



# **BOYS & GIRLS CLUB OF JEFFERSON CITY**

## **2017 SUMMER CAMP ENROLLMENT FORM**

*All forms must be turned in to the administration office at*

*925 East Atchison Court Jefferson City, Missouri 65101*

**All forms must be complete and have the following to be accepted:**

**If applying for the Elementary Summer Camp (Children entering 1st grade - 5th grade):**

- \$60 per child (this includes the \$25 activity fee and \$35 fee for first week of camp)

OR

- Recent approval letter (Within 30 Days) from the Department of Social Services for child care assistance and the \$25 activity fee per child.

**If applying for the Secondary Summer Camp (Children entering 6th grade - 9th grade):**

There are no fees for this summer camp as this camp is funded by a 21st Century Learning Center Grant through the Missouri Department of Education and Secondary Education.

**Please be aware: ALL forms will be reviewed by our office and your child(rens) spot will NOT be held until you have been notified by our office that enrollment is complete.**

## SUMMER CAMP INFORMATION

Both summer camps will be held at the new Boys & Girls Club Facility at 1105 Lafayette Street.

**ELEMENTARY SUMMER CAMP (Children entering 1st Grade - 5th Grade):**

Dates: May 30th—August 4th, 2017 (Camp will be CLOSED July 4th)

Hours: 7:30 am - 5:30 pm (Extended to 6:30 pm for Late Stay Members)

Drop-Off: 7:30 am - 9:00 am (Children will not be allowed to attend camp if dropped off after 9 am)

Fee Structure: \$75/Week per child.

\$35/Week per child if on free/reduced lunch or due to self-claimed hardship.

\$25/child one time activity fee due with application.

**STEAM SUMMER CAMP (Children entering 6th Grade - 9th Grade):**

Dates: June 1st—June 30th, 2017

Hours: : 7:30 am - 5:30 pm

Fee Structure: There are no fees for this summer camp as this camp is funded by a 21st Century Learning Center Grant through the Missouri Department of Education and Secondary Education.

*\*\* If your child attends JCPS summer school they are ineligible for STEAM Summer Camp as no transportation is provided \*\**

**Please be aware: ALL forms will be reviewed by our office and your child(rens) spot will NOT be held until you have been notified by our office that enrollment is complete.**

# FAMILY INFORMATION

**Parent/Guardian #1:** Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Lives with Child: YES  NO  E-Mail Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

**Parent/Guardian #2:** Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Lives with Child: YES  NO  E-Mail Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

**Additional People Authorized to Pick Up Child(ren) Other Than Parents/Guardian:**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Additional Emergency Contacts Other Than Parents/Guardian:**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

<p style="text-align: center;"><b>Family Yearly Income</b></p> <p>____ \$0- \$9,999</p> <p>____ \$10,000 - \$14,999</p> <p>____ \$15,000 - \$22,999</p> <p>____ \$23,000 - \$33,999</p> <p>____ \$34,000 - \$49,999</p> <p>____ \$50,000 - \$74,999</p> <p>____ \$75,000 - \$99,999</p> <p>____ \$100,000 or more</p>	<p style="text-align: center;"><b>Family Setting</b></p> <p>____ Both Parents      ____ Single Parent Mother</p> <p>____ Single Parent Father      ____ Grandparent(s)</p> <p>____ Foster Care      ____ Legal Guardian</p> <p>____ Other Relative</p>
<p style="text-align: center;"><b>School Lunch Program</b></p> <p>____ Free</p> <p>____ Reduced</p> <p>____ None</p>	<p style="text-align: center;"><b>Head of Household</b></p> <p>____ Employed      ____ Unemployed</p> <p>____ Student      ____ Disabled</p>







**Authorization for Emergency Medical Care**

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the **BOYS & GIRLS CLUB OF JEFFERSON CITY:**

**To contact the following:**

Physician or Clinic Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LATESTAY FOR ELEMENTARY SUMMER CAMP**

Late Stay will be from 5:30p.m.-6:30p.m. again this year. The Late Stay fee is a one time payment of **\$30.00 per/child**. There will be 20 open spots for Late Stay. Payment must be made to secure a spot.

**IMPORTANT:** If your child/children are picked-up beyond closing time (6:30p.m.) you will receive a letter the first time; but if the late pick-up reoccurs, your child/children will be removed from Late Stay with **No Refund**.

I am interested in securing a Late Stay spot.

**ACKNOWLEDGEMENTS: APPLIES TO ALL CHILDREN**

1. I DO **DO NOT** give permission for field trips / excursions. I understand I will be notified in advance when they are planned.
2. I DO **DO NOT** give permission for the Boys & Girls Club to transport my child.
3. When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.
4. I DO **DO NOT** give consent for **photographs or other media** in which my son/daughter may appear which will be used to promote the mission, awareness and fundraising activities of the Boys & Girls Club of Jefferson City.
5. I DO **DO NOT** give permission my son/daughter to walk home. I will not hold the Boys & Girls Club of Jefferson City, its officers, or volunteers responsible for any injury or danger that occurs once my child has left the club.
6. I DO **DO NOT** give consent for my child to use the Boys & Girls Club of Jefferson City's technological equipment; including but not limited to computers, printers, software, the internet (limited access), and audio-visual equipment.
7. I DO **DO NOT** give consent for my child to participate in the Boys & Girls Club Triple Play Health & Wellness Program that includes a collaboration with Pathways Community Health by providing a universal wellness assessment and behavior & emotional wellness support. This program is funded by the Missouri Foundation for Health.

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **BOYS & GIRLS CLUB OF JEFFERSON CITY**

The Boys & Girls Club of Jefferson City is dedicated in partnering with the Jefferson City Public Schools in helping all program participants be successful academically. At times we may ask the school district for access of your child's records such as Free/Reduced Lunch status, Title I benefits, Individual Education Plan, English Language Learner status, and Student Identification Number as well as grades, MAP scores and attendance records. Any information obtained will be kept confidential between the Boys & Girls Club of the Jefferson City and Jefferson City Public Schools and will be used to measure the success of the after school program.

**Instructions: Please initial below acknowledging release to share school records and information.**

**I Do**  **Do Not** give consent for the Boys & Girls Club of Jefferson City to have access to my child's school information as outlined above.

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
**MEDICAL FOOD SUBSTITUTION RECORD**

Authorization by a recognized medical authority is required for food substitutions to the Summer Food Service Program meal pattern. A recognized medical authority includes a physician, physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient's diet and the food or choice of foods that may be substituted.

PATIENT'S NAME:

MEDICAL DIAGNOSIS / REASON:

SPECIAL ASSISTANCE/EQUIPMENT REQUIRED:

**FOOD SUBSTITUTION LIST:**

Fluid Milk	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Meat & Meat Alternative (e.g., eggs, cheese peanut butter, dry bean, yogurt, etc.)	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Bread, Cereal or Whole Grain Products	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Fruit & Vegetables or Juice	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)

Additional Dietary Concerns and/or Required Equipment or Assistance Needed:

I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.

SIGNATURE

TITLE

DATE