



SUMMER CAMP 2017

PRICES AND INFORMATION

Hours of operation: M-F. 7:00 a.m.-6 p.m.
Website: <http://www.bgcs.org>
Ages: 5-12 (K-6th grade)

<u>Prices:</u>	<u>First Child</u>	<u>Each Child Addition</u>
Cost of Membership	\$ 25 (annual)	\$ 25 (annual)
Summer Camp	\$ 150/week	\$ 135/week

A \$ 25 deposit is required to reserve your space for subsequent weeks.

PLEASE NOTE: Your account must be paid for your child to attend each week. If you have not paid before Monday of the week, your child will not be able to attend the Club.

For 7th-8th grades only (Open: 7:00am-11:00am – The member will be asked to transition to the Teen Center after 11am)

Cost of Membership	\$ 25 (annual)	\$ 25 (annual)
*Summer Camp	\$ 35/week	\$ 30/week

Grades 7th-12th only (Open: 11: 00A-6: 30P)

Cost of Membership \$ 25 (annual) \$ 25 (annual)
Additional Collection

YOUR CHILD NEEDS TO BRING YOUR OWN SNACK

THE CLUB WILL BE CLOSED

Memorial Day May 29, 2017
Independence Day July 4, 2017
Last Summer August 4, 2017

WHAT WILL MY CHILD DO IN THE CAMP?

We offer one field trip per week, special events, dress days, cabin challenges and color days! Members are divided into groups based on the grade they are going to and rotate in all areas of the Club in 45-minute increments. As part of our Summer Academy of Enrichment Education "S.E.E. Academy" in the morning, youth will participate in literacy, personal development, stem programming and healthy lifestyles programming. If you have any further questions in regards to both Youth and Teen programs please feel free to call 480.344-5595. Thank you!

Parent/Legal guardian: _____ **Date:** _____

OFFICE USE ONLY

PLEASE CHECK PROGRAM SIGNED UP FOR

- Before School Program
- After School Program
- Fall, Winter, or Spring Break
- Summer Camp



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

Scottsdale Charros Branch
2016-17

SUMMER CAMP REGISTRATION PACKET

Grades K-6th

Child's Name _____ Grade: _____ School: _____

Child's Name _____ Grade: _____ School: _____

Child's Name _____ Grade: _____ School: _____

Child's Name _____ Grade: _____ School: _____

Parent/Guardian Information:

Name: _____ Telephone: _____

The following persons have my permission to pick up my child(ren) from the Club:

1. Name: _____

Phone Number: _____

Relationship: _____

2. Name: _____

Phone Number: _____

Relationship: _____

3. Name: _____

Phone Number: _____

Relationship: _____

4. Name: _____

Phone Number: _____

Relationship: _____

EMERGENCY MEDICAL INFORMATION

You have my permission to seek emergency medical treatment for my child(ren) if I cannot be reached.

Parent's Initial _____

SPECIAL PROBLEMS/CONDITIONS

Examples: hearing, speech, asthma, emotional, behavioral _____

How did you hear about us (please circle one)?

Friend Internet Other: _____
Returning/existing member

Parent/Guardian Signature: _____ Date: _____



MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY

Paid: _____
Van List: _____
Visions: _____
Student Billing: _____

Membership Number: _____

Child Information

Last Name _____ Street Address _____
First Name _____ Mailing Address _____
MI _____ Suffix (Jr., etc.) _____ City _____
Nickname _____ State _____ Zip _____
Grade _____ Home Phone _____
Gender (circle one) Male Female School _____
Ethnicity (check one) Date of Birth _____
 African-Amer. Caucasian Native Amer.
 Asian/Pacific Hispanic Other

The following questions apply to SRP-MIC members only and in no way disqualifies acceptance for Boys & Girls Club membership. Are you a member of the SRP-MIC? Yes No If so, which community? Salt River Lehi

EMERGENCY CONTACT INFORMATION

Contact (not guardian) _____ Allergies _____
Relationship to child _____ Medications _____
Contact's Phone # _____ Health Ins. Carrier _____

Parent/Guardian Information

Last Name _____ Last Name _____
First Name _____ First Name _____
MI _____ Suffix (Jr., etc.) _____ MI _____ Suffix (Jr., etc.) _____
Relationship to child _____ Relationship to child _____
Marital Status _____ Marital Status _____
Street Address _____ Street Address _____
City _____ City _____
State _____ Zip _____ State _____ Zip _____
Home Ph# _____ Home Ph# _____
Business Ph# _____ Business Ph# _____
Cell Ph# _____ Cell Ph# _____
Email _____ Email _____
Employer _____ Employer _____
Job Title _____ Job Title _____

Household Information

Annual Household Income (check one) **Active Military** **Member Lives With** (check one)
 Under \$10,000 \$40,000 - \$49,999 Yes Mother Father Both
 \$10,000 - \$19,999 \$50,000 - \$99,999 No Stepmother Stepfather
 \$20,000 - \$29,999 \$100,000+ **Number in household** _____ Other _____
 \$30,000 - \$39,999

I give my permission for emergency medical treatment of my child for illness or accident, if I cannot be contacted. I give full consent to publish all photographs, motion pictures and/or videos for any and all Club related exhibitions, public displays, publications and/or advertising purposes, without limitation or reservation. I also agree no compensation will be paid for any of the aforementioned. I hereby give my permission for my child to become a member of the Boys & Girls Clubs of Greater Scottsdale. I understand that the Club is not responsible for the time or manner in which he/she arrives at or leaves the Club and that he/she may come and go at his/her own volition. If I do not want my child to leave the Club, I recognize that it is my responsibility to communicate that to him/her. The Boys & Girls Clubs and its property are not responsible for personal injury or loss of property.

Parent/Guardian Signature _____ **Witness** _____ **Date** _____



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

PARENT/GUARDIAN AGREEMENT

I HAVE READ AND AGREED TO THE BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE PARENT/GURADIAN HANDBOOK AND POLICIES. I UNDERSTAND WHAT IS EXPECTED OF MY CHILD AND MYSELF WHILE HE/SHE ATTENDS THE CLUB. I AGREE TO EXPLAIN THESE EXPECTATIONS WITH MY CHILD. Please initial the boxes below:

Technology Policy (I have read and agree)

Behavior Policy (I have read and agree)

The Boys & Girls Clubs of Greater Scottsdale has my authorization to use photographs, reproduction, and any sound recording of my child. Such use may include advertising and publicity purposes. (I attest that my child's identity is not under protection furthermore, he/she is not under court order or protective custody.)

I approve the administration of pre/post surveys as well as online evaluation tools to my child while he/she is participating in the Boys & Girls Clubs of Greater Scottsdale program. I understand these results are helpful evaluating the effectiveness of the program, which the information is strictly confidential, and that copies of the surveys/tools are available to me upon request.

I acknowledge that as I am the parent/guardian signing the membership form, I am ultimately responsible for any/all monies due to the club on behalf of said member. I am aware that any information requested by a third party must be obtained by myself and passed on or requested in writing from the Branch Director and signed by the parent requesting the records.

(Lehi and Red Mountain Branches only) I understand that in the event consultation is needed regarding any issues such as anger management, bereavement, family issues, etc., the Lehi and Red Mountain branches will refer members and families to agencies in the Salt River Pima Maricopa Indian Community or other agencies to receive the services needed.

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT/GUARDIAN SIGNATURE

DATE

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

PLEASE RETURN SIGNED AGREEMENT WITH PAPERWORK