



2022 Summer Camp Programming - Ages 13+

Welcome to the Beloit Boys & Girls Club where Great Futures Start! All components of this packet and membership payment must be completed in order to be registered for the program. Contact 608-365-8874 with any questions.

Hours of Operation	Field Trips	Other Benefits
<p>June 13th - August 19th</p> <p style="text-align: center;">7AM - 6PM</p> <p>Meal Times:</p> <p>Breakfast - 8AM - 9AM</p> <p>Lunch - 12PM - 1PM</p> <p><small>*meals are available to any child under the age of 18, member or not</small></p>	<p>Weekly Swimming: 1PM - 4PM every Monday</p> <p>Please check the field trip calendar for weekly trips and costs</p>	<ul style="list-style-type: none"> ● Academic Support ● 60 minutes of active play per day ● Sportsmanship ● Character and leadership programs ● Computer-based programming ● On-site counseling opportunities ● Music Exploration ● Music Production ● Career Exploration ● Volunteer Opportunities

Registration Paperwork Checklist

- Membership Registration Form
 - Parent Statement of Understanding
 - Transportation Permission Form (for field trips)
 - Health History & Emergency Care Plan
 - Membership Fee Paid (\$20 per member or \$30 per family)
- Amount Paid: _____
- Date Paid: _____



First Day of Attendance: _____

**STATELINE
BOYS & GIRLS CLUBS**

Stateline Boys & Girls Club Program Registration Form

Child's Name _____	Male _____ Female _____
Address _____	D.O.B _____
City, State, Zip _____	AGE: _____
Phone Contact (_____) _____	Grade Level Fall 2022 _____
Contact Email _____	
Name of School: _____	Total Household Income (circle one):
	\$0 - \$20,000 per year
	\$20,000 - \$30,000 p/yr
	\$30,000 - \$40,000 p/yr
	\$40,000 - \$50,000 p/yr
	\$50,001+ per year

Parent/Guardian Information

<u>Parent/ Guardian 1</u>	<u>Parent/ Guardian 2</u>
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Phone: (____) _____	Phone: (____) _____
Employer: _____	Employer: _____
Work Phone: (____) _____	Work Phone: (____) _____

Emergency Contacts (Two contacts other than Parents/ Guardians)

<u>Emergency Contact 1</u>	<u>Emergency Contact 2</u>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: (____) _____	Phone: (____) _____

Medical and Behavior History to help us provide the best care possible

<p>Has your child been diagnosed or treated for the following:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies to Insects</p> <p><input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____</p> <p>Please Explain: _____</p> <p>_____</p>	<p>Physicians Name: _____</p> <p>Phone Number/Address: _____</p> <p>Hospital Preference: _____</p> <p>Additional Information: _____</p> <p>_____</p>
--	--

*Pets and other animals are not on premises

First Day of Attendance: _____

Child's name _____

Parent Statement of Understanding

Please read and initial the box acknowledging that you have read and understand each statement listed below

_____ I understand that the Stateline Boys & Girls Club is not responsible for lost, stolen, or damaged personal articles.

_____ I understand that my balance is due on or before the due date for each session.

_____ I understand that I will not be refunded for any session or days missed during a session.

_____ I understand that I will be invoiced \$1 for every minute that my child is picked up late and this invoice must be paid before my child can return to the Club.

_____ I have had an opportunity to review the policies of this child care center and the summary of the Wisconsin Rules for Licensed Child Care Centers.

_____ I have reviewed the technology use policy with my child and understand that, while all precautions are taken to prevent inappropriate use of technology, the Stateline Boys & Girls Club will not be held liable if my child accesses inappropriate material.

_____ I understand that a risk of exposure to communicable disease (including COVID-19) may be unknowingly present at the facility and that the facility will contact me if they are aware of a known communicable disease. I will not hold the Stateline Boys & Girls Club liable for any exposures or transmissions of such illnesses.

I give consent to the Stateline Boys & Girls Club to :

_____ Seek medical treatment for my child in the event of an emergency if I cannot be reached immediately.

_____ Use photos or videos taken of my child for Stateline Boys & Girls Club promotional purposes.

_____ Transport my child to and from activities by way of the SBGC shuttle or bus.

_____ Allow my child to go on walking trips and/or to the park with their group under SBGC Staff Supervision.

_____ Allow my child to use technology at the Club with adult supervision.

_____ Allow my child to participate in swimming activities.

_____ Access medical records, health history records, and academic reports from my child's school for academic and business use. I understand that Stateline Boys & Girls Club will keep this information strictly confidential and this information will only be utilized as a means of supporting my child.

Parent/Guardian Signature

Date

*Please note – immunization records are required for your child to attend. Please contact your doctor to receive the forms. We have the right to suspend care if immunization records are not collected within 30 days.