



**BOYS & GIRLS CLUB
OF BURLINGTON**

2020 SUMMER CAMP REGISTRATION

ALL INFORMATION MUST BE COMPLETED IN ORDER FOR CHILD TO PARTICIPATE.

*** Note this camp takes place at our 62 Oak Street Site**

Child's Name: (FIRST)_____ (MI) _____ (LAST)_____

Child's Home Address: _____

Grade entering in **September 2020**: _____ Date of Birth: ____/____/____

Parent/Guardian: _____ Relationship to Child: _____

Address: (if different than child): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____ Primary resident of child: Yes___No___

Parent/Guardian: _____ Relationship to Child: _____

Address: (if different than child): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____ Primary resident of child: Yes___No___

Emergency Contact(other than parent/guardian): _____ Relationship: _____

Cell/Home Phone: _____ Permission to pick up: Yes___No___

Emergency Contact(other than parent/guardian): _____ Relationship: _____

Cell/Home Phone: _____ Permission to pick up: Yes___No___

Allergies/Dietary Requirements: _____

Child's Physician: _____ Physician's Phone Number: _____

Child's Dentist: _____ Dentist's Phone Number: _____

Current Medications: _____ Preferred Hospital: _____

Please indicate the days your child will be attending. If child will not attend on a day listed below, please notify the Club as soon as possible.

My child will attend (please check all that apply): Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

My child has permission to walk home at 5:30pm: Yes____ No ____

My child has permission to watch age appropriate movies (1st-3rd G)(4th-5th PG)(6th-8th PG-13): Yes___No___

Other than the above listed parents/guardians and/or emergency contacts, the following people have permission to pick my child on any given day:

Name of Authorized Pick-Up Person(s): _____ Daytime/Cell Phone Number

1. _____

2. _____

3. _____

NOT AUTHORIZED TO PICK-UP: 1. _____ 2. _____

SESSIONS:

The Summer Camp runs from 9:00am-5:30pm

Each session costs \$50.00 per child/week (25% discounted rate for siblings). Payment for 1st session is due upon registration.

Payments for subsequent sessions are due 1 week prior to start of the session. See Joyce for Payment questions.

Please check the following session(s) you wish to enroll your child in for the summer.

T Shirt Size:

Child/Youth: S M L Adult: S M L XL XXL

- | | |
|--------------------------|---|
| <input type="checkbox"/> | WEEK 1: June 29 – July 3 |
| <input type="checkbox"/> | WEEK 2: July 7 – July 10
(CLOSED Monday July 6th) |
| <input type="checkbox"/> | WEEK 3: July 13 – July 17 |
| <input type="checkbox"/> | WEEK 4: July 20 – July 24 |
| <input type="checkbox"/> | WEEK 5: July 27 – July 31 |
| <input type="checkbox"/> | WEEK 6: Aug. 3 – Aug. 7 |
| <input type="checkbox"/> | WEEK 7: Aug. 10 – Aug. 14 |

SAILING- GRADES 4TH-8TH ONLY:

If my child is chosen, I give permission for my child

to partake in a sailing trip offered on Fridays.

Please fill out the attached form as well.

Parent/Guardian Signature

Date

Parent/Guardian Authorization: I, _____, parent/guardian of the above child, authorize him/her to attend the Boys & Girls Club Summer Camp Program. I also give permission for my child to swim during the Summer Program, understanding that certified lifeguards will be present at all times. I understand my child will not be able to leave the Club for any reason without written permission or phone call from a parent/guardian. I give permission for my child to go on trips away from the Club, whether by foot, Van, or other contracted transportation. I give the Boys and Girls Club of Burlington permission to Survey my child for use in reports and general knowledge. I give the Boys and Girls Club of Burlington permission to speak with school staff regarding my child's behavior and education. I give permission for the Boys and Girls Club to access and report my child's immunization records. I give my consent for photographs, in which my child may appear to be used in any way the Boys and Girls Club of Burlington may care to use them. In case of emergency, the Boys and Girls Club Staff has my permission to give first aid and/or take the participant to a hospital for treatment and call a doctor for medical or surgical care for my child. Should an emergency arise, I understand that a conscientious effort will be made to locate me or an emergency contact before any action is taken, but I agree to accept any expenses associated with such emergency if it is not possible to locate me in advance of treatment. I hereby, for myself, my child, my heirs, executors and administrators waive and release any and all rights and claims for damages I or my child may have against the Boys and Girls Club of Burlington for any and all injuries suffered by my child at any activity sponsored by these listed organizations. I have been informed that the Boys & Girls Club of Burlington has a freedom of access policy and complaint procedures concerning the welfare of children outlined in the parent handbook. I give my child permission to use the internet and electronic devices for academics and age appropriate games.

I have read, understand, and agree to the policies and procedures outlined in the Summer Camp Handbook. I have explained the rules, policies, and expectations outlined in the Summer Camp Handbook to my child

Parent/Guardian Signature: _____ **Date:** _____

The POSITIVE Place for Kids!

Be sure ALL forms are completely filled in:

- | | |
|--|--|
| <input type="checkbox"/> Summer Camp Registration | <input type="checkbox"/> Medication Release Form (optional) |
| <input type="checkbox"/> Summer Camper Information Sheet | <input type="checkbox"/> Sailing Permission Slip (4 th -8 th Grade only) |
| <input type="checkbox"/> Childcare Resource Packet | |

DEMOGRAPHIC & CONFIDENTIAL INFORMATION:

As a non-profit we rely on outside funding sources to continue to offer our services at such a low cost (in some cases, at no cost). The information collected in the section below is required to secure that funding.

This information is never reported with you/your child's name. This information is strictly confidential and does not in any way affect eligibility for Club programming.

Member information:

Name: _____ Gender: _____ Number of people in Household: _____

Ethnicity

(choose the ONE that applies best):

- ☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic, Latino, Spanish Origin
☐ Native Hawaiian/Pacific Island
☐ White
☐ Mixed Ethnicity
☐ Other
☐ Unknown

Household Income:

- ☐ \$0-\$4,999
☐ \$5,000-\$9,999
☐ \$10,000-\$14,999
☐ \$15,000-\$19,999
☐ \$20,000-\$24,999
☐ \$25,000-\$29,999
☐ \$30,000-\$34,999
☐ \$35,000-\$39,999
☐ \$40,000-\$44,999
☐ \$45,000-UP

Is a Parent/Guardian incarcerated?

☐ Yes ☐ No

Member's household receives the following Services:

- ☐ Food Stamps
☐ Free/Reduced Lunch
☐ General Assistance
☐ Unemployment

Is a parent/guardian an active member of the military? ☐ Yes ☐ No

Please complete a Child Care Resource Packet. This assists us in securing the necessary funding for your child's enrollment. If you are part of the Reach-Up program, you do not need to complete the packet, but instead contact your Reach-Up Coordinator. You can get a Childcare Resource Packet at the Front Desk of the Club.

Only one packet per family is needed. Please contact Katrina Payea at the club for any questions or assistance with this. (802) 864-5263.

-----OFFICE USE ONLY-----

Week 1		Week 2		Week 3		Week 4	
Check #	Paid	Check #	Paid	Check #	Paid	Check #	Paid
Week 5		Week 6		Week 7			
Check #	Paid	Check #	Paid	Check #	Paid		

Total Paid: _____

Payment source: Sch. _____ Sub. _____ F. pay. _____