

2016 Summer Adventure Registration Form

BOYS & GIRLS CLUB

PLEASE CHECK: o CAMPER (ages 7-12)

o JCL (Junior Camp Leader age 13+)

O	Camp	

Camper's First Name:						Camper's	Last Name:		Nickn	ame:	Date of Birth (MMDDYYYY)					Age:					
Addres	SS:																I				
	no.		stree	_				city/t					state						zip		
Schoo	l:			Gra	ade (in Sept.)		Gender: M F	Summ	er Mem	pership Fee	e: \$1(O Date	e Pd: _		WBG	СМ	ember	#		
1st Pare	ent/Guardiar	i's Nam	e:	1st	Paren	t/Guardi	ian's Teleph	ione:													
				•	Home	:		• Work					• Ce	llular: _							_
First		Last		• /	Addre	ss (if di	if different from camper):														
1st Dore	ent/Guardiar	's Ema	:1.	•	Emplo	yer / Jo	ob Title / O	ccupation													_
1st Pale	eni/Guardiar	1 S EIIIa	II.																		\top
2 nd Pai	rent/Guardia	ın's Nar	ne:	1st	Parent	/Guardi	an's Teleph	lephone:													
	2nd Parent/Guardian's Name: 1st Parent/Guardian's Telephone: ● Home: • Work • Cellular:																				
First		Last		_				camper): _													_ !
				• E	Emplo	yer / Jo	ob Title / Od	ccupation													_
2 nd Pai	rent/Guardia	ın's E-N	/ail:								1									1	
		PAY	MENT SC	HEDU	LE			DEPOSIT					BALANCE					NOTES			
Wk#	Camp Dat	es				AMPER PRICE	JCL PRICE	AMT PAID	CHE	CK#/	DATE		AMOUNT		DUE BY						
1	June 27 – (Closed Jul) (Club We	eek)	\$	150-	N/A								06/20 4 Day Camp.						
2	July 5 - Ju	ly 8 (Ha	le) (Closed	d July 4	\$	165-	\$75-								06	28	4 [Day Ca	mp.		
3	July 11 - J	uly 15 (Hale)		\$	195-	\$85-								07	05					
4	July 18 - J	uly 22 (Hale)		\$	195-	\$85-								07	11					
5	July 25 - J	uly 29 (I	Hale)		\$	195-	\$85-						07/18								
6	August 1 -	August	5 (Hale)		\$	195-	\$85-						07/25								
7	August 8 -	August	12 (Hale)		\$	195-	\$85-								08	01					
8	August 15	- Augus	st 19 (Hale	e)	\$	195-	\$85-								08	08					
9	August 22	– Augu	st 26 (Hal	e)	\$	195-	\$85-								08	15					
10	August 29 Trip Week			r 2)	\$	225-	\$125-								8/2	22	TR	IP WEI	EK –	4 DAY	/S
later than one wee suspend I unders (WBGC) to be us	n Thursday of the in advance led from the stand that not becomes and in photostall in the interest and in the interest and in the interest and in the interest and	of the we will resonant summe of the will resonant summe of the week summers of the we	eek prior t sult in forfer r program I ber of the os, literat	o your eiting th with N WBGO ure an	child's ne enti O REI C thro	s start da re week FUND in ough Au	ate of camp. A's fee. I under A camp fees. Igust 31, 20 ses when ta	16. He/She m king part in C	balance ny behavi al: registere nay parti	on due ioral pro ed cam cipate nts and	per of the in the ac	ld resu violati e Sum tivities umme	ult in los ion of (nmer P s offer er Prog	ss of sp Club or o rogram ed at th ram. P	ace. Alcamp run of the lease i	ny can les wi Wate . I giv nitial:	rtowr	tion ma ult in m n Boys ermissi	de le y chil and on fo	ss tha d bein Girls or my	en ng Club child
								or associated releasing the													ı that
Parent /	Guardian S	ignatu	re:										Date:								

ľ	Side 2 - Camper's Name:
L	

☐ check here if your camper (AGES 1	z and up un	iLt) nas per	mission to s	ign memsen	ves or	at the end of	each ca	imp day. I	Parent ini	แลเร	
IN CASE OF AN EMB	ERGENCY, <mark>II</mark>	THE PARE	ENTS / GUA	RDIANS LIS	STED	CANNOT BE (CONTAC	CTED, PLE	EASE CA	LL:	
Name	ionship First Phone Num			ber Second Phon			e Number	:	*Authorized	!	
					(Cell, Wor	rk, etc.		For Pick-Up		
										ΥN	
										ΥN	
										ΥN	
										ΥN	
										ΥN	
*AT THE END OF THE	CAMP DAY,	CAMPERS	WILL NEED	TO BE SIG	NED	OUT BY PARE	NT/AUT	HORIZED	PERSO	N(S).	
Campers must be signed out each da						-up. Please be after 5:30 p.m.	e prepare	ed to show	v ID at pio	k-up. Please n	ıote
Family Information:											
Does child receive free or reduced	lunch at	Household Type: Language used mo						nost by family	/ :		
school: o Y o N		o House o Apartment o Subsidized housing									
Will you be applying for financial a	id?										
o Y o N											
Family Setting:		Does your child have any medical concerns (ie: physical limitations or behavioral									
o Both Parents		issues), an IEP at school or anything else that we should be aware of?									
o Single Parent (Lives with:)	Please explain:									
o Guardian o Aunt / Uno o Foster Parent(s) o Grandpare											
o roster rarentis) o dianupare	21165(5)										
Ethnicity (please check one):					Fam	ily Income (p	leae ch	eck one)	:		
o Armenian		o Hatian o Under \$15,000 o \$36,000—						,000—\$4	15,000		
o Asian		o Middle Eastern				\$15,000—\$2	,000 and	above			
o Brazilian		o Portugese o				o \$26,000—\$35,000 o Undisclosed					
o Caucasian / White		o Russian			Is a member of your immediate family currently serving						
o Hispanic / Latino		o Other:			activ	e military du	ty?	οY	o N		
For office use: (check all rec'd) — Health History	/ Phy	sician / Physi	cal Form	Medic	cation i	/ Epi/ Inhaler	Receiv	ed by:		Date:	_

GREAT FUTURES START HERE.



Parent Packet Received:
Date:
Parent Initials: