

Boys & Girls Clubs of Northwest New Jersey Wayne Unit 2020 Summer Camp Registration
COMPLETE BOTH SIDES

Child's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Gender: _____
 City: _____ State: _____ Zip: _____ Grade as of 9/20: _____
 Home Phone: _____ Emergency Phone: _____
 T-Shirt Size: YS YM YL AS AM AL AXL

Parent/Guardian Information:

Mother's Name: _____
 Business Name & Address: _____
 Business Phone: _____ E-mail _____

Father's Name: _____
 Business Name & Address: _____
 Business Phone: _____ E-mail _____

Authorized Pick-Up Names & Relation To Camper:

Please check the weeks you would like your child to attend Camp. You must fill out a separate form for each child attending camp.

	3 Day	5 Day
Week 1 June 22 – June 26	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 June 29 - July 3 (closed 7/3)	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 July 6 - July 10	<input type="checkbox"/>	<input type="checkbox"/>
Week 4 July 13 - July 17	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 July 20 - July 24	<input type="checkbox"/>	<input type="checkbox"/>
Week 6 July 27 - July 31	<input type="checkbox"/>	<input type="checkbox"/>
Week 7 August 3 - August 7	<input type="checkbox"/>	<input type="checkbox"/>
Week 8 August 10 - August 14	<input type="checkbox"/>	<input type="checkbox"/>
Week 9 August 17 – August 21	<input type="checkbox"/>	<input type="checkbox"/>
Week 10 August 24 – August 28	<input type="checkbox"/>	<input type="checkbox"/>

***Summer Vacation Club** Monday 8/31 Daily Rate of \$50
***Summer Vacation Club** Tuesday 9/1 Daily Rate of \$50
***Summer Vacation Club** Wednesday 9/2 Daily Rate of \$50

Early Bird Special: 3 Day Rate- \$140 per week; 5 Day Rate - \$200 per week. Effective until Monday, March 9, 2020 – no exceptions. Payment of at least 50% of total amount is due by March 9, 2020 to qualify for early rate, with remaining balance to be paid in full by **Friday, April 17, 2020.** Registrations received after Monday, March 9, 2020, and those with a remaining balance unpaid as of Friday, April 19, 2019, will be charged the regular fee.

Regular Fee: 3 Day Rate - \$160 per week; 5 Day Rate \$220 per week. March 10th, 2020 until Monday, May 18, 2020 – no exceptions. Registrations received after Monday, May 18, 2020 will be charged the late fee.

Late Fee: 3 Day Rate - \$180 per week; 5 Day Rate \$235 per week. Effective beginning Tuesday, May 19, 2020. Registration subject to availability. Registration and full payment must be received by the Thursday before the week your child will attend camp

Boys & Girls Clubs of Northwest New Jersey Wayne Unit
2020 Summer Camp Health History Form

Please answer the following questions regarding your child's health. Please print neatly and fill out the form completely. All information, including date of last tetanus booster, must be completed or registration form will not be accepted. Immunization forms must be submitted with registration form or it will not be accepted.

Child's Weight _____ Child's Height _____
Date of last tetanus (DTP) booster _____
Does your child have any allergies to drugs or medications? Yes No
If so, please list: _____
Does your child have any other allergies (food, etc)? Yes No
If so, please list: _____
Are there activities in which your child may not participate? Yes No
If so, please list: _____
Is your child in good general health? Yes No
Comments: _____
Are there conditions or specific needs – mental or physical – that require special attention? Yes No
If so, please list: _____
Child's Doctor & Phone Number: _____

Medications – If your child brings medication to the Club, we must have an original prescription from the child's doctor indicating dosage and dispensing method and a medication authorization signed by a parent or guardian.

Please provide us with your email address for camp announcements:

Email 1 _____
Email 2 _____

I hereby give my consent for my child to participate in the Boys & Girls Clubs of Northwest New Jersey (BGCNWNJ) Summer Camp Program, including all field trips, trips to Passaic County Tech, Barbour Pond, and Lafayette School playgrounds. I assume all risks in regards to participation in this or any other program of the BGCNWNJ. I release, indemnify, and agree to hold harmless, the BGCNWNJ, their Directors, Officers, Coaches, and Volunteers from any or all liability that may result in participation in these activities. I give permission to BGCNWNJ to seek professional medical treatment for my child in the event that first I, then my "emergency contact", cannot be reached, and there is an emergency resulting in illness or injury to my child. Further, *I authorize the use of my child's image for use in marketing and/or social media and materials.*

Parent or Guardian Signature: _____

For official use only. Please do not write in this area.

TOTAL AMOUNT DUE: _____

AMNT. REC.	OWED	CHECK #	DATE	REC. BY

Child's Name: _____