

NORTHERN AREA BOYS & GIRLS CLUB 2018 DAY CAMP REGISTRATION



| Camper's Last Name | First Name | Gender M F D.O.B. |
|--|--|---|
| Camper's Home Address | | |
| City | State | Zip |
| Guardian Name: | Guardian Name: | |
| Phone #: () | Phone #:() | Emergency:() |
| Email Address | | _ |
| MEDICAL INFORMATION: | | |
| Does Child have any physical disabilities? Y | es No If yes, what are they? | |
| Does Child have any allergies? | es No If yes, what are they? | |
| Is Child on medication? | es No If yes, what medication? | |
| What, if any, are the limits on the Child's part | icipation in activities? | |
| Does your child have any behavioral disabiliti | es or any other health related issues? ? Yes | s No If yes, explain |
| | | |
| Medical Insurance Carrier | Medical | Assistance? Yes No |
| Do you receive DPA/Access? Yes No If so | o, DPA/Access Number? | |
| by the Club Director to hospitalize, secure pabove. As parent/guardian of the above chil | oroper treatment for and to order injection in the Boys & Court of Directors, staff or volunteers liable | I hereby give permission to the physician selected on, anesthesia or surgery for my child as named Girls Clubs of Western PA and agree not to hold th for injuries and accidents in connection with his/ |
| Parent/Guardian Signature: X | | Date: |
| | | |

SUMMER PROGRAM SESSIONS

*Check all weeks you will attend

| | Day Camp \$80.00/5 Day Sessions 7:30–5:30PM | *Closed July 4th Weekly fee discounted to \$64.00. |
|---------|---|--|
| Week 1 | June 4-8 | |
| Week 2 | June 11-15 | |
| Week 3 | June 18-22 | |
| *Week 4 | June 25-29 | |
| Week 5 | July 2-3, July 5-6 (Closed July 4th) | |
| Week 6 | July 9-13 | |
| Week 7 | July 16-20 | |
| Week 8 | July 23-27 | |
| Week 9 | July 30-Aug 3 | |

SUMMER PROGRAM FEES \$80.00 DAY CAMP

FINAL PAYMENT IN FULL DUE 5PM THE THURSDAY BEFORE ATTENDING CAMP. NO EXCEPTIONS. IF PAYMENT IS NOT ON TIME, THE CHILD WILL NOT BE ABLE TO ATTEND!

- Returned checks will be charged \$25 fee.
- Late fees will be assessed for late pick up.

Boys & Girls Clubs of Western Pennsylvania programs are open to all children between the ages of 5-12 inclusive, regardless of race, color, sex, religion, national origin or impairment. Physically or mentally impaired children, who can function in general population and who do not present an unreasonable safety concern to themselves or others will be accepted.

Return completed registration form with deposit for each week to your local Club. No mail in accepted. First week must be paid in full at the time of registration. \$30 Deposit on each additional week.

| Age: | | | | | | | | | | |
|--|---|---|---|----------|---|-----------------------|----------|---|---|--|
| Name: | | | | | | Phone #: | | | | |
| Address: | | | | | | | E-mail : | | | |
| Medical Problems:Third Party | | | | | | | | | | |
| Sessions Registered (Circle) 1 2 3 4 5 6 7 8 9 | | | | | | | | | | |
| Sessions paid / attended | | | | | 5 | Contact Phone 6 7 8 9 | | | | |
| Scholar. Paid | 1 | 2 | 3 | (\$64) 4 | 3 | 6 | 1 | 8 | 9 | |
| Receipt # | | | | | | | | | | |
| Date | | | | | | | | | | |
| Paid | | | | | | | | | | |
| Receipt # | | | | | | | | | | |
| Date | | | | | | | | | | |
| Paid | | | | | | | | | | |
| Receipt # | | | | | | | | | | |
| Date | | | | | | | | | | |
| Owes | | | | | | | | | | |
| Attended | | | | | | | | | | |