



BOYS & GIRLS CLUB OF JEFFERSON CITY

2018 TEEN SUMMER CAMP

JUNE 4 –JUNE 29, 2018

7:30 AM–5:30 PM (LATE STAY AVAILABLE \$40/CHILD)

*All forms must be turned in to the Railton Center at
1105 Lafayette Street Jefferson City, Missouri 65101*

For teens entering 7th 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.



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;">Family Yearly Income</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;">Family Setting</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;">School Lunch Program</p> <p>____ Free</p> <p>____ Reduced</p> <p>____ None</p>	<p style="text-align: center;">Head of Household</p> <p>____ Employed ____ Unemployed</p> <p>____ Student ____ Disabled</p>

MEMBER #1 INFORMATION

New Member Returning Member (Currently Attending BGC or Attended Summer Camp Last Year)

Childs Name: _____
Last Name First Name Nickname

Childs Birth Date: ____/____/____ Childs Sex: Male Female

Grade Child Will Be Entering: _____ School Child Attends: _____

Childs Ethnicity: African American ____ Asian ____ Caucasian ____ Hispanic ____ Native American ____ Multi-Racial ____

Can your child swim? YES ____ NO ____ Comments: _____

_____ My child may attend swimming activities while in care at Boys & Girls Club of Jefferson City. (Please initial)

Safety Section:

Childs Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Does your child have allergies or special medical conditions? YES ____ NO ____

Please List Conditions: _____

If food allergies, you are required to have a physician complete and return the food allergy/substitution form attached at the end of this enrollment packet.

MEMBER #2 INFORMATION

New Member Returning Member (Currently Attending BGC or Attended Summer Camp Last Year)

Childs Name: _____
Last Name First Name Nickname

Childs Birth Date: ____/____/____ Childs Sex: Male Female

Grade Child Will Be Entering: _____ School Child Attends: _____

Childs Ethnicity: African American ____ Asian ____ Caucasian ____ Hispanic ____ Native American ____ Multi-Racial ____

Can your child swim? YES ____ NO ____ Comments: _____

_____ My child may attend swimming activities while in care at Boys & Girls Club of Jefferson City. (Please initial)

Safety Section:

Childs Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Does your child have allergies or special medical conditions? YES ____ NO ____

Please List Conditions: _____

If food allergies, you are required to have a physician complete and return the food allergy/substitution form attached at the end of this enrollment packet.

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 **\$40.00 per/child**. There will be 32 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.

Summer Sports:

Please check below if you child(ren) have interest in playing the following sports this summer:

- Basketball
- Soccer
- Flag Football

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 Boys & Girls Club to have access to child's Jefferson City Public School records such as Free/Reduced Lunch status, Title I benefits, Individual Education Plan, English Language Learner status, DESSA assessment 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 program.

Parent Printed Name: _____

Parent 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
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