campers, including emergency or early release situations. No camper will be released to the custody of an individual not listed on the form.

- At no time are campers transported off site other than for authorized emergency purpose (see emergency plan)

VI. Signatures:

_____ (_____)_____-_____ ____/_____/_____

Signature of individual completing Form Contact number Date

_____ (_____)_____-_____ ____/_____/_____

Signature of Vice President or Dean Contact number Date