GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS OF GREATER ST. LOUIS

SUMMER CAMP APPLICATION 2015

Club: ☐ Adams Park Club   ☐ Ferguson-Florissant Middle School Club
☐ Herbert Hoover Club   ☐ O'Fallon Park Club
☐ Southeast Middle School Club   ☐ Twillman Elementary School Club

Submit a separate registration form for each camper.
COMPLETE THE FOLLOWING INFORMATION ON BOTH SIDES. (**PLEASE PRINT**)

1 CAMPER INFORMATION

CURRENT MEMBERSHIP STATUS: **NEW** ☐   **RETURNING** ☐

IF MY CHILD'S AGE GROUP IS FULL ADD ME TO WAIT LIST: **YES** ☐   **NO** ☐

MEMBER'S FIRST NAME	MIDDLE NAME	LAST NAME

MY CHILD HAS PERMISSION TO WALK HOME?   Yes ☐   No ☐ **(If no, complete the pick-up information)**

Grade Level: (For coming school year)	BIRTH DATE (M/D/Y) / /	AGE	MEMBER'S E-MAIL
HOME ADDRESS		CITY	
STATE	ZIP CODE	HOME	CELL

2 PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN FIRST NAME	PARENT/GUARDIAN LAST NAME
PHONE *(the best number to reach you during camp)*	E-MAIL

PARENTS/GUARDIAN <u>MUST</u> SIGN UP FOR A SUMMER DAY CAMP ORIENTATION. SELECT ONE!

NOTE: You must attend one orientation at the Club/location you plan to attend camp for the summer. All Clubs' orientation dates are the same on the Wednesday listed dates.

☐ Wednesday, May 6th at 6:30pm (all clubs)   ☐ Saturday, June 6th at 11am (Adams Park, Herbert Hoover & O'Fallon Park only)
☐ Wednesday, May 20th at 6:30pm (all clubs)   ☐ Saturday, June 13th at 11am (Adams Park, Herbert Hoover & O'Fallon Park only)

3 EMERGENCY CONTACT & PICK UP INFORMATION

1. FIRST NAME	LAST NAME	GENDER ☐ Male ☐ Female	Relationship
PERMISSION TO ☐ Emergency Contact Only ☐ Pick-Up Only ☐ Both	PHONE NUMBER ( )		PHONE TYPE ☐ Home ☐ Work ☐ Cell
2. FIRST NAME	LAST NAME	GENDER ☐ Male ☐ Female	Relationship
PERMISSION TO ☐ Emergency Contact Only ☐ Pick-Up Only ☐ Both	PHONE NUMBER ( )		PHONE TYPE ☐ Home ☐ Work ☐ Cell
3. FIRST NAME	LAST NAME	GENDER ☐ Male ☐ Female	Relationship
PERMISSION TO ☐ Emergency Contact Only ☐ Pick-Up Only ☐ Both	PHONE NUMBER ( )		PHONE TYPE ☐ Home ☐ Work ☐ Cell

OVER

| **4** | **POLICIES AGREEMENT – REQUIRED FOR REGISTRATION** |

I have received a copy of the Parent Handbook or scheduled an orientation. I agree to keep the Club updated on changes of information on the enrollment form. When my child is ill, I understand and agree that he/she may not be accepted into the Club programs. I understand that the Club will contact or notify me about any medical emergency, accident, injury or at-risk situation. I give consent for my child to be included in pictures, recordings, evaluations and screenings associated with Boys & Girls Clubs of Greater St. Louis (BGCSTL). I have explained the BGCSTL rules to my son/daughter and agree that BGCSTL is not responsible for any accident on BGCSTL premises or while engaged in any Club sponsored events away from the Club.

WITHDRAWALS/REFUNDS: **No refunds will be given after Friday, June 5, 2015.** Summer camp fees will be refunded; less the $25 membership fee (membership fees are non-refundable). If you must withdraw after the deadline, no refund will be given and any scheduled payments are still due, except for medical reasons, documented on doctor's letterhead. BGCSTL cannot provide refunds or credits for days missed by campers due to illness, personal schedule conflicts or for other reasons.

WAITLIST: Space is limited and proper supervision is assured and BGCSTL's number one priority. Club activities/programs are under continuous adult supervision with an appropriate ratio of adult staff or volunteer-to-members. Our ratio complies with applicable state laws and BGCA recommendations. I understand that the waitlist does not guarantee my child a space in BGCSTL's summer camp.

The information I have given is true and complete. I have reviewed the completed application, understand the rules of Boys & Girls Clubs of Greater St. Louis and request that my child be admitted into summer camp.

_____   _____
PARENT/GUARDIAN SIGNATURE REQUIRED FOR ENROLLMENT   DATE

HOW TO COMPLETE YOUR REGISTRATION

Registration is accepted by mail or in person. We cannot reserve space for you without payment. To participate in the summer day camp you must have a current membership.

BGCSTL does not deny services based upon a family's inability to pay. Scholarships are available to all members. However, BGCSTL requires that all *summer camp youth (ages 6-15)* participate in the Fee Determination Process to ensure that:
1. Financial assistance resources are directed to members who are most in need
2. Families who qualify for state child care subsidy assistance receive their benefits
3. We are able to make informed decisions on an individual basis regarding fees

INDIVIDUAL FEE DETERMINATION PROCESS: Families must submit a copy of their most current tax return or end of year pay check stub(s) to qualify for a reduced fee. Income statements from a social service agency, no more than 30 days old, may be accepted. **A DEPOSIT AMOUNT OF $100 PER CHILD IS REQUIRED** once fees have been determined; all families must sign a Financial Responsibility Agreement Form to complete registration **(NO EXCEPTIONS).** The deadline for summer camp fee assistance is JUNE 5, 2015. Evaluation of each request has a turn-around up to 24 hours. You will be notified of your fee by phone or email (per your request) and you will have 24 hours to confirm your continued participation in this plan.

Standard Fee Installment Plan: A deposit of $100 per child is due at the time of registration. Then a payment schedule will be designed with you in mind. Final payment must be received by Friday, June 5, 2015 (no exceptions). All registrations after May 20th must be paid in full at time of registration. **To participate in this plan you must schedule an appointment with the Membership Secretary, by May 20th.**

METHOD OF PAYMENT: Cash, Master Card, Visa or Checks **($30 fee on all returned checks)**

Questions? Please call us with any questions about placement or registration
Check us out at www.bgcstl.org

| **Office Use Only** | Date Registered: | Recpt No._____ Amt. Paid_____
Recpt No._____ Amt. Paid_____
Recpt No._____ Amt. Paid_____ | ☐ Cash ☐ Check # _____
☐ Cash ☐ Check # _____
☐ Cash ☐ Check # _____ | Staff: | Data Entered: |

| ☐ Standard Fee $_____ | ☐ Reduce Fee $_____ | ☐ Installment | ☐ CCAP ☐ Other Program _____ |

Credit Card # | | | | | | | | | | | | | **Exp #** | | | **Csv #** | | | |

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