

RECREATION | ARTS | STEM | AND MORE!

## JUNE 5 – AUGUST 25, 2017 Mondaγ – Fridaγ | 7:30 am – 5:30 pm

## **ALL-DAY CAMP INCLUDES:**

- Structured, fun programming throughout the day for ages 5 18
- Field trip opportunities throughout the summer
- Breakfast, lunch, and snack provided
- Trained, caring staff

## TO REGISTER:

- · Call 507-583-6699 or visit www.bgclubroch.org/blooming-prairie
- · Register in person at 401 4th Street SE
- Registration begins April I (limited space available)
- \$80 per month; \$40 per month if qualified for free/reduced lunch
- \$25 club membership required

Financial assistance and scholarships available upon request.













BOYS & GIRLS CLUB
OF BLOOMING PRAIRIE

## STEP I: COMPLETE MEMBERSHIP APPLICATION

| 2017 SUMMER MEMBER INFORMATION: ☐ New Member ☐ Returning Member Member #:  |                                    |             |               |             |                      |          |  |  |  |
|--|------------------------------------|-------------|---------------|-------------|----------------------|----------|--|--|--|
| First Name:  |                                    | Last Nam    | ie:           |             | Middle               | :        |  |  |  |
| Date of Birth:   | //                                 | _           | Female Age: _ | Grade:      | School:              |          |  |  |  |
| Address:   |                                    |             | v:            | Sta         | ate: Zi <sub>l</sub> | o Code:  |  |  |  |
| Member's Cell Phone: Member's Email:   |                                    |             |               |             |                      |          |  |  |  |
| Ethnicity: $\square$ White $\square$ Asian $\square$ Black/African American $\square$ American Indian/Alaskan Native $\square$ White $\&$ Asian $\square$ Hispanic   |                                    |             |               |             |                      |          |  |  |  |
| $\label{thm:lambda} \square \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $  |                                    |             |               |             |                      |          |  |  |  |
|  |                                    |             |               |             |                      |          |  |  |  |
| CONTACT INFORMATION: Parent/Guardian First Name: Parent/Guardian Last Name:  |                                    |             |               |             |                      |          |  |  |  |
| Address:   | Citγ:                              | Citγ:       |               | State:      |                      |          |  |  |  |
| Relationship to Me   | ember:                             | Cell Phone: |               | Email:      |                      |          |  |  |  |
| Emploγer:  |                                    | Work Phone: |               | Home Phone: |                      |          |  |  |  |
| Parent/Guardian First Name: Parent/Guardian Last Name:   |                                    |             |               |             |                      |          |  |  |  |
|  |                                    | Citγ:       |               |             |                      |          |  |  |  |
|  |                                    |             |               |             |                      |          |  |  |  |
|  |                                    |             |               | Home Phone: |                      |          |  |  |  |
| EMERGENCY CONTACTS: Please list two emergency contacts other than Parents/Guardians listed above.  |                                    |             |               |             |                      |          |  |  |  |
| ı. Full Name: Relationship to Member:  |                                    |             |               |             |                      |          |  |  |  |
|  | ell Phone: Home Phone: Home Phone: |             |               |             |                      |          |  |  |  |
| 2. Full Name: Relationship to Member:  |                                    |             |               |             |                      |          |  |  |  |
|  |                                    |             |               |             |                      |          |  |  |  |
| Cell Phone: Home Phone:  |                                    |             |               |             |                      |          |  |  |  |
| MEDICAL INFORMATION: Does you child have any health conditions? ☐ YES ☐ NO   |                                    |             |               |             |                      |          |  |  |  |
| If γes, explain:   |                                    |             |               |             |                      |          |  |  |  |
| *If your child will need medication during Club hours, they must be able to administer it to themselves. Boys & Girls Club of Blooming Prairie will securely store it until necessary.  **Please contact Club staff for a Medication Release Form.** |                                    |             |               |             |                      |          |  |  |  |
| Trease contact Clob Stall for a Predication Release Form.  |                                    |             |               |             |                      |          |  |  |  |
| HOUSEHOLD INFORMATION: Please circle what best describes you annual household income.  |                                    |             |               |             |                      |          |  |  |  |
| 2 PERSON   | 3 PERSON                           | 4 PERSON    | 5 PERSON      | 6 PERSON    | 7 PERSON             | 8 PERSON |  |  |  |
| \$19,600   | \$22,050                           | \$24,500    | \$28,410      | \$32,570    | \$36,730             | \$40,890 |  |  |  |
| \$32,700   | \$36,800                           | \$40,850    | \$44,150      | \$47,400    | \$50,700             | \$53,950 |  |  |  |
| \$52,300   | \$58,850                           | \$65,350    | \$70,600      | \$75,850    | \$81,050             | \$86,300 |  |  |  |
|  |                                    |             |               |             |                      |          |  |  |  |
| How many people live in your household? How many under the age of 18? Household Monthly Income:  |                                    |             |               |             |                      |          |  |  |  |
| Is household headed by a single parent? □ Yes □ No Is anyone in the household serving in the Military? □ Yes □ No If so, which branch?   |                                    |             |               |             |                      |          |  |  |  |
| Eligible for free or reduced school lunch?   |                                    |             |               |             |                      |          |  |  |  |
| Primary language spoken in your household? □ English □ Other:  |                                    |             |               |             |                      |          |  |  |  |
|  |                                    |             |               |             |                      |          |  |  |  |
| The information collected will be kept confidential. Information may be used to secure funding from government, private, and non-profit agencies, that will enable Club to maintain affordable membership/program fees for all.                      |                                    |             |               |             |                      |          |  |  |  |

| STEP 2: COMPLETE CAMP REGISTRATION   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| NAME OF CAMPER:  |  |  |  |  |  |  |  |
| SELECT MONTH(S):   June July August  Boys & Girls Club of Blooming Prairie will be closed July 3 - 4.  FEES: \$80 per month; \$40 per month if qualified for free/reduced lunch  |  |  |  |  |  |  |  |
| <b>DROP-INS:</b> Drop-in fees are \$20 per daγ, and must be paid at the time of drop-off.  |  |  |  |  |  |  |  |
| SHUTDOWN: Boys & Girls Club of Blooming Prairie will be Closed May 29 - June 2 and August 28 - September 4 for staff training.   |  |  |  |  |  |  |  |
| Sliding fee scale/scholarships are available based on income. Please contact the Unit Director to determine eligibility.  Marcy Sundine   Unit Director, Boys & Girls Club of Blooming Prairie: msundine@bgclubroch.org   507-583-6699   |  |  |  |  |  |  |  |
| OFFICE USE ONLY: Received by: Date received: □ Entered in MTS  |  |  |  |  |  |  |  |
| Payment: ☐ Cash ☐ Credit/Debit Card ☐ Check (#) ☐ Scholarship  |  |  |  |  |  |  |  |
| Application valid 6/5/2017 – 8/25/2017. GRAND TOTAL: \$  |  |  |  |  |  |  |  |
| How did you hear about BGCBP Summer Camp? ☐ Newspaper ☐ Website ☐ Friend ☐ Other   |  |  |  |  |  |  |  |
| STEP 3: READ & SIGN PARENT AUTHORIZATION   |  |  |  |  |  |  |  |
| PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN BELOW:   |  |  |  |  |  |  |  |
| • I give permission for my child to participate in Boys & Girls Club of Blooming Prairie activities and programs, knowing there is a certain amount of risk involved in all youth activities. I further understand that Boys & Girls Club of Blooming Prairie is not responsible for the time or manner in which my child may arrive at or leave the Club.       |  |  |  |  |  |  |  |
| I give my child permission to take quarterly surveys to measure my child's involvement and success in Club activities.   |  |  |  |  |  |  |  |
| I understand Boys & Girls Club of Blooming Prairie may use photographs and video of my child for promotional purposes.   |  |  |  |  |  |  |  |
| I give permission for my child to participate in field trips and other activities sponsored by Boys & Girls Club of Blooming Prairie up to 5 miles from Club. This includes trips to Blooming Prairie Public Library, Swimming Pool, VBS, Golf Course, as well as other trips to community partners who are involved with Boys & Girls Club of Blooming Prairie. |  |  |  |  |  |  |  |
| $\bullet \qquad \text{I understand that transportation may be provided by Boys \& Girls Club of Blooming Prairie staff or volunteers in a club van, bus, or public transportation.}$   |  |  |  |  |  |  |  |
| • I understand the hours of operation for Boys & Girls Club of Blooming Prairie and any member left at the facility after Club hours may be referred to the on-call officer of the Blooming Prairie Police Department.   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

- In the unlikely event that an accident should occur, I take full financial responsibility for any medical expenses my child may incur as a result of participating in Boys & Girls Club of Blooming Prairie activities. In case of serious illness or injury, I give Boys & Girls Club of Blooming Prairie staff and/ or emergency personnel permission to administer any necessary treatment to my child, including contacting the doctor or ambulance at my expense.
- I have read and understand the refund, fees, and cancellation procedure below.
- I agree that Boys & Girls Club of Blooming Prairie, its employees (both paid and volunteer), Board of Directors, and affiliated agencies shall not be held liable for any claims, demands, actions, or causes of action, whatsoever, for any injury caused to me or my child as a result of my child's Involvement in Boys & Girls Club of Blooming Prairie activities. I expressly relieve and discharge Boys & Girls Club of Blooming Prairie from all acts of negligence on the part of Boys & Girls Club of Blooming Prairie, its employees (both paid and volunteer), the corporation, agents, officers, and affiliated agencies.
- I give permission for Blooming Prairie Public Schools to communicate academic and behavioral information to Boys & Girls Club of Blooming Prairie for the purpose of providing educational assistance and enhancement to my child. Such information is to be used only by Boys & Girls Club of Blooming Prairie and shall not be transferred to other agencies without consent of a parent/guardian or legal authority.
- The disclosure of information is voluntary and will be kept confidential as provided by law. Refusal to provide the information will not subject the program participant to any adverse treatment (except that where the disability status is a requirement for participation in a program or activity, the program participant may be found to be ineligible if s/he does not disclose his/her status). This information will be used only in accordance with the law.

| with the law.               |        |  |
|-----------------------------|--------|--|
| Parent/Guardian Signature _ | Date _ |  |

a medical emergency, a Physician's note is required.



Equal Opportunity Employer/Service Provider

Equal Opportunity Employer/Service Provider

WITHDRAWALS: If a member discontinues attending the camp session once it has started, there will be no refunds or credits. Boys & Girls Club of Blooming Prairie reserves the right to dismiss a member whose conduct is dangerous, illegal, or in the judgment of the Unit Director, detrimental to the facility and/or to other members. The unused fees will not be refunded.

FEES: All fees are due in full 14 days before the start of each camp session in order to participate.

REFUNDS: All deposits and/or payments are non-refundable. If cancellation of a session is due to