



Salesian Boys & Girls Club Summer Camp Membership Application 2018

Today's Date _____

Membership Type

New

Returning

Head of Household Information

Parent/Guardian 1

First Name _____ Last Name _____

Primary Phone Number _____

Would you like this number to receive text message reminders/updates from the club throughout the program? YES NO

Employer _____ Work Phone _____

Home Address _____

City _____ State/Zip _____

Email (print clearly) _____

Parent/Guardian 2

Not Applicable

First Name _____ Last Name _____

Primary Phone Number _____

Would you like this number to receive text message reminders/updates from the club throughout the program? YES NO

Employer _____ Work Phone _____

Home Address _____

City _____ State/Zip _____

Email (print clearly) _____

Camper Information

Child Information

Name _____ Ethnicity _____

Age _____ Birthdate _____ Male Female

Home Address _____

City/State/Zip _____

School _____ Grade Entering in September _____

Will your child be going to the pool? _____

Describe your child's swimming ability _____

Favorite Activities/ Hobbies? _____

Is there anything else you would like us to know? _____



Enrollment Information

Please select the weeks your child will be attending summer camp.

| Week # | Dates | ✓ |
|----------------------------|---------------------------------|----------|
| 1 - Friendship Week | June 25th - June 29th | |
| 2- Freedom Week | July 2nd-July 6th (closed 4/4) | |
| 3- Leadership Week | July 9th - July 13th | |
| 4- Teamwork Week | July 16th -July20th | |
| 5- Dominic Savio Week | July 23rd - July 27th | |
| 6- Service/ Don Bosco Week | July 30th- August 3rd | |
| 7- Talent Show Week | August 6th-August 10th | |
| 8- Olympic Week | August 13th- August 17th | |
| 9- Wacky Week | August 20th- August 24th | |

Emergency Contacts

If you can not be reached in the event of an emergency, please list three people other than yourself we may contact in order of priority.

1.Name _____

Phone Number _____

Relationship to Child _____

2. Name _____

Phone Number _____

Relationship to Child _____

3.Name _____

Phone Number _____

Relationship to Child _____

Authorized Pick Up

If there any individuals you would like to add to the list of people permitted to pick up your child from camp, please list them below. Please call ahead, these individuals will need a proper form of I.D.

1. _____

2. _____



Late Drop off & Pick Up Policy

Open drop off is located on the blacktop between 7:00am-9:00am, campers arriving outside of these times must be check in at the front desk in the main lobby by a parent. Please do not drop your child off before 7:00am.

Camp closes at 6:00 pm each day. Parents will be charged a late pick up fee of \$1.00 per minute each minute after 6:00pm. Although a courtesy phone call is helpful, there are no exceptions to this policy.

I _____ agree to the Salesian Boys & Girls Club drop off and pick up policies and agree to pay a late fee of \$1.00 per minute after 6:00pm in the event I am late.

Discipline Policy

Our goal at the Salesian Boys & Girls Club is to provide a safe and positive environment for our campers. It is our hope that every member treats the club, staff, other members, and equipment with respect. It becomes necessary however to deal with inappropriate behavior quickly, professionally and with compassion. Below is a list of inappropriate behaviors and their consequences.

| Minor Incidents | Consequences 1st, 2nd, 3rd Offense |
|--|---|
| Screaming & Yelling Running in the lobby, game room, stairwells Being in an unsupervised area Rough Housing Name Calling / Teasing | 1. Warning / Activity Timeout / Behavior Log 2. Parents will be notified 3. Suspension from the program |

| Major Incidents | Consequences 1st, 2nd, 3rd Offense |
|--|---|
| Disrespecting staff members and volunteers Bullying & Intimidating Leaving the property without permission Inappropriate behavior in bathrooms Failure to follow directions on field trips | 1. Incident Report to Parent 2. Loss of Privileges(Swimming, Field Trips) or suspension 3. Termination from the program |

| Severe Incidents | Consequences 1st, 2nd 3rd Offense |
|---|---|
| Intent to harm(fighting,punching,biting etc.) Threatening staff or other members Disturbing van drivers Vandalism of club property or equipment Stealing | 1. Suspension from program 2. Termination from program |



.. Discipline Policy Continued

I have read and understand Salesian Boys & Girls Club policies on discipline. Continuous inappropriate behaviors may result in my child being removed from the program. All behavioral infractions will be documented and any suspensions or terminations from Salesian Boys & Girls Club program will be reviewed by the Executive Director or Program Director.

Parent/Guardian Signature

Consents

Public Relations / Media

I, the parent or guardian of the child list on the application give permission for my child to have their picture or name in newspapers, newsletters, social media and or any other promotional materials for the Salesian Boys & Girls Club of East Boston. I agree that if my child's photograph should appear in any video or electronic media may be used without further authorization or any reimbursement to me or my child from the Salesian Boys & Girls Club.

Parent/ Guardian Signature

Parent Release/ Hospital Authorization

In the event that I am unable to be reached in the case of an emergency, I hereby give my permission to the physician selected by the club Executive Director to seek medical attention, hospitalize, secure proper treatment for, and to order an injection, anesthesia or surgery for my child. I will be responsible for any/all costs of medical attention and treatment and I will assume full responsibility for any and all accidents incurred thereby releasing Salesian Boys & Girls Club, its staff, directors and volunteers of all liabilities.

Parent/Guardian Signature

Disclaimer

I give permission for my child to become a member of the Salesian Boys & Girls Club Summer Camp. I understand that the club is not responsible for any personal injury or loss of property and that I will be financially responsible for any damage or vandalism to the club caused by my child. I understand that any behavior or bullying incidents could result in suspension or termination of my child's membership with no refund of dues.

Parent/Guardian Signature

Payment Policy

Payment for each week you will be attending must be submitted no later than the Friday prior to attendance. Cost of camp is \$175.00 per week, unless seven or more weeks are paid up front then the cost is \$150.00 per week. The daily rate is \$40.00. Campers will not be admitted into the program unless all accounts are current.

Parent /Guardian Signature



Member Medical Information

Insurance Carrier _____

Insurance Policy # _____

Physician's Name & Hospital _____

Medical Conditions

- Asthma Diabetes Hearing Impairment Blind ADHD Autism
Seizures Mood Disorders Headaches Frequent Bloody Nose

Other _____

Required Medication _____

Are you concerned about a medical condition that will impact your child's time at the club? _____

Does your child self-administer medication? _____

If so what medication _____

Does your child require an EPIPEN or INHALER? YES NO

Does your child use insulin YES NO

Are there any other medical concerns you would like us to know?

Allergies

Please check if your child has no known allergies

Food:

- Peanuts Tree Nuts Dairy/ Lactose Berries Soy Wheat
 Seafood/Shellfish Eggs

Medicine / Environmental

- Penicillin Aspirin Amoxicillin Other _____
 Bee Stings Pollen Dust Mold Grass Latex Perfumes/Lotions

Please indicate if your child could use support in the following areas

Communication

Asking for help _____

Non verbal/ Sign Language _____

Other Areas

Transitioning from one activity to another _____

Overstimulation _____

Following Directions _____

Controlling Anger _____