



**BOYS & GIRLS CLUBS**  
OF MERCER COUNTY



## 2024 SUMMER ENRICHMENT CAMPS REGISTRATION

Boys & Girls Clubs of Mercer County  
(1040 Spruce Street, Lawrence, NJ 08648 & 212 Centre Street, Trenton, NJ, 08611)

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Camper's School \_\_\_\_\_ Grade \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Shirt Size \_\_\_\_\_

Please check the appropriate box to indicate which camp and week(s) you would like for your child. Note camp pricing for each camp selected as rates differ with the type of camp:

BGCMC CAMP GROUPS	AGES	WEEK 1 6/24-6/28	WEEK 2 7/1-7/5	WEEK 3 7/8-7/12	WEEK 4 7/15-7/19	WEEK 5 7/22-7/26	WEEK 6 7/29-8/2	WEEK 7 8/5-8/9	WEEK 8 8/12-8/16	WEEK 9 8/19-8/23	WEEK 10 8/26-8/30
Youth Camp @ Spruce 7:45 am – 5:30 pm	5 - 10										
Teen Camp @ Spruce 7:45 am – 5:30 pm	11-14										
Youth Camp: \$235 per week, (\$260 after 4/05/24) Teen Travel: Camp is \$265 per week (\$290 per week after 4/05/24) 21 <sup>st</sup> Century Recipients is on a first come first serve basis *** Limited Spots*** *Week 2 – \$15 discount per full pay camper Only ****Camp closed Thursday, July 4 <sup>th</sup> ****											
Youth Camp @ Centre 7:45 am – 5:30 pm	5-10										
Youth Camp: \$235 per week, (\$260 after 4/05/24) *Week 2 – \$15 discount per full pay only camper ****Camp closed on Thursday, July 4 <sup>th</sup> ****											

### Camp Fees:

Youth Camp @ Spruce \_\_\_\_\_ # of weeks @ \$25/\$235/\$260 = \_\_\_\_\_  
 Teen Camp @ Spruce \_\_\_\_\_ # of weeks @ \$25/\$265/\$290 = \_\_\_\_\_  
 Youth Camp Centre \_\_\_\_\_ # of weeks @ \$25/\$235/\$260 = \_\_\_\_\_

TOTAL DUE FOR CAMP: \_\_\_\_\_

A \$25 deposit for each week of camp is due when signing-up - \$10 each week for Childcare Connections and NJ Work First

(This is non-refundable):

\_\_\_\_\_ # of weeks @ \$10 = \_\_\_\_\_ DUE TODAY

Payment: Cash, check payable to "Boys & Girls Clubs of Mercer County" or Credit Card (AMEX, Visa, MC, Discover)

Cardholder Name: \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**BALANCE OF CAMP FEES ARE DUE ON MONDAYS; 2 WEEKS PRIOR TO THE START OF EACH CAMP WEEK  
(STARTING ON JUNE 10<sup>th</sup>, 2024, FOR WEEK 1)**

**Auto-draft** – To help you avoid any late fees and for your convenience, you can have your weekly camp balance charged to your credit or debit card. By signing below, you are giving us permission to charge the card identified above each Monday when a balance is due.



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

Print Name: \_\_\_\_\_

## PARENT CONTRACT

Child Name \_\_\_\_\_

1. As part of our camp guidelines, Campers should not arrive at the Club earlier than 7:45 am and are expected to arrive at the camp by 9:00 am. This ensures a smooth start to our activities and allows us to provide the best experience for everyone involved. **Initial** \_\_\_\_\_
2. All members must be picked up by 5:30pm. It is the parent/guardian's responsibility to notify the program staff if pick up will be after the program ends. A late fee of \$1.00 per minute, per child will be charged after the program closes. (Even if a phone call is received, a late fee may be assessed.) If children are not picked up at the close of the program, staff will call the listed emergency pick up person to come for the child(ren). **Initial** \_\_\_\_\_
3. Campers will be transported by bus multiple times per week for various activities, including trips and pool visits. Parental consent is required for bus transportation. Please initial to indicate your consent: **Initial** \_\_\_\_\_
4. You must submit a **fully** completed "**Medical Declaration**" form (attached). Please list **all** allergies, medications taken (if medication is to be administered during camp hours), and/or special health needs. If medication needs to be administered while your child is with us, please have your child's doctor complete the attached "**Care Plan for Children with Special Health Needs**" form. **Initial** \_\_\_\_\_
5. For full pay and scholarship families a \$25.00 summer camp deposit is required for each desired week of camp. For families who receive **Childcare Connection** a deposit of \$10.00 is required for each desired week. **All deposits are NON-REFUNDABLE AND WILL NOT BE CREDITED TO ANY OTHER WEEK AND/OR PROGRAM IF A CHILD DOES NOT ATTEND.** **Initial** \_\_\_\_\_
6. Balance of camp fees is due on Monday's; **2 weeks PRIOR** to the start of each camp week. Therefore, **week 1 payment is due on June 10, 2024, and week 2 payment is due on June 17, 2024**, etc. **If your balance payment is not made by the due date, your deposit will be forfeited, and your child will lose their spot for that camp week.** **Initial** \_\_\_\_\_
7. If your child will be absent for more than 2 days, vacations longer than 2 days are planned, or you no longer need camp, please inform the membership office as soon as possible. If the membership office has no prior knowledge of your child's vacation, planned absence or removal from camp, you **will be responsible** for your child's summer camp tuition for that week(s) of camp. **No refund** or **credit** will be given for dropping out without the required notice or registering a child who does not attend paid sessions. **Initial** \_\_\_\_\_
8. Boys & Girls Club (BGC) has a philosophy of self-discipline, respect and safety. BGC expects respectful, safe and gentle behavior. Given the nature of this expectation, children with a disclosed or undisclosed behavioral difficulty, children displaying unacceptable behavior, or that cannot perform to these standards while attending BGC summer camp, will be dismissed early, suspended or expelled. Children who are dismissed early, suspended or expelled for any reason are **not** entitled to a refund or credit or release from financial obligations. A copy of the summer parent handbook can be found online at [www.bgcmercer.org](http://www.bgcmercer.org) or upon request at the membership office. **Initial** \_\_\_\_\_



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By initialing above & signing my name below, I certify that I have read the above information. Any questions or concerns regarding these policies have been discussed with the Membership Office. My signature also certifies I understand and agree to adhere to the above policies. Additionally, I understand that I am responsible for all charges applicable to my child or children's account.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Date \_\_\_\_\_

### **RELEASE OF CHILD**

My child will be picked up at camp by me or one of the following individuals:

Name _____	Relationship to Child _____	Telephone _____
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Name _____	Relationship to Child _____	Telephone _____
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Name _____	Relationship to Child _____	Telephone _____
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### **DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:**

Name _____	Relationship to Child _____
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Name _____	Relationship to Child _____
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### **EMERGENCY CONTACTS**

First Name _____	Last Name _____
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Relationship to Student _____
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Home Phone _____
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Work Phone _____
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Cell Phone _____
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Street Address _____
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First Name _____	Last Name _____
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Relationship to Student _____
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Home Phone _____
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Work Phone _____
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Cell Phone _____
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Street Address _____
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### **PARENT/GUARDIAN SIGNATURE**

- I give permission for my child's image/name to be used in the Club's, US Soccer Foundation & 21st Century public relations materials.
- I give permission for my child to participate in all Club programs/mentoring, and for the Club to collect and share data from my child's participation for related funders and grants
- I give permission for my child's school to release information about my child to the Club, US Soccer Foundation or 21st Century.



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- I give permission for my child to participate in all Boys & Girls Club activities in or adjacent to the club, and all field trips as identified in program brochures, newsletter and parent communications. If I don't want my child to go on a trip or participate in a specific program, I must communicate this to the program director in writing.
- If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care my child receives. I understand that every effort will be made to contact me before and after medical care is provided.
- I give permission for the school to release information about my child to the Boys & Girls Clubs of Mercer County.
- That I understand the Club's discipline policy and understand I am responsible for my child's actions while involved in club activities. I also understand that if my child breaks club policy my child may be expelled/suspended from the program/club without reimbursement of fees paid.
- I understand that there are inherent risks associated with participating in Boys & Girls Club activities and I do not hold the club, directors or staff responsible for injuries resulting from club participation.

My signature below indicates my acceptance of the policies above.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Medical Declaration Statement for Members**

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

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

#### **Is your child under any medical/physical restrictions?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, check all that apply.

Asthma \_\_\_\_\_

Hearing Loss \_\_\_\_\_

Diabetes \_\_\_\_\_

Seizures \_\_\_\_\_

Others \_\_\_\_\_

#### **Is your child taking any medications?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please list:

#### **WILL YOUR CHILD BE TAKING ANY MEDICATION(S) REGULARLY WHILE ATTENDING PROGRAM?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, you need to complete a

#### **CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS FORM**

#### **Is your child allergic to any:**

(Please list.)

Foods? \_\_\_\_\_

No \_\_\_\_\_

Yes \_\_\_\_\_

Medications? \_\_\_\_\_

No \_\_\_\_\_

Yes \_\_\_\_\_

Other? \_\_\_\_\_

No \_\_\_\_\_

Yes \_\_\_\_\_



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**Family Health Care Provider**

Telephone Number: \_\_\_\_\_

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special medical needs (or I have completed a care form) and may participate in all program activities.

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



To further help keep your children safe during the summer months, we are implementing a new sunscreen policy. Beginning on the first scheduled field trip day:

- Sunscreen will be applied to all approved children. Older children will apply the sunscreen themselves, if able, and will be checked by staff, while younger children will have sunscreen applied by BGC Mercer staff.
- Sunscreen will be treated like an over-the counter medication. This means that it cannot be applied without parents' permission, and it will be stored, when not in use, in a locked area inaccessible to children.
- BGC Mercer staff will wash their hands or change their gloves between applications for each child.
- Sunscreen will be applied to all exposed parts of the body no more than 30 minutes prior to going outside.
- The sunscreen products that BGC Mercer will provide will be **Coppertone Sport Continuous Sunscreen Spray Broad Spectrum SPF 30**.  
Ingredient lists and product labels are available upon request.
- If you do not wish to have sunscreen applied here at camp, please apply sunscreen at home before arriving at camp.

If you have any questions about this policy, please do not hesitate to ask.

Child's Name \_\_\_\_\_ Group \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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- ☐ Yes, I give permission to have one of the above-named sunscreens applied to my child.
  
- ☐ No, I DO NOT give permission for sunscreen to be applied to my child.