



BOYS & GIRLS CLUBS
OF SOUTHERN RENSSELAER COUNTY

Boys & Girls Clubs of Southern Rensselaer County

Summer Camp 2020 Registration Packet and Check List

To register your child(ren) for camp, please read, complete and submit all forms TOGETHER.

Children must be members in good standing or become members in order to attend Camp Adventure.

Registration will only be considered complete and approved when all forms and fees are submitted and accurately verified.

Registration is on a First Come, First Serve Basis.

Discounted Weekly Fee \$175.00 must be paid prior to start. (Normal Camp Fee is \$225)

Please read, complete and submit the following forms with the first week's deposit.

- Club Membership Form (current and in good standing or new membership with payment)
- Camp Registration Form
- 2020 Camp Health Record and Immunization Record
- Camp Adventure Policy and Behavior Acknowledgement
- Photo/Video Release Form

Daily Hours: 8:00 a.m. - 5:30 p.m.

All campers must be picked up by 5:30 p.m. at the CLUB.

Late Pick-Up: If you know that you are running late, please call to notify the Boys & Girls Clubs staff at (518) 465-3403. If the parent(s) are unreachable, the emergency contacts will then be contacted. If no one can be reached, and the Boys & Girls Clubs has still not been notified of a late-pick up, the Boys & Girls Clubs will contact the Rensselaer Police Department and/or the Department of Social Services. Multiple infractions of late pick-up will result in forfeiture of camp registration. A late fee will be charged for late pick-ups. Late fee of \$1.00 per minute

Contact Information:

Club Phone Number: (518) 465-3403

Club Fax Number: (518) 465-3973

Email: abuitron@bgcsorensco.org

Daily Camp Schedule

All campers are required to bring a water bottle. Flip flops are not allowed to be worn at camp.

SAMPLE SUMMER SCHEDULE

8 a.m.	Drop off at CLUB ONLY.
9 a.m.	Breakfast served at 8:30 a.m.
9:30a a.m.	Welcome/Announcements
10:00 a.m.	Activity (A Group Art Activity & B Group Computer)
11:00 a.m.	Activity (A Computer Lab & B Group Art Activity)
12:00 p.m.	Lunch
1:00 p.m.	Weekly Theme Activity: Upstairs Classroom
2:00 p.m.	Weekly Theme Activity: Gym/ Outside Activity
3:00 p.m.	Snack
3:30 p.m.	Activity (A Group A Room & B Teen lounge)
4:30 p.m.	Activity (A Game Room & B Gym Activity)
5:30pm	***ALL campers must be picked up from the CLUB by 5:30 p.m. ***

Theme Weeks:

Week	Date	Theme
1	July 6 – July 10	Getting to Know You
2	July 13 – July 17	Super Hero Week
3	July 20 – July 24	Holiday Week
4	July 27 – July 31	Water Week
5	August 3 – August 7	Art Week
6	August 10 - August 14	Science Week
7	August 17 – August 21	Camp Olympics
8	August 24 – August 28	Talent Week



For Office Use Only	
Membership # _____	Expiration _____
Deposit Amount \$ _____	
Week(s) Attending:	1 2 3 4 5 6 7 8

BOYS & GIRLS CLUBS OF SOUTHERN RENSSELAER COUNTY SUMMER CAMP 2020 REGISTRATION FORM

Camper's Full Name (First, MI, Last) _____

Current Age _____ Grade Entering in Fall _____ Date of Birth _____

Camper's Address _____

City _____ State _____ Zip _____

Parent 1 Name _____ Home/Cell Phone Number _____

Employer _____ Work Phone Number _____

Parent 2 Name _____ Home/Cell Phone Number _____

Employer _____ Work Phone Number _____

Camper lives with: _____ Parent 1 _____ Parent 2 _____ Both

If not both, who is the legal guardian? _____

Camper Shirt Size _____

Please indicate which week(s) your child will attend

Week	Date	Check Week(s) Attending
1	July 6 – July 10	
2	July 13 – July 17	
3	July 20 – July 24	
4	July 27 – July 31	
5	August 3 – August 7	
6	August 10 - August 14	
7	August 17 – August 21	
8	August 24 – August 28	

Family Day: On Friday, August 28th, we invite family and friends to celebrate the last day of camp. We gather at noon for a potluck lunch where we recognize campers for their talents throughout the camp season. You are welcome to join in the camp fun with ice cream and lots of fun.

Cost:

\$175.00 per child per week.

A camper must be registered with all fees paid on the Wednesday prior to the week start date.

Discounts are available:

- Sibling discount : Second Member \$150 per week, Third \$100 per week
- We accept DSS & Workforce funding
- Please reach out to Alex with any other questions.

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I understand the fee schedule for each session and that said **fees are due the Wednesday prior to the start of each week**. I also understand that if all fees are not paid prior to the start of the session, the health record is not submitted, and the registration is not complete, my child will not be able to attend Camp Summer.

THIS RULE WILL BE STRICTLY ENFORCED; NO EXCEPTIONS. No refunds will be given after the session begins.

I have read and understand the information contained in this application and agree to the conditions as set forth. The information I have provided is true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date

Emergency Contacts and Authorization for Camp Child Pick Up Form

Member Name: _____

PRIMARY CONTACT

Relationship to Member: (Parent 1) _____

Name: _____

Address: (Home) _____

Phone: (Home) _____

Phone: (Cell) _____

Employer: _____

Address: (Work) _____

Phone: (Work) _____

Email: _____

This person can pick up my child. (Please check)

SECONDARY CONTACT

Relationship to Member: (Parent 2) _____

Name: _____

Address: (Home) _____

Phone: (Home) _____

Phone: (Cell) _____

Phone: (Cell) _____

Employer: _____

Address: (Work) _____

Phone: (Work) _____

Email: _____

This person can pick up my child. (Please check)

EMERGENCY CONTACT

Relationship to Member: _____

Name: _____

Address: (Home) _____

Phone: (Home) _____

Phone: (Cell) _____

Employer: _____

Address: (Work) _____

Phone: (Work) _____

Email: _____

This person can pick up my child. (Please check)

EMERGENCY CONTACT

Relationship to Member: _____

Name: _____

Address: (Home) _____

Phone: (Home) _____

Phone: (Cell) _____

Phone: (Cell) _____

Employer: _____

Address: (Work) _____

Phone: (Work) _____

Email: _____

This person can pick up my child. (Please check)

SUMMER CAMP 2020

Health Record

Camper's Name: _____ Date of Birth _____

Address: _____ Phone _____

Parent/Guardian's Name _____ Phone (Day) _____

Place of Employment:

Parent _____ Work Phone _____

Parent _____ Work Phone _____

**Daily Questions: Has your child, yourself or anyone in the household had any contact with anyone who has:
(1) traveled outside the country in the past six months? Has or has been exposure to someone with COVID-19 coronavirus? Is running a high fever today?**

Campers Health History (check all that apply to your child):

_____ Ear Infections _____ Hay Fever _____ Penicillin allergy

_____ Convulsions _____ Poisoning Ivy/Oak _____ Asthma

_____ Other Drug Allergies _____ Allergy to Insect Stings _____ Diabetes

_____ Other (please explain): _____

If any of the above apply to your child a **plan of action form completed by the child's physician is required.**

A copy of your child's immunization record and/or appropriate forms is required. Fax to 518-465-3973

List any serious illness or injury you child has had during the past 12 months: _____

Child's Physician: Name _____ Phone _____

Date of child's last physical examination _____

Camp activities you wish encouraged _____

Activities you wish discouraged _____

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Health Authorization Form

This health record is true and correct to the best of my knowledge, and the person herein described has my permission to engage in all prescribed camp activities, except as noted above. In the event that I cannot be reached in an EMERGENCY, I give permission to transport my child to _____ Hospital and for the attending physician to secure proper treatment. If I cannot be reached in an **EMERGENCY**, you may contact the following person who is authorized by me to make medical decisions on behalf of _____ (child's name)

Authorized Person

Relationship

Phone Number

Parent/Guardian Signature _____ Date _____

Boys & Girls Clubs of Southern Rensselaer County Photo Release Form

I allow photos/video of my child, _____, to be used by The Boys and Girls Club of Southern Rensselaer County for program marketing and publicity purposes.

I do not allow photos/video of my child, _____, to be used by The Boys and Girls Club of Southern Rensselaer County for program marketing and publicity purposes.

Name of Parent/Guardian _____

Relationship to child _____

Signature _____

Date _____

SUMMER CAMP 2020

POLICY & BEHAVIOR ACKNOWLEDGEMENT FORM

As camp is beginning, please take the time to review basic cooperative and courteous behavior with your child. If our staff should encounter behavioral difficulties with your child, you will be notified. Depending on the severity and number of occurrences, our staff will make the appropriate determination on a course of action to be taken. This may range from removing a child from a specified activity to suspension from the program. Basic acceptable behavior includes, **but is not limited to:**

1. Use of appropriate language at all times!
2. Show respect to all campers and staff
3. Respect the property of others
4. Remain with group or buddy at all times, NEVER wander alone
5. No Fighting – verbal nor physical
6. Obey all safety rules
7. Stay in assigned areas

Discipline course of action:

1. Omission from Activities
2. Discipline referral (report)
3. Camp suspension

Note: Any fighting or violent behavior will result in **immediate** camp suspension.

Note: If your child is suspended from the bus for behavior problems, you must provide transportation to and from camp during suspension.

Please understand that no refunds or credits will be given for discipline problems that result in camp suspension.

I have reviewed the behavior guidelines with my child/children and fully understand the outcomes of severe or continuous disciplinary problems.

Parent/Guardian Signature

Date