



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 _____ Home 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 7/8-7/19 | 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 st Century Recipients is on a first come first serve basis *** Limited Spots*** * Week 2 – \$15 discount per full pay only camper (No Camp on Thursday, July 4 th) | | | | | | | | | | | |
| Youth Camp @ Centre 7:45 am – 5:30 pm | 5-10 | | | | | | | | | | |
| Youth Camp: \$235 per week, (\$260 after 4/05/2024) * Week 2 – \$15 discount per full pay only camper (No Camp on Thursday, July 4 th) | | | | | | | | | | | |

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 CCC and NJ Work First (This is non-refundable):

_____ # of weeks @ \$10/\$25 = _____ 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 10th 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 a balance is due.

Signature: _____ Date: _____

Print Name: _____



Child(s) 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. 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** _____
3. 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** _____
4. You must submit a **fully** completed "**Medical Declaration**" form (attached). Please list **all** allergies, medications taken (if medication is to be administered during pre-k/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** or **NJ Work First** 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 CHILD DOES NOT ATTEND.** **Initial** _____
6. The balance of camp fees are due on Monday's; **2 weeks PRIOR** to the start of each camp week. Therefore, **week 1 payment is due on June 10, 2024. 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 at all times. 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.bgcmrcer.org or upon request at the membership office. **Initial** _____

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 me 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

Name Relationship to Child Telephone

Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name Relationship to Child

Name Relationship to Child

EMERGENCY CONTACTS

Please identify two people who may be called if you are not available.

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

Street Address

Street Address

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.
- 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 of the costs associated with the emergency medical care that 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 | _____ | Others | _____ |
| Hearing Loss | _____ | | _____ |
| Diabetes | _____ | | _____ |
| Seizures | _____ | | _____ |

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 _____ |

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: _____



SUN SAFETY

In an effort 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 parent permission and it will be stored, when not in use, 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 _____

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.