



**REQUIRED INFORMATION**

THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC. BENEFIT FROM FEDERAL FUNDING. THEREFORE, THE FOLLOWING INFORMATION IS REQUIRED FOR GOVERNMENTAL SURVEYS IN ORDER TO CONTINUE RECEIVING THIS FUNDING. FAILURE TO SUPPLY THIS INFORMATION WILL RESULT IN THE LOSS OF THIS FUNDING.

**IT IS MANDATORY THAT YOU FILL THIS OUT, OTHERWISE WE CANNOT ACCEPT THIS APPLICATION.**

**PLEASE CIRCLE THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD AND THE CORRECT INCOME LEVEL LISTED BENEATH THE HOUSEHOLD SIZE**

<b>2 PEOPLE</b>	<b>3 PEOPLE</b>	<b>4 PEOPLE</b>	<b>5 PEOPLE</b>	<b>6 PEOPLE</b>	<b>7 PEOPLE</b>	<b>8 PEOPLE</b>
<b>\$0 TO \$32,100</b>	<b>\$0 TO \$36,150</b>	<b>\$0 TO \$40,150</b>	<b>\$0 TO \$43,350</b>	<b>\$0 TO \$46,550</b>	<b>\$0 TO \$49,800</b>	<b>\$0 TO \$53,000</b>
<b>\$32,101 TO \$46,400</b>	<b>\$36,151 TO \$52,200</b>	<b>\$40,151 TO \$58,000</b>	<b>\$43,351 TO \$62,650</b>	<b>\$46,551 TO \$67,300</b>	<b>\$49,801 TO \$71,900</b>	<b>\$53,001 TO \$76,550</b>
<b>ABOVE \$46,401</b>	<b>ABOVE \$52,201</b>	<b>ABOVE \$58,001</b>	<b>ABOVE \$62,651</b>	<b>ABOVE \$67,301</b>	<b>ABOVE \$71,901</b>	<b>ABOVE \$76,551</b>

**CHECK APPLICABLE LINE**

WHITE (NON HISPANIC ORIGIN)  BLACK (NON HISPANIC)  HISPANIC  ASIAN OR PACIFIC ISLANDER

NATIVE AMERICAN INDIAN  OTHER: \_\_\_\_\_  HANDICAPPED OR DISABLED

I UNDERSTAND THAT MY CHILD’S MEMBERSHIP AT THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC. IS A PRIVILEGE AND MAY BE REVOKED IF MY CHILD DOES NOT ADHERE TO CLUB POLICIES.

PLEASE BE ADVISED THAT OUR COMPANY PROVIDING MEDICAL PAYMENT INSURANCE HAS TERMINATED ALL FORMS OF COVERAGE. **PLEASE TAKE NOTICE THAT THERE IS NO MEDICAL PAYMENT INSURANCE COVERAGE AVAILABLE OR PROVIDED BY THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC..** YOU, THE PARENT OR GUARDIAN, MUST PROVIDE FOR ANY MEDICAL PAYMENT OR INSURANCE COVERAGE FOR YOUR CHILD.

THE BOYS & GIRLS CLUBS OF UNION COUNTY HAS MY PERMISSION TO USE PICTURES TAKEN OF ME OR MY CHILD IN PUBLICATIONS TO PROMOTE ACTIVITIES CONDUCTED AT THE CLUB.

I GIVE THE BOYS & GIRLS CLUBS OF UNION COUNTY MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ATHLETIC AND RECREATIONAL ACTIVITIES.

**ACKNOWLEDGEMENT:**

I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS AND **REPRESENT TO HOLD HARMLESS THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC.** FROM ANY LIABILITY, IN CONSIDERATION OF PARTICIPATION OR ATTENDANCE AT CLUB FACILITIES OR FUNCTIONS FOR MYSELF AND MY CHILD.

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE, ACCURATE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL JEOPARDIZE MY CHILD’S MEMBERSHIP AND MONIES PAID.

**AGENCY ACCEPTABLE USE POLICY**

Boys & Girls Clubs of Union County’s computer network and Internet access are available to members to enhance their educational experience and become literate in an increasingly technological world. I understand that access to Boys & Girls Clubs of Union County’s Network and the Internet is designed for the educational purposes and we have taken available precautions to educate members on appropriate educational materials. However, it is understood that no matter how much supervision and monitoring that the Club can utilize, there will always be the possibility of my child coming in contact with inappropriate material, and I will not hold the Boys & Girls Clubs of Union County responsible for materials acquired on the network.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
CHILD’S NAME

\_\_\_\_\_  
DATE

STAFF INITIALS: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

**Boys & Girls Clubs of Union County**  
*Summer Fun Club Medical Record*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In Case of Emergency (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

	<u>Date of Immunizations</u>	<u>Conditions</u>
<i>D.P.T.</i>	1. _____	Epilepsy: _____
	2. _____	Asthma: _____
	3. _____	
<i>Booster</i>	_____	Heart Murmur: _____
<i>Polio</i>	1. _____	
(Oral)	2. _____	Chronic/Acute Illness: _____
	3. _____	_____
<i>Booster</i>	_____	_____
<i>Measles</i>	_____	
<i>Rubella</i>	_____	Physical and/or emotional handicaps: _____
<i>Mumps</i>	_____	_____
<i>TB Test</i>	_____	_____
<i>Allergies</i>	_____	_____
	_____	

Medical Release Form:

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the hospital's attending physician or attending physician selected by the Boys & Girls Clubs of Union County, Inc. to take necessary action, including surgery, anesthesia or injections, which is for the best interest of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Boys & Girls Clubs of Union County**  
*Release Authorization Form*

Under no circumstance will your child be released to anyone not known to the Club's Staff without authorization from a parent or guardian. Persons may be asked for identification.

Persons authorized to pick up child:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**Boys & Girls Clubs of Union County**  
*Payment Information*

**Camp Rate: \$130.00 per week/per child**

There is a \$25 fee that must be paid at the time of registration. A camp T-shirt is required for ALL summer trips. Camp T-shirts are \$10.00 each.

All payments must be made on the Friday before the camp week begins. Payments can be made in advance.

Children may be dropped off at the club between 8:30am and 9:00am. They MUST be picked up by 5:15pm. Early drop-offs (7:30am-8:30am) and late pick-ups (5:15pm-6:15pm) are available\*.

Is this child enrolled in a subsidy program? \_\_\_\_\_ If so, what program? \_\_\_\_\_

**CAMP FEES**

	<i>Amount Paid</i>	<i>Receipt #</i>	<i>Staff Initials</i>
Registration Fee			
Camp T-Shirt			
Misc. Fees			

**PAYMENT**

<i>Session</i>	<i>Week of:</i>	<i>Payment Amount</i>	<i>Receipt #</i>	<i>Staff Initials</i>
Week 1	June 27-July 1			
Week 2	July 5**-July 8			
Week 3	July 11-July 15			
Week 4	July 18-July 22			
Week 5	July 25-July 29			
Week 6	August 1-August 5			
Week 7	August 8-August 12			
Week 8	August 15-August 19			
Week 9	August 22-August 26			

**\*A FEE OF \$10.00 PER HALF HOUR MUST BE PAID AT THE TIME OF EARLY DROP OFFS AND LATE PICKUPS.**

**\*\*THE BOYS & GIRLS CLUBS OF UNION COUNTY WILL BE CLOSED ON MONDAY, JULY 4, 2011 IN OBSERVANCE OF INDEPENDENCE DAY.**

**Refund Policy: Cancellations must be done at least one (1) business week prior to the program start date set by the parent and staff at the time of registration.**