



BOYS & GIRLS CLUBS
OF NORTH CENTRAL NORTH CAROLINA

Roanoke Rapids Unit

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)
- \$10** – Early Bird Weekly Fee (Arrival /6:30am)

Pay by session and SAVE!

- \$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)

*If you decide to pay by session your first week payment during registration will go towards Session One.

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: _____ Relation: _____

Phone: _____ Email: _____

Emergency Contacts and Alternate Pick Ups from Camp:

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

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

FOR OFFICE USE ONLY: Member #: _____

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):

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 also understand that the clubs closes at 5:30pm and there is a late fee: \$1.00 per MINUTE per CHILD.

FOR OFFICE USE ONLY: Member #: _____

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: B&G CLUB NCNC HALIFAX (0SHC)

CID#: 3340

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 _____

**CHILD AND ADULT CARE FOOD PROGRAM
 MEDICAL STATEMENT FOR PARTICIPANTS REQUIRING MEAL MODIFICATIONS**

Dear Parent/ Guardian: This facility participates in the child and adult care food program (CACFP) and MUST serve meals and snacks meeting the CACFP requirements. If you have a Lifestyle or personal preference that prevents COW's milk, the approved SOY substitute, or other foods from being provided by the center you MUST complete section 1.

If your Child is **unable** to consume COW's milk, an approved SOY substitute or other foods a RECOGNIZED MEDICAL AUTHORITY MUST, complete sections 2 and 3.

CHILD'S NAME: _____ DOB _____

_____ I accept the facilities CACFP approved Cow's Milk Substitute. (See center director for the type of Soy Milk they provide)

*** Currently No Almond or Rice milks are approved as Substitutes**

_____ I do not accept the approved Cow's Milk Substitute.

State substitution preference here: _____

***Note: Your child care facility is not required to provide this substitute.**

Parent Preference

1. MILK/OTHER FOOD SUBSTITUTIONS <i>(Must be of the same CACFP meal component to be reimbursed)</i>	
<i>Identify milk / foods to omit from diet:</i>	<i>Identify milk / foods that may be substituted in diet:</i>

Parent/Guardian Signature: _____ Date: _____

Medical Requirement

2. MILK/OTHER FOOD SUBSTITUTIONS REQUIRING A MEDICAL STATEMENT <i>(must be of the same CACFP meal component to be reimbursed)</i>	
<i>Identify milk / foods to omit from diet:</i>	<i>Identify milk / foods that may be substituted in diet:</i>

3. THE PARTICIPANT HAS AN IMPAIRMENT THAT RESTRICTS HIS/HER DIET AND EFFECTS ONE OR MORE OF THE FOLLOWING MAJOR LIFE ACTIVITIES AND/OR MAJOR BODILY FUNCTION: (CHECK ALL THAT APPLY)				
<input type="checkbox"/> caring for one's self	<input type="checkbox"/> reading	<input type="checkbox"/> standing	<input type="checkbox"/> neurological	<input type="checkbox"/> performing manual tasks
<input type="checkbox"/> seeing	<input type="checkbox"/> concentrating	<input type="checkbox"/> bending	<input type="checkbox"/> digestive	<input type="checkbox"/> circulatory
<input type="checkbox"/> eating	<input type="checkbox"/> thinking	<input type="checkbox"/> breathing	<input type="checkbox"/> bowel	<input type="checkbox"/> endocrine
<input type="checkbox"/> walking	<input type="checkbox"/> learning	<input type="checkbox"/> communicating	<input type="checkbox"/> bladder	<input type="checkbox"/> reproductive functions
<input type="checkbox"/> lifting	<input type="checkbox"/> hearing	<input type="checkbox"/> working	<input type="checkbox"/> respiratory	<input type="checkbox"/> functions of the immune system
<input type="checkbox"/> speaking	<input type="checkbox"/> sleeping	<input type="checkbox"/> normal cell growth	<input type="checkbox"/> brain	

Signature of Recognized Medical Authority: _____ Date: _____

*This form will be considered a parent preference if not signed by a recognized medical authority.