

## NECYSC Camp Information 2024

**Applications are being accepted on a rolling basis, as determined by postmark date of all required documents (i.e., all forms and payment). Please apply as early as possible to ensure a space. All of the following forms need to be received by NECYSC to be considered complete:**

1. Complete online registration at <http://www.necyisc.org>
2. Send the following via mail (Priority date is postmark date of when we receive the LAST required items. All items are required unless indicated otherwise):
  - a. Check (one check per camper)
  - b. Camp forms (<http://www.necyisc.org/download.php>)
    - i. Latest physical and immunization record within 1 year of camp start date.
    - ii. Medical Permission Slip (Required for any prescription medication)
    - iii. Financial Aid form (if applicable)

### General Information

Camp Location: Brandeis University, 415 South Street, Waltham, MA 02453

Day Program: 6 to 10 years old (as of the 1st day of the camp)  
Monday, July 29 - Friday, August 2, 2024 8:30am - 5:00pm  
Fee \$900 (\$850 Early Bird Discount)

Overnight Program: 10 to 14 years old (as of the 1st day of the camp)  
Sunday, July 28 - Saturday, August 3, 2024  
Fee \$1,800 (\$1,700 Early Bird Discount)

ExplorAsian Program: 14 to 16 years old (as of the 1st day of the camp)  
Sunday, July 28 - Saturday, August 3, 2024  
Fee \$1,800 (\$1,700 Early Bird Discount)

CIT Program: Entering 11th grade in Fall 2024  
Saturday, July 27 – Saturday, August 3, 2024  
Fee \$1,100  
(Please refer to CIT application packet for details)  
<https://www.necyisc.org/v2/admission.php>

Early Bird discount applies to paper applications postmarked by March 31th or online submission by 23:59 March 15th.

## Application Deadline

Application dates: February 1, 2024 – June 15, 2024 (Overnight/EA)  
Application dates: February 1, 2024 – June 30, 2024 (Day)

## Application Process

1. Online application will open on **February 1, 2024** at [www.necyisc.org/application/](http://www.necyisc.org/application/).
2. Returning campers should follow web site instructions to retrieve their Security Code, update personal information and register. Otherwise, apply as a new camper.
3. After you complete and submit the application online, an Application ID and Security Code will be provided. Please keep a copy of the ID and code for future reference; you will need them to check your application status online.
4. Write a separate check for each camper and include the camper's name and Application ID (if applying online). Make check payable to NECYSC and mail to the address below with all required forms. **Camper application is not deemed complete until online registration/paper application, payment, and all required forms have been received. The last postmark date of the receipt of these documents will determine your application priority.**
5. Registration will only be processed **after** NECYSC has received **all required documents and check**. If camper's annual physical exam is between registration start date and camp start date, please submit the current one to ensure camper is registered, and then send the new one as soon you have it, we cannot admit camper without the latest document.
6. Your check will be deposited when camper is accepted. If capacity is reached, we will automatically place your application on the wait list.
7. Application status will be available online at [www.necyisc.org/status/](http://www.necyisc.org/status/) with your Security Code.
8. Acceptance letters will be **emailed** out when the payment and all the required forms received so please make sure your email address is correct. A link for POD sign-up will be included in the acceptance letter. After the deadline, please check [www.necyisc.org](http://www.necyisc.org) or email [registration@necyisc.org](mailto:registration@necyisc.org) for space availability. Acceptance after the deadline is based upon space availability.
9. Final camp information package will be mailed to accepted campers around **July 15th, 2024**.
10. **Failure to comply with camp policies may result in forfeiture of camper acceptance.**

Mail all forms and check payable to:

NECYSC  
P. O. BOX 615  
Weston, MA 02493

## Refunds and Financial Aid

Refunds: There will be a \$50 non-refundable handling fee charged (per camper) for withdrawal prior to May 1, 2024. No refunds will be made for withdrawal after May 1, 2024 except for extenuating circumstances. There is a \$25 fee for changing programs (space permitting) after May 1, 2024.

Financial Aid: We try our best to make our program affordable for everyone. Financial Aid is available based solely on need. Please check the guidelines at [www.necyisc.org/financial\\_aid](http://www.necyisc.org/financial_aid). NECYSC will process financial aid applications upon receipt of all documentation. Delayed applications and forms may put camper on waiting list.

## Parent on Duty (POD)

Please note the following changes have been made to POD for 2024:

NECYSC is a unique camp in that we are primarily run by volunteers. We require parents of campers to volunteer during camp week to assist with many essential and important tasks that will help maintain and run the operation of the camp smoothly and safely. Your participation is not only a crucial contribution to the success of NECYSC but also it gives you a glimpse of your child(ren)'s camp life.

The NECYSC requires one POD shift for EACH camper in Overnight and ExplorAsian programs but two POD shifts per family at the maximum. If your family has more than 2 campers, you only need to complete 2 POD shifts. Sign up will be available on [May 1, 2024](#). Please sign up for a POD shift by June 15, 2024 to avoid a POD waiver fee. The POD waiver fee is \$300 by June 15<sup>th</sup> and \$350 after June 15<sup>th</sup>.

POD is optional for the Day Program, although we strongly encourage parents to help out. Please contact us at [pr@necyisc.org](mailto:pr@necyisc.org) if you are a parent of the Day or CIT program, and interested in volunteering during camp week. Your help is greatly appreciated.

## Other Important Rules

NECYSC will ONLY process camper registration application **when check and all required forms are received. (See full list at the beginning of document).**

**Parent and Family Visitation:** We **DO NOT** allow visitation during the camp week. Camp events including carnival, talent show, and the dance are closed events. We encourage parents and immediate family members to attend the closing performances.

**Camper Leave Policy:** We recommend that you schedule other commitments outside the week of camp. We **DO NOT** allow leave for routine medical appointments, athletic commitments, activities and family visits.

**Early Camp Check Out:** Early camp check out is available for those families who have extenuating circumstances and need to check out earlier. **We will require completion of the OVERNIGHT/EXPLORASIAN CAMPER EARLY CHECK OUT REQUEST FORM.**

**Any outstanding documentation, fees, or other required information not resolved by the first day of camp will result in loss of camper acceptance.**

## Camp Description

- Mission:** The New England Chinese Youth Summer Camp (NECYSC) started in 1987 as part of Greater Boston Chinese Cultural Association, a nonprofit 501 (c) (3) organization operated by volunteers. NECYSC's mission is to create and foster community involvement among our youths interested in Chinese arts and culture.
- Day Program:** The camp atmosphere provides a great opportunity to make new friends and keep in touch with old ones. We provide cultural enrichment to campers that fulfill a sense of community and individual identity. Teachers will present interactive, hands-on workshops in martial arts, Chinese dancing, arts and crafts, and Chinese painting. Each camper is assigned to a group led by counselors and CITs with whom they spend the entire day.
- Late pick-up Fee:** \$1 per minute past the normal pick-up time.
- Overnight Program:** In addition to the activities Day campers enjoy, our overnight campers will also engage in evening activities such as hall gatherings, talent show, dance, movie night, and a carnival.
- ExplorAsian Program:** This program aims to provide a warm and fun environment for high school students to explore their Asian-American identity and develop their voices and leadership skills through project-based learning. A broad range of class topics are chosen to develop campers' leadership skills, identity discovery, understanding of social justice, and professional readiness. Campers will further explore these topics in team settings to accomplish a project using various technologies. Campers will also have a chance to participate in team sports and games, take classes in cooking, arts and crafts, and other more 'traditional' camp activities. There will also be various workshops where campers can learn more about various aspects of Asian heritage. For more information, please e-mail questions to: [assistantdirector@necyisc.org](mailto:assistantdirector@necyisc.org)

## Other Inquiries or More Information

For other inquiries or more information, see: [www.necyssc.org/](http://www.necyssc.org/) or e-mail: [registration@necyssc.org](mailto:registration@necyssc.org) if you have further questions.

## Authorization to Administer Medication to a Camper (completed by parent/guardian)

| Camper and Parent/Guardian Information                  |                          |
|---|--------------------------|
| Camper's Name:  |                          |
| Age:  | Food/Drug Allergies:     |
| Diagnosis (at parent/guardian discretion):              |                          |
| Parent/Guardian's Name:                                 |                          |
| Home Phone:   | Business Phone:          |
| Emergency Telephone:                                    |                          |
| Licensed Prescriber Information                         |                          |
| Name of Licensed Prescriber:                            |                          |
| Business Phone:   | Emergency Phone:         |
| Medication Information 1                                |                          |
| Name of Medication:                                     |                          |
| Dose given at camp:                                     | Route of Administration: |
| Frequency:  | Date Ordered:            |
| Duration of Order:                                      | Quantity Received:       |
| Expiration date of Medication Received:                 |                          |
| Special Storage Requirements:                           |                          |
| Special Directions (e.g., on empty stomach/with water): |                          |
| Special Precautions:                                    |                          |
| Possible Side Effects/Adverse Reactions:                |                          |
| Other medications (at parent/guardian discretion):      |                          |
| Location where medication administration will occur:    |                          |
| Medication Information 2                                |                          |
| Name of Medication:                                     |                          |
| Dose given at camp:                                     | Route of Administration: |
| Frequency:  | Date Ordered:            |
| Duration of Order:                                      | Quantity Received:       |
| Expiration date of Medication Received:                 |                          |

|  |       |
|--|-------|
| Special Storage Requirements:  |       |
| Special Directions (e.g., on empty stomach/with water):  |       |
| Special Precautions:   |       |
| Possible Side Effects/Adverse Reactions:   |       |
| Other medications (at parent/guardian discretion):   |       |
| Location where medication administration will occur:   |       |
| <b>Authorization Information</b>   |       |
| <p>I hereby authorize the health care consultant or properly trained health care supervisor at _____<br/> <span style="float: right;">(name of camp)</span> to administer, to my child, _____ the medication(s) listed above, in accordance with 105 CMR<br/> <span style="float: right;">(name of camper)</span> 430.160(C) and 105 CMR 430.160(D) [see below].</p>   |       |
| <p><b>If above listed medication includes epinephrine injection system:</b></p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> |       |
| <p><b>If above listed medication includes insulin for diabetic management:</b></p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>   |       |
| Signature of Parent/Guardian:  | Date: |

**\*\* Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

## 105 CMR 430 References

**105 CMR 430.160(A):** Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. (M.G.L. c. 94C § 21).

**105 CMR 430.160(C):** Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

**105 CMR 430.160(D):** A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

- (1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.
- (2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.
- (3) Document the circumstances in which a camper, Health Care Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:
  - a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
    - 1) the camper is capable of self-administration; and
    - 2) the health care consultant and camper's parent/guardian have given written approval
  - b) Receive an epinephrine auto-injection by someone other than the Health Care Consultant or person who may give injections within their scope of practice if:
    - 1) the health care consultant and camper's parent/guardian have given written approval; and
    - 2) the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.
- (4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.

**105 CMR 430.160(F):** The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

**105 CMR 430.160(I):** When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

- (1) Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.
- (2) The medication disposal log shall be maintained for at least three years following the date of the last entry.

Application ID: \_\_\_\_\_



## 2024 Financial Aid Application Form

### Camper/CIT Information

Name (Last, First): \_\_\_\_\_ (English) Address: \_\_\_\_\_ Street Apt #  
\_\_\_\_\_ (Chinese) \_\_\_\_\_ City/Town State Zip code  
Camper Grade in Fall of 2024: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YY  
Camper Program:  Day (age 6-10)  Overnight (age 10-14)  ExplorAsian (age 14-16)  CIT (grade 11<sup>th</sup>-12<sup>th</sup>)  
Camper Email Address (optional)

### Contact Information (Please provide information where NECYSC may contact you about this application and other matters)

|   | Telephone | Relationship |
|---|-----------|--------------|
| Main Contact _____ (English) _____ (Home) <input type="checkbox"/> Father |           |              |
| _____ (Chinese) _____ (Cell) <input type="checkbox"/> Mother              |           |              |
| E-mail (required) _____ (Office) <input type="checkbox"/> Guardian        |           |              |

### Qualifications

We try our best to make our programs affordable for everyone. Financial Aid is available and is based solely on need. Families who qualify are encouraged to apply as soon as possible. We also encourage you to apply even if you do not meet the guidelines but feel that there are other considerations that you would like to discuss. Our goal is to offer an opportunity to families who may otherwise not be able to afford the program to share in our camp experience.

Financial Aid is a separate process from program acceptance and is awarded after program acceptance. The Financial Aid application is strictly confidential. For 2024, the NECYSC guidelines are as follows:

| Household size (# of persons) | 2        | 3        | 4        | 5        | 6        |
|-------------------------------|----------|----------|----------|----------|----------|
| Maximum Annual Income         | \$40,880 | \$51,640 | \$62,400 | \$73,160 | \$83,920 |

### STEPS TO COMPLETE THE FINANCIAL AID APPLICATION:

#### Submit at time of registration:

1. The camper/CIT program online-application (indicating that you are applying for Financial Aid) and all required registration forms as listed on the NECYSC website.
2. Please note that it is required that you send in a 50% deposit with your application
3. This **Financial Aid Application Form**
4. If you delay registration or submission of the necessary paperwork, your camper may not be accepted in time for the May 15, 2024 award of financial aid.

#### Submit at Time of Registration or Before May 1, 2024:

5. Required documents for verification of income:
  - a. Financial Aid Application form
  - b. 2023 family tax return copy (IRS 1040 form)
  - c. Exemption approval of the School Lunch Program, or other relevant documents
  - d. Cover letter explaining your situation

Mailing address: **Please check [www.necytc.org](http://www.necytc.org) for the most current mailing address for all camper forms.**

E-mail [PR@necytc.org](mailto:PR@necytc.org) with additional questions.



Application ID

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

New England Chinese Youth Summer Camp (NECYSC) is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to NECYSC to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing NECYSC with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Public Relations Committee, on behalf of NECYSC, may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that NECYSC must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_

*Print Name of CORI Subject*

\_\_\_\_\_

*Signature of CORI Subject*

\_\_\_\_\_

*Date*

**Use of legal name as shown on government-issued ID is a MUST**

NEW ENGLAND CHINESE YOUTH SUMMER CAMP  
紐 英 裔 中 文 夏 令 營  
WWW.NECYSC.ORG      INFO@NECYSC.ORG

**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_     No Social Security Number

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_

Verified by:

Christopher Chiu

\_\_\_\_\_  
*Print Name of Verifying Employee*

Signature on file with NECYSC

\_\_\_\_\_  
*Signature of Verifying Employee*

Summer Camp 2024

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

**Use of legal name as shown on government-issued ID is a MUST**

# Commonwealth of Massachusetts Sex Offender Registry Board

## M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 392, N Billerica, MA 01862, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

SORB USE ONLY

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: Christopher Chiu Date of birth: N/A

Organization name: *(if any)* New England Chinese Youth Summer Camp

Address: see www.necytc.org for mailing information Telephone number: ( ) pr@necytc.org

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: Signature on file with NECYSC Date: Summer Camp 2024

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's LAST NAME: 

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Subject's FIRST NAME: 

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Subject's MIDDLE INITIAL:  **Use of legal name as shown on government-issued ID is a MUST**

Date of birth or approximate age: 

|  |  |  |  |  |  |  |  |  |  |
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M M D D Y Y Y Y AGE

Completing information below "Date of birth or approximate age" is optional

Address (PRINT): \_\_\_\_\_

Personal identifying characteristics:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other information (e.g. license plate number, parents' names, etc.): \_\_\_\_\_

If additional information is needed, please contact the Requestor at the telephone number above.

\*\*\*\*\*WARNING\*\*\*\*\*

*SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C - 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).*