



LUDLOW COMMUNITY CENTER
RANDALL BOYS & GIRLS CLUB

Summer Camp Enrollment Form

Child Information

Child's Name: _____ D.O.B. ____/____/____

Home Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Date of Application: ____/____/____

Physical description of child and/or current picture:

Eye Color: _____ Hair Color: _____ Sex: M F

Height: _____ Weight: _____ Skin Color: _____

Please Circle One:

African-American Asian Hispanic/Latino Multi-Racial Native American Caucasian Other

Identifying Marks: _____

Child's Physician: _____ Phone: () _____

Address: _____ City: _____ State: _____

Health Insurance Coverage: _____

Policy Number: _____

Special Limitations or Concerns:

Individual Health Care Plans and Medication Consent forms **MUST** be filled out by parent and signed by licensed healthcare practitioner for any child with a chronic medical condition. Some examples would include: asthmatic, allergies, ADHD or diabetic. See attached forms.

Dietary Restrictions: _____

Allergies: _____

Special Needs: _____

Chronic Health Conditions: _____

Attendance:

Please circle the weeks in which your child will be attending camp:

Week # 1 – June 26 – June 30

Week # 5 – July 24 – July 28

Week # 2 – July 3 – July 7*

Week # 6 – July 31 – August 4

Week # 3 – July 10 – July 14

Week # 7 – August 7 – August 11

Week # 4 – July 17 – July 21

Week # 8 – August 14 – August 18

**The Club will be closed Tuesday, July 4th in observance of Independence Day.*

Parent/Guardian Information

Parent/Guardian Name: _____

Email address: _____ Relationship to Child: _____

Home Address: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer's Name & Address: _____

Employer's Phone #: () _____ Hours at Work: _____ to _____

Parent/Guardian Name: _____

Email address: _____ Relationship to Child: _____

Home Address: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer's Name & Address: _____

Employer's Phone #: () _____ Hours at Work: _____ to _____

Child Pick-Up/Emergency Contact Information – Other than Parent

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Children will only be released to those listed above on this list.

Parent/Guardian Signature

____/____/____
Date

******Please note that all information is kept confidential******

Consent Form

Please circle one:

I understand that the Staff at The Randall Boys & Girls Club are trained in the basics of First-Aid and CPR and I authorize them to give my child First-Aid and CPR when appropriate.

yes or no

In the case of emergency, I give The Randall Boys & Girls Club permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached.

yes or no

I give The Randall Boys & Girls Club permission to take my child on neighborhood outings with proper supervision and weather permitting.

yes or no

I give The Randall Boys & Girls Club permission to take my child to the adjacent playground and fields with proper supervision and weather permitting.

yes or no

I give The Randall Boys & Girls Club permission to photograph my child to be used in displays and promotional materials.

yes or no

I give The Randall Boys & Girls Club permission to take my child on scheduled field trips.

yes or no

I give my child permission to access the internet while at The Randall Boys and Girls Club with the understanding that proper supervision and safeguards are in place.

yes or no

I give my child permission to use the pool located in The Randall Boys and Girls Club.

yes or no

Data Sharing

I understand that the Randall Boys & Girls Club may share information about my child with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this application, information provided by your child's school or school district, and other information collected by the Randall Boys & Girls Club, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. Data shared with BGCA will only include membership number and not name.

Confidential Information

The following information is necessary for our records and the funding our organization receives. The answers you provided are confidential. Your cooperation is both appreciated and necessary.

Annual Household Income: under \$25,000 over \$25,000 over \$50,000
 over \$75,000 over \$100,000 or Amount \$ _____

Number of Family Members in the Household: _____

Child's Family Setting:

Mother Only Father Only 2 Parent Family 1 Parent/1Step Grandparents
 Foster Care Other _____

Is parent active military? yes or no If yes which branch? _____

School Information

Name of School: _____ Grade completed in June/17: _____

Current Teacher: _____

Primary Language (if other than English): _____

Free Lunch Reduced Lunch Neither

Parent/Guardian Signature

_____/_____/_____
Date



LUDLOW COMMUNITY CENTER
RANDALL BOYS & GIRLS CLUB

Summer Camp Enrollment Form Summer 2017 Non - Resident

Your Summer Camp Application is complete if you...

- _____ have completed, signed, and dated the application
- _____ circled the correct weeks in which your child will be attending camp
- _____ have completed and signed Individual Healthcare Plan and/or Medication Consent *(if applicable)*
- _____ have filled out and signed the emergency card
- _____ have attached a copy of your child's updated immunizations
- _____ paid 20% deposit
- _____ paid \$25.00 Registration Fee *(waived for Automatic Debit/Paid in Full)*
- _____ have voided check for Automatic Debit
- _____ read the parent handbook

Registration Dates & Times:

Early Bird Registration	April 17 th – April 28 th	Monday-Friday	8am-5pm
General Registration	Monday, May 22 nd	5:30PM - 7PM	
	Wednesday, May 31 st	5:30PM – 7PM	
	Wednesday, June 7 th	5:30PM – 7PM	
By Appointment	Call 413-583-2072	After April 28 th	

I, _____ parent of _____,
have read The Randall Boys & Girls Club Summer Camp parent handbook and understand
the policies and procedures.

Parent/Guardian signature

____/____/____
Date