

2025 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 _____ Shirt Size _____

Please check the appropriate box to indicate which camp and week(s) you would like your child to attend.

**** Note **** Camp pricing for each camp selected offer rates may differ.

BGCMC CAMPS	AGES	WEEK 1 6/23- 6/27	WEEK 2 6/30- 7/3	WEEK 3 7/7- 7/11	WEEK 4 7/14- 7/18	WEEK 5 7/21- 7/25	WEEK 6 7/28- 8/1	WEEK 7 8/4- 8/8	WEEK 8 8/11- 8/15	WEEK 9 8/18- 8/22	WEEK 10 8/25- 8/29
Youth Camp @ Spruce 7:45 am – 5:30 pm	5 - 10										
Teen Camp @ Spruce 7:45 am – 5:30 pm	11-14										
Youth Camp @ Centre 7:45 am – 5:30 pm	5-10										

Teen Camp: \$270 per week, (\$295 per week after 4/04/25)
Youth Camp: \$240 per week, (\$265 after 4/04/25)
*Week 2 – \$15 discount per full pay only camper ****Camp is closed on Friday, July 4th ****

Camp Fees:

\$25 deposit for each week for Scholarship and Full Pay is due upon registering
(This is non-refundable)

Youth Camp@ Spruce _____ # of weeks @ \$25/\$240/\$265 = _____
Teen Camp @ Spruce _____ # of weeks @ \$25/\$270/\$295 = _____
Youth Camp@ Centre _____ # of weeks @ \$25/\$240/\$265 = _____

TOTAL DUE FOR CAMP: _____

\$10 deposit for each week for Childcare Connections and NJ Work First is due upon registering
(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 9th, 2025, 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 the membership department permission to charge the card identified above each Monday when a balance is due.

Signature: _____ Date: _____

Print Name: _____



BOYS & GIRLS CLUBS
OF MERCER COUNTY

PARENT SUMMER CAMP 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 or New Jersey 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 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 9, 2025, and week 2 payment is due on June 16, 2025, 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 or upon request at the membership office.
9. 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 my child or children's account.

Signature _____ Print Name _____ Date _____

MEMBER'S MEDICAL DECLARATION FORM:**Child's Name:** _____Does your child have any serious health problems? ☐ Yes ☐ No

If yes, please list: _____

Diagnosed Medical Conditions: ☐ Asthma ☐ Seizures ☐ ADD/ADHD ☐ Autism☐ Other _____Food Allergies: ☐ Tree Nuts/Peanuts ☐ Gluten ☐ Eggs ☐ Dairy/Lactose ☐ Seafood/Shellfish ☐ Soy☐ Other _____Medicine Allergies: ☐ Penicillin ☐ Aspirin ☐ Amoxicillin ☐ Other _____Environmental Allergies: ☐ Bee Stings ☐ Pollen ☐ Dust ☐ Mold ☐ GrassWill your child be taking any medication(s) regularly while attending program? ☐ Yes ☐ No

If yes, you need to complete a CARE PLAN FORM FOR CHILDREN WITH SPECIAL NEEDS

Does your child use an inhaler? ☐ Yes ☐ NoDoes your child use an EpiPen? ☐ Yes ☐ NoDoes your child use insulin? ☐ Yes ☐ No

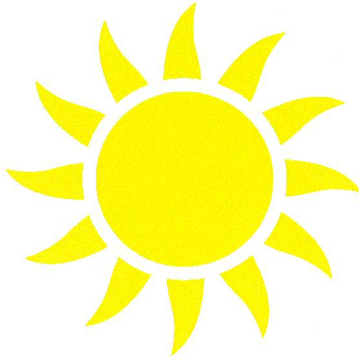
Doctor's Name: _____ Doctor's Phone: () _____

Does your child(ren) have health and /or accident insurance? ☐ Yes ☐ No

Hospital Preferred: _____

Other Medical Conditions: Please list any physical, mental or medical limitations of your child below and discuss them with the Club Director upon submitting your application.

SUN SAFETY



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 _____ Age _____

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.