



2012 Summer Camp Application – Camp Grosvenor, Saunderstown, RI

Camper's Name: _____ Age (as of July 1): _____ Date of Birth: _____

Full Home Address: _____

City: _____ State: _____ ZIP: _____ Boy Girl

Home Phone: _____ E-Mail Address: _____

School: _____ Grade Fall 2012: _____

Child lives with: Both Parents Mother Father Other _____

Are there any custodial arrangements of which we should be made aware? Y/N

If yes, please explain: _____

FEES: Weekly Camp Fee: \$135 per session Non-Refundable Registration Fee: \$30 (includes 1 camp t-shirt)

SESSION (pls. check weeks requesting**)	SESSION DATES	REGISTRATION PD, DATE PD, & STAFF INITIALS	WEEKLY FEE PAID	DATE	RECEIVED BY	SPECIAL ACTIVITIES
<input type="checkbox"/> Week 1	*July 2-July 6	OFFICE USE ONLY				
<input type="checkbox"/> Week 2	July 9 - July 13					
<input type="checkbox"/> Week 3	July 16 - July 20					
<input type="checkbox"/> Week 4***	July 23 - July 27					
<input type="checkbox"/> Week 5	July 30 - August 3					
<input type="checkbox"/> Week 6	August 6 - August 10					
<input type="checkbox"/> Week 7	August 14* - August 17					
<input type="checkbox"/> Week 8***	August 20 - August 24					

*Camp will be closed on July 4 in observance of Independence Day and August 13 in observance of Victory Day

**Registration is first-come/first-served, and we cannot guarantee all weeks will be available. If week is full, child will be placed on a Waiting List. Once Camp season has started, registration for following week is closed on the Wednesday prior (if there is still space available).

***Extra Field Trip Fees charged (Water Wizz & Lake Compounce optional; however, those not attending will need to seek alternate childcare 7/25 & 8/22, as all staff will be on trips)

Mother/Guardian's Name: _____ E-Mail: _____

Employer: _____ Work Phone: _____ Cell: _____

Father's Name: _____ E-Mail: _____

Employer: _____ Work Phone: _____ Cell: _____

In addition to the names above, I hereby authorize the following adult(s) to be contacted and/or pick up my child at camp or at the end of the day in case the above cannot be reached or are unable to pick up the child (must be 18 years old or older).

Alternate Emergency Contact: [other than parent – please list all available phone #'s]

Name: _____ Age: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Second Alternate Emergency Contact: [other than parent – please list all available phone #'s]

Name: _____ Age: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Race: [circle one] **Black White Multi Asian Hispanic Native American**

Annual family income: _____ # of family members in household: _____

- Camp Fee: \$135 per session: (office use only) Weekly fee after financial aid: \$ _____ staff initials: _____
- The first session that a child attends must be paid in full at time of registration
- Balance due 2 weeks prior to start of camp session
- Refund (minus registration fee which is non-refundable and non-transferable) granted only if Club is notified in writing 14 days in advance.
- No registration accepted without Summer Camp Application, Meal Benefit form, Immunization Records, and Health History form
- A Boys & Girls Club of Newport County membership is required

Parent/Guardian's Signature: _____ Date: _____

(Please complete & sign both sides of form)

Please read and initial your acceptance of the following:

- The above named child has my permission to join the Boys & Girls Clubs of Newport County, Inc. In the event of an accident or injury I will not hold the Boys & Girls Clubs of Newport County, Inc., its staff, or Board of Directors responsible or liable for such accident or injury._____
- My child's picture or likeness and/or their name may be used to publicize the Club and its programs._____
- I also agree that my child's report card may be obtained and photocopied for educational tracking purposes._____

Parent/Guardian's Signature: _____ **Date** _____

I wish to become a member of the Boys & Girls Clubs of Newport County, Inc. I will abide by the rules and regulations of the Club and I will accept the discipline of the Club authorities. If I am expelled from the Club, my membership fee will not be returned.

Signature of member: _____

The Boys & Girls Clubs of Newport County, Inc. has instituted a Search & Seizure Policy. For more information, or for a copy, of the above or Member Code of Conduct please contact the Administration office at 401.847.6927

TRANSPORTATION, EXTENDED CARE & RELEASE CONFIRMATION:

- I will transport my child to &/or from Camp in Saunderstown AM & PM AM ONLY PM ONLY
- My child requires bus service (*please choose bus stop below*)
- My child requires EXTENDED CARE (*choose location*) at Camp in Saunderstown at Central Clubhouse in Newport (*Extended Care runs until 5:30 pm is available only at the Central Clubhouse in Newport or at the Camp in Saunderstown. If your child is enrolled in Extended Care, you must choose the Central Clubhouse bus stop as your PM bus stop or PM pick up from the Camp in Saunderstown. Extended Care is an additional \$20 per week/per child.*)

DESIGNATED BUS STOP (REQUIRED IF REQUESTING TRANSPORTATION)

- | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Central Clubhouse (95 Church Street, Newport) | <input type="checkbox"/> AM & PM | <input type="checkbox"/> AM ONLY | <input type="checkbox"/> PM ONLY |
| <input type="checkbox"/> Park Holm Clubhouse (1 York Street, Newport) | <input type="checkbox"/> AM & PM | <input type="checkbox"/> AM ONLY | <input type="checkbox"/> PM ONLY |
| <input type="checkbox"/> Oxbow Farms (Rogers Lane playground, Middletown) | <input type="checkbox"/> AM & PM | <input type="checkbox"/> AM ONLY | <input type="checkbox"/> PM ONLY |
| <input type="checkbox"/> Jamestown Golf Course | <input type="checkbox"/> AM & PM | <input type="checkbox"/> AM ONLY | <input type="checkbox"/> PM ONLY |
| <input type="checkbox"/> Narragansett Pier Marketplace | <input type="checkbox"/> AM & PM | <input type="checkbox"/> AM ONLY | <input type="checkbox"/> PM ONLY |
| <input type="checkbox"/> North Kingstown Park & Ride, RT 1A, Boston Neck Rd | <input type="checkbox"/> AM & PM | <input type="checkbox"/> AM ONLY | <input type="checkbox"/> PM ONLY |

To be eligible for transportation and/or participation in the Camp program, you agree to the following statements:

- I agree to a designated stop (above), and if I need to change it, I will complete a new transportation agreement.
- I agree to have an adult meet my child at the designated stop. (Please include the adult's name, age, & phone numbers on reverse side of this form)
- I agree that if the person(s) that I have designated to meet my child is not there, my child will be returned to the Club or Camp. I will then be charged \$10.00 per 15 minutes up to 5:00 p.m. At that time, the police will be notified and my child will be brought to the Newport or North Kingstown Police Station.

Parents have entrusted us with their most precious possession – their children. We must do all we can to provide them the best care while they are our responsibility. Therefore, the following guidelines are intended to avoid any problems during Family days or at the end of each day. Parents who do not follow or agree to these conditions will lose transportation privileges.

1. All campers are to be released only to an authorized person. Parents/guardians must complete and sign this form authorizing release of the camper to anyone other than the custodial parent or legal guardian. Identification will be required for release of campers to all authorized persons.
2. Authorized persons are to be directed to the Camp Director to modify to whom their child is released.
3. If a custodial parent requests that a camper not be released to a noncustodial parent, such a request must be in writing.
4. When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the Camp Director from an authorized person.
5. No camper may leave camp at any time without prior authorization from the custodial parent **and must sign out with the Camp Director.**
6. If child is to be dropped off at a different bus stop home, a written request must be provided and given to the bus monitor or Camp Director.

No-Shows/Absentees

To be sure campers have not unexpectedly disappeared; the following procedures will be implemented if a camper does not appear at a pick-up point or at camp when expected:

Campers are to be checked in and out each day on the appropriate form. Parents are asked to notify the camp if a child is ill or will not be attending as expected. Camp personnel will attempt to call parents/guardians and/or emergency contacts if campers are not signed in as expected.

THE INDIVIDUAL WHOSE SIGNATURE APPEARS BELOW, ACKNOWLEDGES AND ACCEPTS THE RISKS INHERENT IN THE USE OF THE BOYS AND GIRLS CLUB FACILITIES AND PARTICIPATION IN ALL ITS PROGRAMS AND AGREES NOT TO HOLD THE CLUB, ITS STAFF, OR BOARD OF DIRECTORS LIABLE IF ANY INJURY, LOSS, AND/OR DAMAGE TO HIS OR HER PROPERTY OR PERSON IS TO OCCUR.

I understand and agree to adhere to all policies above.

PRINTED NAME: _____ **RELATIONSHIP TO CHILD:** _____

SIGNATURE: _____ **DATE:** _____

- How did you hear of us: Returning Camper BGC Newport Member Print Ad School Flier Website Email Facebook or other Social Media Referred Brochure Other _____