

# 2025 BGCSTL Summer Camp Application



**BOYS & GIRLS CLUBS**  
OF GREATER ST. LOUIS

**SUMMER CAMP LOCATION:**

- Adams Park Club  
  BGC Bethalto (6/9-7/3)  
  BGC Bethalto (7/7-8/1)  
  Hazelwood Elem. School Club  
 Herbert Hoover Club  
  Mathews-Dickey Club  
  Teen Center of Excellence



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

## 1 CAMPER INFORMATION

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: <small>(For coming school year)</small>		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 <i>(the best number to reach you during camp)</i>		E-MAIL	

## 3 A PARENT/GUARDIAN MUST ATTEND ONE SUMMER CAMP ORIENTATION. PLEASE SELECT ONE OF THE DATES BELOW!



- Wednesday, May 14th at 6:30 pm     
  Wednesday, May 21st at 6:30 pm  
 Saturday, June 7th at 11:00 am     
  Saturday, June 14th at 11:00 am

## 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 23, 2025.** 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 Friday, May 23, 2025 (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 Data Assistant by Friday, May 16, 2025.**

**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.**

**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)