



BOYS & GIRLS CLUBS  
OF GREATER ST. LOUIS

# 2020 BGCSTL SUMMER CAMP APPLICATION

## SUMMER CAMP LOCATION:

- Adams Park Club    BE GREAT: Normandy High School    Hazelwood Elementary School Club (at Larimore)
- Herbert Hoover Club    O'Fallon Park Club    Riverview Gardens Club
- Southeast Middle School Club (Including East High School)    Teen Center of Excellence



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	
<b>MY CHILD HAS PERMISSION TO WALK HOME?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, complete the pick-up information)			
Grade Level: (For coming school year)	BIRTH DATE (MM/DD/YY) / /	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

**A PARENT/GUARDIAN MUST ATTEND ONE SUMMER CAMP ORIENTATION AT THE SITE YOU PLAN TO ATTEND. PLEASE SELECT ONE OF THE DATES BELOW!**

- Wednesday, May 6<sup>th</sup> at 6:30 pm (All Sites)
- Wednesday, May 20<sup>th</sup> at 6:30 pm (All Sites)
- Saturday, June 6<sup>th</sup> at 11:00 am (Adams Park, BE GREAT: Normandy, Herbert Hoover, O'Fallon Park, and Teen Center of Excellence)
- Saturday, June 13<sup>th</sup> at 11:00 am (Adams Park, BE GREAT: Normandy, Herbert Hoover, O'Fallon Park, and Teen Center of Excellence)

## 3 EMERGENCY CONTACT & PICK UP INFORMATION

1. FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
PERMISSION TO <input type="checkbox"/> Emergency Contact Only <input type="checkbox"/> Pick-Up Only <input type="checkbox"/> Both		PHONE NUMBER ( )	PHONE TYPE <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
2. FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
PERMISSION TO <input type="checkbox"/> Emergency Contact Only <input type="checkbox"/> Pick-Up Only <input type="checkbox"/> Both		PHONE NUMBER ( )	PHONE TYPE <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
3. FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
PERMISSION TO <input type="checkbox"/> Emergency Contact Only <input type="checkbox"/> Pick-Up Only <input type="checkbox"/> Both		PHONE NUMBER ( )	PHONE TYPE <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> 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, May 29, 2020.** 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 SUMMER CAMP 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.

However, BGCSTL requires that all **summer camp youth (ages 6-16)** 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:** All families must sign a Financial Responsibility Agreement Form to complete registration (**NO EXCEPTIONS**).

**STANDARD FEE FULL PAYMENTS:** Payments must be paid in full by May 29, 2020 (no exceptions).

**STANDARD FEE INSTALLMENT PLAN PAYMENTS:** A deposit of \$100 per child is due at the time of registration. Then a payment schedule will be designed with you in mind. **To participate in this plan, you must schedule an appointment with the Membership Secretary by May 15, 2020.** Final payment must be received by Friday, May 29, 2020 (no exceptions).

**REDUCED FEES:** 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. Once fees have been determined a **deposit amount of \$100 per child is required.** Final payment must be received by Friday, May 29, 2020 (no exceptions).

**SUMMER CAMP FEE ASSISTANCE REQUESTS:** The deadline for requests is May 29, 2020. Evaluation of each request has a turn-around time of 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.

**ALL REGISTRATIONS ON OR AFTER MAY 18, 2020 MUST BE PAID IN FULL AT TIME OF REGISTRATION.**

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

**Questions?** Please call us with any questions about placement or registration. You may also visit our website at [www.bgcstl.org](http://www.bgcstl.org)

**\*\*BGCSTL Office Use Only\*\***

Date Registered:		Date Entered:		Payment 1: / /	Payment 2: / /	Payment 3: / /
<b>Fee Type:</b>	<b>Total Fee Due \$:</b>	<b>Fee Payment Plan:</b>	<b>Amt. Paid \$:</b>	<b>Amt. Paid \$:</b>	<b>Amt. Paid \$:</b>	
<input type="checkbox"/> Standard Fee	\$	<input type="checkbox"/> Full/One Time <input type="checkbox"/> Installments	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check #:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check #:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check #:	
<input type="checkbox"/> Reduced Fee	\$	<input type="checkbox"/> Other:	Receipt No.	Receipt No.	Receipt No.	
<input type="checkbox"/> CCAP	\$		Staff:	Staff:	Staff:	

**Scholarship Type:**  BGCSTL  Partner Agency: (Description)