# **2025 BGCSTL Summer Camp Application**



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### **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					
MY CHILD HAS PERMISSION TO WALK HOME? Yes No C (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. PLEASE SELECT ONE OF THE DATES BELOW!

U 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 GENDER Male Female	9	Relationship	
PERMISSION TO		PHONE NUMBER	PHONE TY		′PE	
Emergency Contact Only Pick-Up Only Both		( )	Home		❑ Work □ Cell	
2. FIRST NAME	LAST NAME		GENDER		Relationship	
			Female	e		
PERMISSION TO		PHONE NUMBER F		PHONE TY	PHONE TYPE	
Emergency Contact Only Pick-Up Only Both		( )	🖵 Home 🕻		❑ Work □ Cell	
3. FIRST NAME	LAST NAME		GENDER Male Female	9	Relationship	
PERMISSION TO  Emergency Contact Only Pick-Up Only Both		PHONE NUMBER			′PE ⊐ Work   □ Cell	

# **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

□ Full/One Time

InstallmentsOther:

□ Standard Fee

Reduced Fee

**CCAP** 

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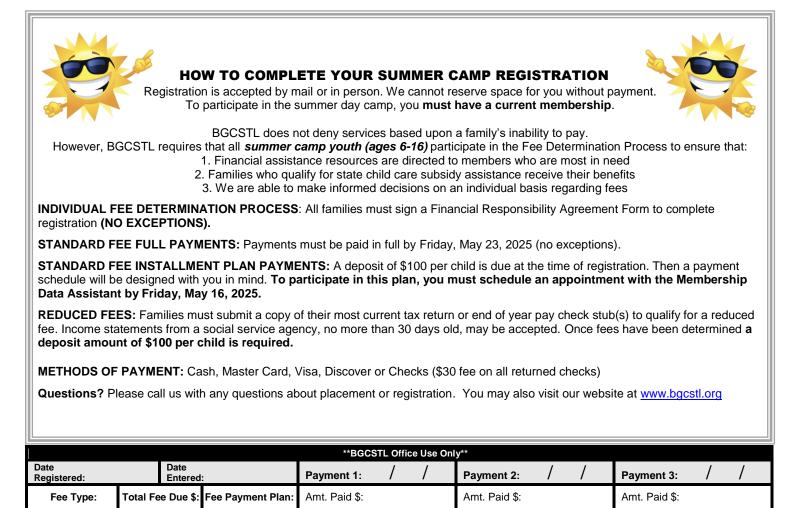
Scholarship Type: BGCSTL Partner Agency: (Description)

DATE

Cash Credit Check #:

Receipt No.

Staff:



□Cash □Credit □Check #:

Receipt No.

Staff:

Cash Credit Check #:

Receipt No.

Staff: