



**BOYS & GIRLS CLUB
OF WESTMINSTER**

GREAT FUTURES START HERE.

REGISTRATION FORMS 2016 SUMMER FUN CAMP PROGRAM

We have many exciting activities planned; it's going to be a great summer!

CHECKLIST: (all items must be completed and submitted before we can register your child)

\$30 Registration fee enclosed

Enrollment Application

Food Allergies & Health Problems (page 4)

Club Rules, signed by parent and child (page 5)

Signed permission slip (page 6)

Summer Fun Camp schedule with weeks selected that you are registering your child (page 7)

Emergency Hospital Consent to Treat (page 8)

For additional information or questions please email Amy Moorman at amoorman@bgcwestminster.org or call 410-386-0135

2016 Summer Fun Camp Overview

June 20, 2016 - August 19, 2016

9:00 am - 5:00 pm daily

*Before and After Care Available for fee: 8:00 am - 9:00 am, 5:00 pm - 6:00pm

There will be NO daily "drop in" care available

Cost:

Weekly fees of \$100.⁰⁰ per child are due the **Thursday before each camp week**. Please refer to the payment schedule sheet included to ensure you are paid in advance. *Ask about our discounts for additional children.* A **\$30 one time registration fee due with application also covers the 2016-2017 After School Program.**

Hours of Operations:

The program will run Monday thru Friday 9:00 am-5:00 pm. There will be before and after care available between 8-9 am and 5-6 pm for an additional \$5 a day per child. Parents picking up late will be assessed a late fee (please see parent handbook).

Who can attend?

Your child can attend if they are 6-13 years old.

Personal Items:

Please do not allow your child to bring any high value or electronics items to the club (ie. i-pods, MP3, cell phones, video games, excess money, etc.) BGCW will not be responsible for lost, stolen or damaged property.

Medications:

Staff members will **NOT** administer medications to your child. Inhalers and other medications will have to be self-administered! 9-1-1 will be utilized in the event of an emergency! Please ensure detailed information is provided on the medical forms.

Dress Code:

Please dress your child appropriately for a mix of daily activities. Short skirts, short shorts, halter tops, mid-drifts, do-rags, bandanas, or Heelys are not allowed and will result in your child being sent home. *Flip flops are appropriate for days when your child goes swimming but they should also have a pair of tennis shoes packed to participate in other programs/activities.*

Lunch:

Parents should provide a lunch and a snack for your child. **Notify staff of any food allergies!** When providing your child's lunch ensure that it is clearly marked with their name and in an appropriate container. Keep in mind that a refrigerator and microwave will not be available.

Field Trips:

Every child will NOT be able to attend every trip. If your child cannot follow club rules he/she will lose their field trip privileges. Ensure your child is present at the correct departure time to attend the trip. Child should wear club t-shirt and sneakers.

Swimming:

Your child will be going swimming 2-3 times a week. Please have your child bring: towel, non-revealing swim suit, change of clothing and undergarments. There are lifeguards on site. **DO NOT** drop your child off at the pool. A swim schedule will be posted on the Club bulletin board.

Pickup:

Your child must be picked up no later than 5pm. **A late fee will be assessed for any child picked up past 5 pm** (Please see the parent handbook).

2016-2017 MEMBERSHIP ENROLLMENT FORM

Boys and Girls Club of Westminster, Maryland

2016 SUMMER FUN CAMP REGISTRATION

www.bgcwestminster.org



**BOYS & GIRLS CLUB
OF WESTMINSTER**

FOR STAFF USE ONLY

Receipt Number _____
 Enrollment Date: _____
 Child's tracking number: _____
 Cash _____ Money Order _____ Check _____ Credit Card _____
 Renewal Yes No

Any information requested on this form is used for recording purposes or required for funding.
 The answers you provide on this membership form will be kept CONFIDENTIAL.

YOUTH Information

First Name:	Middle Name:	Last Name:
Nickname	Age: Birth date:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity: African American _____ Native American _____ Caucasian _____ Hispanic _____ Asian _____ Multiracial _____ Other _____	Membership Type: Check one School Year <input type="checkbox"/> Summer Fun Club <input type="checkbox"/> BOTH <input type="checkbox"/>	School Enrollment Information as of Fall 2016 School: _____ Grade Level: _____ T-Shirt Size (Please Circle) YM YL AS AM AL
Home Phone:	Home Address:	

Check All that apply*: TANF _____ Food Stamps _____ General Assistance _____ SSDI _____ SSI _____ Veterans Compensation _____
 School Lunch (Free/Reduced) _____ Medicaid _____ Can Swim _____ Single Parent Home _____

GAURDIAN/PARENT Information *(Please Print)*

First Name	Middle Name	Last Name
Gender (circle one) Male Female	Annual Family Income Less than \$12,000 _____ \$12,000 to \$17,000 _____ \$17,000 to \$25,000 _____ \$26,000 to \$ 35,000 _____ \$ 36,000 to \$60,000 _____ \$61,000 to \$80,000 _____ \$81,000 and over _____	Family Size: Home Address
Telephone # Home CELL Work	E-mail Address:	
Employer:		Job Title:
Military Branch:	Status:	Start Date: End Date:

Spouse - Parents/Guardian First Name: _____ Last Name: _____		Gender: Male _____ Female _____	
Home Address: _____		Cell: _____	E-mail Address: _____
Employer: _____		Job Title: _____	
Military Branch: _____	Status: _____	Start Date: _____	End Date: _____
YOUTH Medical Information:			
Insurance Company: _____	Insurance Policy/Group Number: _____	Health Problems/Allergies: _____	
Medications: _____		Disabilities/Psychological Conditions: _____	
Physician: _____	Physician Phone: _____	Hospital Phone: _____	LAST TETNUS SHOT: _____
Pick Up Information: (Two people authorized to pick up member-OTHER THAN PARENT)			
1. First Name _____	Last Name _____	Phone : Home _____	Work _____
Emergency Contact _____		Primary Emergency Contact _____	Lives with member _____
2. First Name _____	Last Name _____	Phone: Home _____	Work _____
Emergency Contact _____		Primary Emergency Contact _____	Lives with member _____

I have read the completed application, understand the rules of the Boys & Girls Club of Westminster and request that my son/daughter/ward be admitted into membership.

I have explained the rules to my son/daughter/ward and agree that the Boys & Girls Club will not be responsible for any accident to the boy/girl while on the Boys & Girls Club premises or while engaged in any of its activities away from the Boys & Girls Clubs.

I give my consent for photographs or videoing taping in which my son/daughter/ward may appear, to be used in any way the Boys & Girls Clubs may care to use them as long as it is consistent with the BGCW mission.

Parent or Guardian Signature

Member's Signature

Date

Note to Parent:

Member participation in Boys & Girls Clubs programs is likely to produce positive outcomes when members attend three times a week or more. Boys & Girls Clubs staff welcomes high levels of member participation in all programs as well as special programming.

Boys & Girls Club of Westminster Club Rules & Code of Conduct

- | | |
|---|--|
| <input type="checkbox"/> Play Fairly and Be Honest
<input type="checkbox"/> Resolve Disagreements in a Positive Way

<input type="checkbox"/> Take Care of Your Boys & Girls Club Facility and Equipment
<input type="checkbox"/> Applaud The Efforts of Others

<input type="checkbox"/> Dress Appropriately At All Times

<input type="checkbox"/> Stealing will not be tolerated!
<input type="checkbox"/> Always Follow Staff Member's Directions
<input type="checkbox"/> Do not Sit, Lay On, or Jump on any BGCW Furniture, OR staff member or camper
<input type="checkbox"/> No Cell Phone or Electronic Device Usage During Programs
<input type="checkbox"/> Clean up after yourself
<input type="checkbox"/> Ask Permission before leaving a room | <input type="checkbox"/> Be Respectful of Boys & Girls Club Staff
<input type="checkbox"/> Be Respectful Of Other Members and Their Property
<input type="checkbox"/> Avoid Use of Improper Language

<input type="checkbox"/> Participate Only In Program Areas Open To Your Group
<input type="checkbox"/> Smoking, Drugs, Alcohol and Weapons Are Strictly Prohibited
<input type="checkbox"/> No Running in the Stairwell and Hallways
<input type="checkbox"/> Keep Your Hands and Feet to Yourself
<input type="checkbox"/> Use Back Stairwell for Traveling Through the Clubhouse
<input type="checkbox"/> Participate in All Activities and Programs with a Positive Attitude
<input type="checkbox"/> Do Not Play With Staff Equipment
<input type="checkbox"/> Have FUN!!! |
|---|--|

Please read the following and initial where indicated:

I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged which must be paid before my child (or ward) can return to the Club.

_____ I understand and agree that BGCW has an open door policy and cannot be responsible for my child (or ward) leaving the Club without permission. I understand that all members are free to come and go from the Club at their leisure.

I understand and agree that BGCW does not refund membership fees and that my child (or ward) must obey all rules (Code of Conduct). I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended from BGCW without monetary refund.

_____ It is expressly understood and agreed that BGCW shall not be responsible or legally liable for any losses of personal property, for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BGCW or in connection with any activities of any of its Units, or while engaged in any of the BGCW's activities away from the Club.

I give permission for _____ (Name of School) to release a copy of my child, _____ report card for the entire school year to the Boys & Girls Clubs of Westminster. I understand the information obtained from report cards will be confidential and used to assess the progress of my child.

Internet Usage Agreement: The opportunity to use Club's computers is based upon clear guidelines and agreements: (1) always be respectful of others, (2) never give out personal information over the computer, (3) always remember you are responsible for what you do online, (4) always follow the computer lab supervisor's instructions, (5) never agree to meet in person with anyone you meet online and (6) never visit 'off-limits' web sites. Failure to uphold these agreements will result in revocation of the member's online privileges.

Signature of Parent/Guardian _____

Date _____

Signature of Child _____

Date _____

2016 Summer Fun Camp

Combined Permission Slip

(Child's Name)

Sunscreen:

I give permission for my child to wear sunscreen. Boys & Girls Club staff have permission to apply the sunscreen on my child. If my child does not have his/her own sunscreen I give Boys & Girls Club staff permission to use a Sunscreen of SPF 30 or higher, provided by the Club, for my child.

Parent/Guardian's Signature

Date

Field & Swim Trips:

I give permission for my child/children to participate in all field and swim trips provided through the Boys & Girls Club. I understand I will be notified of trip changes ahead of time and have the option to withdraw my child from the planned trip if I so desire.

Parent/Guardian's Signature

Date

Medical:

In the event of an emergency, I give permission for Boys & Girls Club staff to seek appropriate medical attention.

Parent/Guardian's Signature

Date

2016 Summer Fun Camp Payment Schedule

Please check off the week(s) your child plans to attend on the chart below and return with your completed application and payment

PLEASE GIVE BGCW STAFF 1 WEEKS' NOTICE OF ANY CHANGES

No refunds for changes made to registered week(s)

Please <input checked="" type="checkbox"/> check week(s) that your child plans to attend	Payment Due	Dates of Camp
Week 1 <input type="checkbox"/>	June 16, 2016	June 20 - June 24, 2016
Week 2 <input type="checkbox"/>	June 23, 2016	June 27 – July 1, 2016
Week 3 <input type="checkbox"/>	June 30, 2016	July 4 – July 8, 2016
Week 4 <input type="checkbox"/>	July 7, 2016	July 11 – July 15, 2016
Week 5 <input type="checkbox"/>	July 14, 2016	July 18 – July 22, 2016
Week 6 <input type="checkbox"/>	July 21, 2016	July 25 – July 29, 2016
Week 7 <input type="checkbox"/>	July 28, 2016	August 1 – August 5, 2016
Week 8 <input type="checkbox"/>	August 4, 2016	August 8 –August 9, 2016
Week 9 <input type="checkbox"/>	August 11, 2016	August 15 – August 19, 2016

All camp payments are due the Thursday before the camp week begins. If payment is not received by the assigned deadline(s), your child will not be guaranteed a camp spot

Summer Camp Fees are listed below:

- ➔ Each week of camp is \$100.00
- ➔ There will be a one-time registration fee of \$30 per child which also covers the 2016-17 Afterschool Program
- ➔ Before and After Care is \$5/day per child

Sibling Discount

- 1st Child \$100
- 2nd Child \$90
- 3rd Child \$80

Financial Aid may be available based on established need. Please contact Amy Moorman at amoorman@bgcwestminster.org for more information.

CARROLL HOSPITAL CENTER
CONSENT FOR THE TREATMENT OF
MINORS IN PARENTS ABSENCE

Patient Label _____

I, _____, hereby authorize BOYS & GIRLS CLUB OF WESTMINSTER
to act in my behalf should my children:

require medical attention during the period from June 20, 2016 to
August 19, 2016. I hereby authorize Carroll Hospital Center, Inc. to render
whatever examination or treatment is required by my children mentioned above. I further agree that
I will make every attempt to keep my children informed of my whereabouts so that I may be
contacted by the Carroll Hospital Center, Inc. should emergency treatment be required. In the event
I cannot be contacted the above mentioned individual can act in my behalf.

Witness _____
Address _____
Date _____

Parent _____
Address _____
Date _____

Child(s) Doctor _____

Child(s) Allergies _____

Parents Doctor _____

Choice of Specialist _____

Medications being taken: _____

Possible address and telephone number where parent may be reached: _____



CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? YES NO

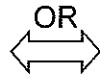
YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? YES NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? YES NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____