



MEMBERSHIP APPLICATION

CAMP SPIRIT

1601 Sweeney Street
North Tonawanda, NY 14120



Program Runs: June 27th – August 26th from 7am-6pm

Deadline to Register for Camp is June 17th

Any forms submitted after June 17th will be assigned a \$25 late fee and children will not be able to start camp until week 2.

******Please Note that Camp will be CLOSED on Monday July 4th, 2016******

Prior to June 27th all applications must be submitted to the Newman Family Club at 325 Franklin Street

Member Information

First Name: _____ Middle: _____ Last: _____
 Gender: M ___ F ___ Date of Birth: ___/___/___ Current Age: _____
 Ethnicity: *(Please check all that apply)* White: ___ Black ___ Hispanic ___ Native American ___ Other ___
 Address: _____ City: _____ Zip Code: _____
 Home Phone: (____) _____
 School: _____
 Grade completed in the 2015-2016 School Year: _____

Primary Parent/Guardian Contact

Relationship To Member: _____
 First Name: _____
 Last Name: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Employer: _____
 Email Address Please print: _____
 Able to Pick up? _____ YES _____ NO

Parent/Guardian

Relationship To Member: _____
 First Name: _____
 Last Name: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Employer: _____
 Email Address Please print: _____
 Able to pick up? _____ YES _____ NO

**Please Circle the weeks your child will be attending CAMP SPIRIT.
 If not attending every day please check specific days of the week along with week selection.**

Week 1					Week 2					Week 3					Week 4					Week 5				
6/27-7/1					7/5-7/8					7/11-7/15					7/18-7/22					7/25-7/29				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F

Week 6					Week 7					Week 8					Week 9				
8/1-8/5					8/8-8/12					8/15-8/19					8/22-8/26				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F

Member Health/Medical Information

Child's Name: _____ Date: _____

Parent/Guardian: _____ Date: _____

Phone Number: _____

Health History:

(Please check whether your child has a history of any of the following)

YES NO
____ ____ Allergies (*please specify*) _____

Please note the severity of allergy: _____

____ ____ Asthma
____ ____ Bee Sting Reaction
____ ____ Convulsions
____ ____ Heart Condition
____ ____ Special Diet (*please specify*) _____
____ ____ Diabetes

ARE THERE ANY MEDICAL RESTRICTIONS OR LIMITATIONS TO YOUR CHILD?

____ No ____ Yes, Explain _____

Does your child require any special assistance that camp staff needs to be aware of to be successful?

I GIVE MY PERMISSION FOR THE NORTHTOWNS BOYS AND GIRLS CLUB STAFF TO APPLY THE FOLLOWING:

(CHECK ALL THAT APPLY//INITIAL)

TOPICAL OINTMENTS (*FOR MINOR CUTS AND SCRAPES*) (Parent/Guardian INITIALS) _____

SUNSCREEN (Parent/Guardian INITIALS) _____

TOPICALLY APPLIED INSECT REPELLENTS (Parent/Guardian INITIALS) _____

Medical Disclaimer:

This health information is accurate and correct insofar as I know. In the event that I cannot be reached in an emergency, I authorize The Northtowns Boys and Girls Club and/or its agents to obtain the proper treatment to assure the health and wellbeing of my child. This authorization shall extend to and include hospitalization for first aid where/when necessary.

Signature of Parent

Date

Signature of Family Doctor

Date

THIS FORM MUST BE **SIGNED BY DOCTOR AND SUBMITTED WITH CURRENT SHOT RECORDS BEFORE CHILD WILL BE ADMITTED INTO CAMP SPIRIT.** IF YOUR CHILD TAKES MEDICATION PLEASE FILL OUT THE MEDICATION FORM FOR PROPER OBSERVATION OF MEDICATION DISTRIBUTION.

Designated Pick-Up/Emergency Contacts

It is a requirement of the Northtowns Boys & Girls Club that each parent/guardian provide the names of authorized persons that can pick up their child. If the person's name is not listed below they will not be allowed to pick up the member. Any changes must be addressed with the Camp Director immediately. **These people will also be classified as Emergency Contacts. Please put in desired order of calls to be made in case of an emergency if the primary contact is unavailable.**

	Name:	Phone Number:	Relationship to Member:
1			
2			
3			
4			

Not able to pick up child:

Please designate if anyone is not able to pick up child. If listed person attempts a pick up the primary contact will be immediately notified by a camp staff.

	Name	Relationship to Member
1		
2		

AUTHORIZATION TO BE PHOTOGRAPHED FOR PUBLICITY PURPOSES

_____ I give the Boys & Girls Club, Camp Spirit permission to photograph/ or take video of my child for publicity purposes while participating in activities at Summer Camp. **Please note that all photos/videos are on our organizational website www.bgcnt.org or on our Facebook page.** We also on occasion use photos in promotional flyers for summer camp.

_____ I do **NOT** give the Boys & Girls Club Camp Spirit permission to photograph or take video of my child.

FIELD TRIP AUTHORIZATION

_____ I give the Boys & Girls Club, Camp Spirit staff permission to take my child off site for the purpose of field trips/swimming as arranged with the camp office staff.

Parent Signature

Date

PARENT HANDBOOK SIGN OFF 2016

I agree to abide by the attached policies and procedures of the Northtowns Boys & Girls Clubs Camp Spirit as stated in our Parent Handbook provided. I understand that any violation could result in childcare being terminated until these matters are successfully dealt with to the satisfaction of the camp directors.

Child's Name

Parent signature

The following information is used for grant purposes. Please fill out as accurately as possible.

Member Lives with: (Please circle all that apply)

Mom Dad Step Mom Step Dad Grand Parent Foster Parent Other: _____

Annual Gross Income (before taxes): _____

Number of people in household _____ Number of children under age of 18 _____

Number of handicapped in household: _____ Number of people in household over 65years of age: _____

Has the child repeated one or more grades? YES ___ NO ___

Has the child been pregnant? YES ___ NO ___ Has a sibling experienced teen pregnancy? YES ___ NO ___

Please check all that apply to the following questions:

	Never	Currently	Previously
Child involved in foster care?			
Parent military involvement?			
Parent incarcerated?			
Child involved with criminal justice system?			
Sibling involved with criminal justice system?			
Has child been a runaway?			
School attendance problems?			
Child gang involvement?			
Sibling gang involvement?			

CAMP SPIRIT PAYMENT AGREEMENT

\$20 non-refundable Application fee per child for the summer is required

Summer Membership Rates (For camp ONLY): 1-child \$50 / 2-children -\$90 / 3 or more -\$120

Membership Valid 6/27/16-8/26/16

****If full year membership payment was made at a club location for the 2015-2016 school year summer membership is NOT required. Membership payment is required by all others****

Number of Children	Daily Rates	Weekly Rates
1 Child	\$40	\$150
2 Children	\$70	\$260
3 Children	\$90	\$350

Payment Schedule

Week of Camp	Week Begins	Payment Due
Week 1	June 27 th 2016	June 24 th 2016
Week 2	July 5 th 2016	July 1 st 2016
Week 3	July 11 th 2016	July 8 th 2016
Week 4	July 18 th 2016	July 15 th 2016
Week 5	July 25 th 2016	July 22 nd 2016
Week 6	August 1 st 2016	July 29 th 2016
Week 7	August 8 th 2016	August 5 th 2016
Week 8	August 15 th 2016	August 12 th 2016
Week 9	August 22 nd 2016	August 19 th 2016

Notes:

- Late payments could result in losing your child spot at Camp Spirit
- If payment is not received on time you will not be allowed to leave your child at camp without Director approval
- EARLY BIRD PAYMENTS
 - Paid in Full by May 2nd = 10% Discount
 - Paid in full by June 1st= 5% Discount
- Camp registration CLOSES June 17th for week 1. Any forms accepted after June 17th will incur a \$25 late fee and children will not be able to attend camp until WEEK 2.
- Any child attending 4/5 days will be charged the weekly rate.
- Any questions please contact Ms. Sandi at the Newman Family Club 693-2307 daily between 12-3pm.

I agree to adhere to the following payment agreement if prior arrangements were not made with the Camp Director.

Signature: _____ Date: _____

Important Handbook Information

In an effort to save paper the full handbook is available online at BGCNT.ORG
If you would like a paper copy please notify office staff.

Payment Information: (Page 2 in Handbook)

- Payments will be accepted in the morning daily, or Friday afternoon at Camp Spirit. Our Buffalo Clubs will accept weekly payments in the afternoon ONLY. Buffalo bus may pay for field trips the Friday before in the morning.
- Field Trip payments are Cash only and must be made by Friday Mornings the week before. Please make sure your child is aware if you sign them up for a field trip as once they are signed up on the list, they will not be removed.
- All Payments must be up to date for our child to continue to attend camp by Friday of each week. This is our policy and we can no longer make exceptions.

Camp Hours of Operation: (Page 2 in Handbook)

- Camp Spirit Operation Hours 7am-6pm.
- A late fee will be applied if you are late after the first incident.
 - \$1.00 per minute for the first 15 minutes and \$2.00 per minute afterwards.

Refund Policy: (Page 3 in Handbook)

- There are no refunds or credits for Field Trips, Absences, or behavior issues that result in suspension or expulsion.
- If a child is sick or absent for the day or leavers early there will be no refunds or credits of daily/weekly and early drop off fees.

Safety Information: (Page 3 in Handbook)

- The speed limit inside Camp Spirit is 5 miles per hour.
- No parking in the front of the office or along the side of the road at camp.
- Do not make a U-Turn in front of the office or in the parking lot.
- Parents in violation of these rules will be given a verbal warning. If infraction occurs again the parent will be written up. Repeated warnings of driving too fast can result in your child be suspended from camp and a loss of all payments for 1 week. This will be strictly enforced for the safety of our campers and staff.

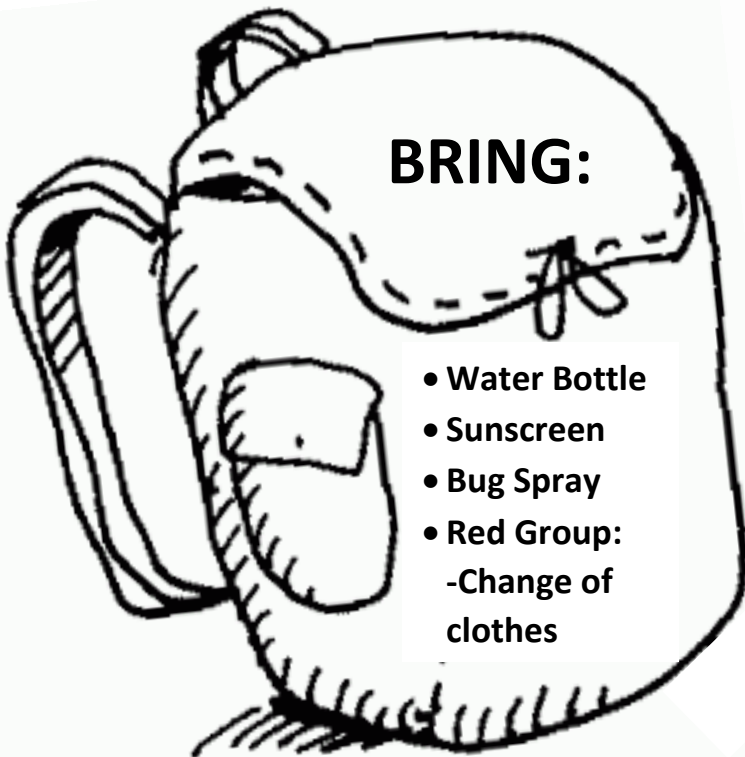
Discipline Policy: (Page 4 in Handbook)

- Verbal Warning
- Communication with Parent
- Loss of Privileges which may include that week's field trip
- Written Communication with Parent
- Meeting between child, parent, and camp staff
- Continued unacceptable behavior could result in dismissal from the camp.
- Any camper that is suspended or expelled from camp will not be given a refund or credit for lost daily/weekly fees and any field trips missed that were paid for.

Personal Property: (Page 4 in Handbook)

- **No electronic devices will be permitted at Camp.** If you child requires a cell phone they will be stored in the office during the duration of the Camp day. You may call the main office to talk to your child at any time.
- Please make sure your child has a water bottle labeled with their name. We will have water available for refills each day. Bottles should be taken home for cleaning daily.

Guide to Being a Successful Camper at CAMP SPIRIT



All items need to be labeled with last name as the Northtowns Boys and Girls Club are not responsible for lost or stolen items

Breakfast and Lunch are provided! We do have space for campers to bring and store lunches if needed

Any questions please email Camp Director
Sandi Gerace at campspirit@bgcnt.net

NORTHTOWNS



BOYS & GIRLS CLUBS