



BOYS & GIRLS CLUBS
OF NORTH CENTRAL NORTH CAROLINA

SUMMER CAMP REGISTRATION

Summer Camp Application Registration Fees

Pay Weekly

- \$60** New Membership (\$10) + Registration Fee (\$25) + Week 1 Fee (\$25)
- \$50** - Registration Fee (\$25) + Week 1 Fee (\$25)

Pay by session and SAVE!

New Membership (\$10) + Registration Fee (\$25) – Due at Registration!

- \$65** –Session One: June 17th- July 5th (3 weeks) **Closed July 4th**
- \$65** – Session Two: July 8th- July 26th (3 weeks)
- \$65** – Session Three: July 29th- August 16th (3 weeks)

Member's Information

First: _____ MI: _____ Last: _____

Gender: M F Date of Birth: ____/____/____

Address: _____

School: _____ RISING Grade Level: _____

Did your child attend our clubs during the school year? _____ YES _____ NO
If no, please complete a membership application. New memberships require a \$10 membership fee.

Primary Contact Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contacts and Alternate Pick Ups from Camp:

1.Name: _____ Phone 1: _____ Phone 2: _____

2.Name: _____ Phone 1: _____ Phone 2: _____

Medical Information

List any medical or physical limitations that would limit your child's participation in the summer program or that we should know about (please be specific):

FOR OFFICE USE ONLY: Member #: _____

Allergies

During our summer programs, members will participate in activities both in & outdoors. Does your child have any known allergies (such as dust, pollen, medications, plants, food, etc.)

_____ NO _____ YES

Please Check if allergic to the following: MILK Peanut Butter

If yes, what are they allergic to?

Transportation Permission

I hereby give my permission for my child to participate in activities and programs with the Boys & Girls Club that necessitate transportation in vehicles. I understand that often local day trips may be unannounced; while out of town trips will be posted in advance. I understand that all trips will be under the supervision of the Boys & Girls Club staff. I will not hold the Boys & Girls Clubs of North Central North Carolina responsible in case of an accident. Notice of all trips all always be available at the administrative office. _____ YES _____ NO

Swimming Permission

I hereby give my permission and full consent for my child to participate in swimming activities at local pools as conducted by the Boys & Girls Club. I hereby fully release, and shall in the future release, the Boys & Girls Clubs of North Central North Carolina and its directors, instructors, officers and staff, from any cause of action claim or liability for damages or expenses, including but not limited to any claims for personal injuries resulting or arising from any swimming activity or related activities.

_____ YES _____ NO

I recognize that there is an element of risk in any out of the home settings, including the Boys & Girls Club. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events. I authorize my child to participate in the educational, athletic, and recreational programs of the Boys & Girls Club and in any and all field trips away from the Club. On behalf of my minor child I assume all risks of my child's participation in these programs. I hereby release and agree to hold harmless the Boys & Girls Clubs of North Central North Carolina, its employees, agents, officers, directors and all volunteers from any and all liability, loss or damage, actions, claims and demands which now have or which may hereafter arise from my child's participation in the routine activities of the Boys & Girls Club. This release is intended to be binding upon my heirs, executors or personal representatives. I hereby certify that my child is in normal health, and to my knowledge, is capable of participating safely in the educational, athletic and recreational programs of the Boys & Girls Club. I will be responsible for any damage that his/her actions may cause. I agree not to hold the Boys & Girls Clubs of North Central North Carolina or representatives responsible for injuries or accidents in connection with the Club's activities and I authorize the Club to administer first aid, in case of injury. (Every attempt will be made to contact parents/guardians on file). If any injury appears serious enough for hospitalization or medical care, such expense will be borne by parents or guardians. I agree not to hold the Boys & Girls Clubs of North Central North Carolina or representatives responsible for any personal property brought into the club. I understand that The Boys & Girls Clubs of North Central North Carolina cannot administer any medication to my child unless traditional first aid (Neosporin, itch cream, sting cream, etc). I give my consent to the Boys & Girls Clubs of North Central North Carolina, Inc. to use my child's photograph or likeness in brochures, newspaper articles, displays, etc. I understand that any payment made holds my child's spot in the program and there will be NO refunds. I understand that all payments due on the Monday of the week they attend, any payment made after Monday will incur a \$10.00 late fee. I also understand that the clubs close at 5:30pm and there is a late fee: \$1.00 per MINUTE per CHILD.

Parent/Guardian Signature: _____

****ALL MEMBERS MUST HAVE A CURRENT & UPDATED MEMBERSHIP (INCLUDING APPLICATION), TO ATTEND THE SUMMER DAY CAMPS****

FOR OFFICE USE ONLY: Member #: _____



BOYS & GIRLS CLUBS
OF NORTH CENTRAL
NORTH CAROLINA

FOR OFFICE USE

Unit _____
Number _____
Expires _____
Paid _____
New _____ Renewal _____

MEMBERSHIP APPLICATION

(PLEASE PRINT)

Child's Name: _____ Age: _____

Phone #: _____ Alternate Phone #: _____ Alternate Phone #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ **Birth date: _____

Gender: _____ Male _____ Female

Race (circle one): African American Caucasian Hispanic Asian/Pacific Islander
Native American Other _____

Father's Name: _____ Work #: _____

Employer: _____ Position: _____

Mother's Name: _____ Work #: _____

Employer: _____ Position: _____

With whom does your child reside (circle one)?
Parents Mother & Stepfather Father & Stepmother Mother Only Father Only Grandparent(s)
Foster Care Group Home Other: _____

What school does your child attend? _____ Current grade level: _____

EMERGENCY INFORMATION:

Please authorize a person to act for the parent in the event of an emergency.

Name: _____ Home #: _____

Address: _____ Work #: _____

Employer: _____ Relationship to Member: _____

Family Physician or Pediatrician: _____ Office #: _____

Who will be picking up your child (ren) from the Unit?

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Annual Family Income (for United Way Survey): _____ \$0 – 10,000 _____ \$30,000 – 40,000
_____ \$10,000 – 20,000 _____ \$20,000 – 30,000 _____ \$40,000 – 50,000 _____ \$50,000 & over

Does your child receive: Free Lunch: _____ Reduced Lunch: _____

Who referred you to the Boys & Girls Club of North Central North Carolina? Choose one:

Parent/Guardian Dept. of Social Services School Juvenile Court
 Mental Health Law Enforcement Clergy Community Shelter

Other: _____

Has your child ever been a member of a Boys & Girls Club? Yes No

If so, where? _____

What illnesses does your child have which the Boys & Girls Club should know about? _____

Does your child regularly take any prescription medication? Yes No

If so, what type of medication? _____

Parent/Guardian Approval: I approve my child's application for membership to the Boys & Girls Clubs of North Central North Carolina. I am aware that the Club rules & policies are available at the Front Desk. My child and I agree to follow the Club rules and policies, and we understand that Club membership is a privilege that may be revoked at any time.

Internet: I understand that my child will have supervised access to the internet for web browsing and educational purposes.

Sharing of Personal Information: I give my permission to the Boys & Girls Clubs of North Central North Carolina to share information about the minor child listed on this application with Boys & Girls Clubs of America for research purposes and/or to evaluate program effectiveness. Information that will be disclosed to BGCA may include information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by The Boys & Girls Clubs of North Central North Carolina, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Surveys and Questionnaires: I give permission to the BGCNCNC to survey my child about his/her club experiences, risk behaviors, skills, and attitudes. I give consent for my child to complete the national youth outcomes initiative survey involving questions about their risk behaviors at the end of the calendar year, in the spring, and at the end of the summer. I am aware that blank sample copies are available for review at the Front Desk. I agree that if I do not want my child to participate in the surveys, I must provide notice in writing to the Boys & Girls Clubs of North Central North Carolina. I give permission for my child to participate in all Boys & Girls Clubs programs including SMART Moves and Street SMART.

Media: I give consent for the Club to use my child's photograph or likeness including their voice and features in any way they deem fit for production and marketing purposes. I understand my child(ren) will receive no compensation for the release. I relinquish all rights to copyright, title, property interest and/or any other interest in said images and I waive the right to inspection and approval of the finished reproduction.

Transportation: I give consent for my child to attend any field trips which include, but are not limited to, swimming, skating, community events, etc.

Medical Treatment: I agree not to hold the Club or its representatives responsible for injuries or accidents in connection with activities. I authorize the Club to administer first aid in case of injury (every attempt will be made to contact parents/guardians). If an injury appears serious enough for hospitalization or medical care, such expense will be borne by the parents or guardians.

Release of liability: I will not hold the Boys & Girls Clubs of North Central North Carolina responsible in case of any loss, damage, injury, or death resulting from use of Club facilities or participation in Club activities either at or away from the club.

Consent to Educational Help & Release of Records: I give permission for Club staff to talk with my child's teacher(s) about his/her work and to keep records of my child's report cards in an effort to help meet his/her educational needs. I give my child permission to participate in the "Power Hour" Homework Assistance Program that occurs during the traditional school year. I give the Club permission to view my child's end of the year test results to help direct program creation and to help with accurate reporting for education grants.

Please remember that the **Boys & Girls Club of North Central North Carolina** has an open door policy, except in Day Camp Programs, we cannot be responsible for members when they are not at the Club, or before the Club opens or after it is closed. Hours of operation are posted near the entrance of each Unit. *There will be a \$1.00 per minute late fee for every minute that your child remains after the posted closing time.*

Parent or Guardian Signature

Date

FACILITY NAME: Boys & Girls Clubs of NCNC-FranklinOSHC

CID#: 2253

1. CHILD INFORMATION

First Name	Last Name	Birth Date	Age	Check if Child has Milk Allergies*
				* If checked, a completed Parent Preference Form must be attached. <input type="checkbox"/>

2. ENROLLMENT INFORMATION

Normal Days Of Care: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Meals Served In Care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Normal Hours Of Care: Arrival: _____ AM PM Departure: _____ AM PM

3. ELIGIBILITY INFORMATION

Option 1: If your household receives **SNAP**, **TANF**, or **FDPIR** benefits provide one of the following Case Numbers:
 SNAP # _____ (formerly Food Stamps) TANF # _____ (formerly Work First) FDPIR # _____ (Indian Food Program)

Option 2: Check if this is an **EARLY HEAD START** Participant

Option 3: Check if this is a **FOSTER CHILD**

Option 4: Check if this child is **HOMELESS** or **EVACUATED** from Japan or Bahrain* *Certification from the agency that assisted with the evacuation or is providing shelter is required and must be attached.

Option 5: Total Household Gross Income (List ALL monthly income before taxes)

CHOOSE ONE ELIGIBILITY OPTION	List names of all other people living in Child's Household (Adult signing form MUST be included)	Check if NO Income	Monthly Wages & Salaries	Monthly Public Assistance or Child Support	Monthly Social Security, Pensions, Retirement	Monthly Other Earnings
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

4. ETHNIC AND RACIAL IDENTITY OF PARTICIPANT

Ethnic Identity: (Please check one) Hispanic or Latino Not Hispanic or Latino

Racial Identity: (Please check one or more) White Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander

5. SIGNATURE AND SOCIAL SECURITY NUMBER (SS# is required for all households qualifying by income)

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of Household Member (Signer must be listed in household above) _____ Date _____ X X X - X X - _____ I do not have a Social Security #

Printed Name _____ Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Signature of Facility Representative (Required) _____ Date _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

FOR SPONSOR USE ONLY, to be classified and completed by institution/sponsor:

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD INCOME \$ _____

APPROVED: Free Reduced Denied

REASON FOR DENIAL: Income Too High Incomplete Application Other

Signature of Eligibility Official Date _____ Date _____

FOR STATE USE ONLY

Verified By: _____ Date: _____

Verified Classification Free Reduced Denied

Reason for change in Classification _____

INFANT FEEDING FORM
Required for children 0 through 11 months old
Child and Adult Care Food Program

Institution: Cape Fear Tutoring
Agreement Number: 7506

FACILITY NAME: Boys & Girls Clubs of NCNC-FranklinQSHC **CID#:** 2253

*This facility offers the CACFP Infant Meal Pattern to infants 5 through 11 months of age.
 Allowable foods include: Iron fortified infant cereal, fruits, vegetables, meats or meat alternates, and enriched/whole grain breads and crackers.
 Foods will be the correct texture to meet the needs of infants who are ready to consume solid food(s).*

1. CHILD INFORMATION			
First Name	Last Name	Birth Date	Age

2. **FACILITY INFORMATION:** (Must be completed by child care provider)

This Facility offers _____ formula to infants 0 through 11 months of age.
name of formula is required

3. **PARENT/GUARDIAN INFANT FEEDING CHOICES:** (Both A. and B. MUST be completed by parent or guardian)

A. FORMULA/BREAST MILK (Check One Box)

I will accept the formula offered by this facility.

I will provide breast milk for my infant.

I will provide _____ formula for my infant.
name of formula is required

B. FACILITY OFFERED FOODS (Check One Box)

When / If my child is 5 months or older:

I will accept the facility provided iron fortified infant cereal, baby food and/or table food. These foods will be offered to my infant when I decide he/she is developmentally ready.

I will provide the food for my infant until he/she is 1 year old.

4. **SIGNATURE**

_____ **Signature of Parent or Guardian** (Required) _____ **Date**

Note to parents who are participating in the WIC Program: Your baby is eligible to get formula from this child care facility as well as from the WIC Program. It is your decision which formula you want your baby to use when he/she is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.

This form will be valid until the child turns one year old.
A new form is required to change these selections.



GSK Science in the Summer™

In partnership with UNC Morehead Planetarium and Science Center

Instructions: Please complete the following information regarding your child.

Camper's Name:	
Name of club or school:	
Grade:	
Child's shirt size: (Circle one)	Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

Science in the Summer Release and Hold Harmless Agreement and Consent For Medical Treatment

As part of the consideration for my child's participation in the **Science in the Summer** program, I hereby release, hold harmless, and forever discharge GlaxoSmithKline LLC ("GSK") and The University of North Carolina at Chapel Hill, for its Morehead Planetarium and Science Center (the "University"), its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, that may be sustained by me or my child or to any property belonging to me or my child while my child is participating in the program, except for damages caused by the negligence of GSK and the University, its agents and employees.

I acknowledge that my child's participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me or my child as a result of my child's participation in this project.

In the event of illness or injury, and I hereby authorize **Science in the Summer** staff, or other employees or agents of GSK and the University, to obtain emergency medical treatment for my child at a local hospital as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of GSK, the University and **Science in the Summer** staff to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that **Science in the Summer** staff will make reasonable efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child by a certified person should it become necessary.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives.

I acknowledge that I am 18 years old or more and that I am the parent or legal guardian of

_____.

Sign: _____ **Date:** _____



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Science in the Summer Contract and General Policies

Photo Consent

I hereby grant GlaxoSmithKline LLC and the University the irrevocable right and permission to photograph or videotape my child's participation in the **Science in the Summer** Program and to use the photograph(s) and/or videotaped image(s) in any and all brochures, publications, Internet websites, audiovisual presentations, promotional literature, advertising, or for any other similar purpose without compensation to me or my child. If you do not wish for your child's image to be used for this purpose, you must notify the **Science in the Summer** administrator in writing no later than one week prior to the start of camp by faxing or emailing the letter to Glenda Hairston at (919) 445-6280 or g Hairston@unc.edu. I agree that all such portraits, pictures, photographs, video and audio recordings and any reproductions thereof, and all plates, negatives, recording tape, and digital files shall remain the property of GlaxoSmithKline LLC and the University. I waive the right to approve the final product.

I hereby release and forever discharge GlaxoSmithKline LLC and the University, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy, appropriation of likeness, or defamation.

Please fill out the following information if you feel comfortable doing so. This information has no bearing on an individual's eligibility to participate in the Science in the Summer program and is for evaluation and reporting purposes only.

What is the gender of your child? Check the box with the appropriate response.

- Female
- Male
- Other: Please specify, if desired. _____

How would you best describe your child? Choose as many as apply.

- African-American/African
- Caucasian/European
- Hispanic/Latinx
- American Indian/Alaskan Native
- Native Hawaiian/Other Native Pacific Islander
- Middle Eastern
- South Asian/Indian
- East Asian
- Other

*I hereby warrant that I am the parent or legal guardian of _____ and that I am eighteen years old or more and competent to contract in my own name. I have read, understood & agree to the **Science in the Summer** general policies. This release is binding on me, my child, and our heirs, legal representatives, and assigns.*

Sign: _____ Date: _____