

# **2017 Summer Camp Registration**

***The Boys & Girls Club of Hawthorne offers a full day camp for elementary and middle school boys & girls.***

***Camp is open to children who have completed kindergarten through the completion of eighth grade.  
(No exceptions)***

- The entire camp is state certified and inspected, meets the requirements of the Youth Camp Safety Act and is administered and operated by experienced staff.
- Registration requires all campers to have a written health history, which specifies all known physical and mental conditions and an immunization schedule, signed and stamped by a physician. Please be sure to inform the camp staff of any changes in emergency contacts throughout the summer.
- Cost for each session is \$220 for the first child and \$200 for each additional child. Membership to the Club is required as is a camp tee-shirt which must be purchased at time of registration. Hawthorne & North Haledon residents require a Hawthorne Municipal Pool Badge. ***A \$60.00 pool usage fee for Non-Hawthorne and Non-North Haledon residents is also required.***
- **A \$100 non-refundable deposit is required at the time of registration for each week for each child.**
- If you are interested in Summer Camp Fun Club Days, you may sign up per day. The Summer Fun Club Days are Monday, August 28<sup>th</sup>, Tuesday, August 29<sup>th</sup>, Wednesday, August 30<sup>th</sup>, and Thursday, August 31<sup>st</sup>. The fee is \$45 per day.
- No registration will be accepted without all completed forms and required payments.
- Field Trips are posted on our website, [www.bgchawthorne.org](http://www.bgchawthorne.org), our Facebook Page Website, [www.facebook.com/bgchawthorne](http://www.facebook.com/bgchawthorne) and are listed on page 9 of the packet.
- Camp Tee-shirts must be worn on field trips and **LUNCHES MUST BE PACKED!**

***All summer camp forms, (pages 10, 12, 14, 15, 16, 17, 18 & 19), must be completed and returned to the Club in order to register your child for camp.***

# **2017 SUMMER CAMP PAYMENT POLICY**

***Please read the following payment policy carefully.***

***If you have any questions, please call the Club at 973-427-7777.***

- Summer camp fees are \$220 per week for the first child and \$200 per additional child.
- Boys & Girls Club members are required to have their initial membership and renewal of membership. Yearly membership runs from September to August.
- Pool membership is required.
  - **Hawthorne and North Haledon** residents must purchase pool passes through the Borough of Hawthorne.
  - Non-Hawthorne/North Haledon residents **are required** to pay a **\$60 pool usage fee** at the time of registration at the Boys & Girls Club.
- Tee shirts must also be purchased at time of registration for a fee of \$10.00.
- A deposit of \$100 per week is due at registration. This ensures your child a space in the weeks requested. No child will be enrolled without a deposit.
- All deposits are non-refundable and non-transferable, so please choose your weeks carefully.
- The entire balance of weeks 1 through 5 is due by Monday, June 5, 2017. If you register for weeks 1 through 5 after June 5<sup>th</sup>, payment must be made in full for those weeks.
- The entire balance of weeks 6 through 9 is due by Monday, July 3, 2017. If you register for weeks 6 through 9 after July 3<sup>rd</sup>, payment must be made in full for those weeks.
- Fun Club days payments are due on Monday, August 7, 2017.
- ***Failure to pay balances by the due dates may result in your child being removed from camp rosters.***

## **DROP-OFF/PICK-UP PROCEDURES**

- Parents/Guardians must accompany their child (ren) into the building and sign in with their groups' counselor.
- Campers should arrive no earlier than 7:30 am.
- **An adult guardian (18 years and older) must sign out all campers.** Campers may only be released to persons designated as contacts who are "permitted to pick up". Please see "Policy on the Release of Children" included in this manual.
- Pick-up time for campers is between the hours of 5:00 pm and 6:00 pm. All campers must be picked up by 6:00 pm.
- You will be charged overtime if you arrive past closing time at the rate of \$10 per fifteen minutes, per child or any part thereof.

## **WHAT YOU SHOULD SEND YOUR CHILD TO CAMP WITH**

- **LUNCH:** A packed lunch should be sent each day. The lunch box or bag must be clearly labeled with the camper's name. Kitchen will be open to purchase lunch and snacks on Tuesday – Fridays.
- **BATHING SUIT AND TOWEL:** Campers should have their bathing suits and a towel at the Club every day. Children are given the opportunity to change into swimwear at the beginning of each swim session. Please mark all possessions with your child's name. Lost and Found will hold garments, etc. until 5 days after the last day of camp.
- **MONEY:** Please use your discretion when sending money. Campers are responsible for the safekeeping of any money they might bring. The Club is NOT responsible for any money that is lost or stolen.
- **PERSONAL ITEMS:** Toys, electronic games, iPads, iPods etc. are NOT recommended to be brought to camp.

**If items are lost, stolen, or broken,  
WE ARE NOT RESPONSIBLE.  
This rule will be strictly enforced.**

# **INFORMATION TO PARENTS**

Department of Children and Families Office of Licensing INFORMATION TO PARENTS Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the Office for the children's use. Please talk to us if you have any questions about the center's space. Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents. Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY). Our center is required to periodically review the Department of Law and Public Safety (DLPS), Division of Consumer Affairs (DCA), unsafe children's products list, make the list accessible to staff and parents, and ensure that items on the list are not at the center. The list is available at [www.state.nj.us/lps/ca/recall/recalls.htm](http://www.state.nj.us/lps/ca/recall/recalls.htm). Internet access may be available at your local library. For more information call the DLPS, DCA, toll-free at 1(800) 242-5846. Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Child Abuse Hotline, toll free at 1 (877) NJ ABUSE. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.nj.gov/dcf](http://www.nj.gov/dcf) and select Publications. OOL4/17/08

# **POLICY ON THE RELEASE OF CHILDREN**

A. Each child may be released only to the child's custodial parent(s) or person(s) authorized by the custodial parent(s) to take the child from the Boys & Girls Club of Hawthorne and to assume responsibility for the child in an emergency if the custodial parent(s) cannot be reached. An authorized person must be 18 years of age or older. Presentation of valid photo identification will be required of all designated contacts authorized to pick up. Parents are responsible for immediately informing the Boys & Girls Club of Hawthorne of any changes in emergency contacts or telephone numbers of contacts.

It is a policy of the Boys & Girls Club of Hawthorne that a child shall not be visited by or released to a non-custodial parent unless the custodial parent specifically authorizes the center to allow such visits or release in writing. This written authorization, including name, address and telephone number shall be maintained on file at the Boys & Girls Club.

If a non-custodial parent has been denied access to a child by a court order, the center shall secure documentation to that effect and maintain a copy on file.

B. Written procedures to be followed by staff member(s) if the parent(s) or person(s) authorized by the parent(s) as specified in (A) above, fails to pick up a child at the time of the center's daily closing are as follows:

1. The child is supervised at all times.
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s).
3. An hour or more after closing time and provided that other arrangements for releasing the child to his/her parent(s) have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division's 24 hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick up the child.

C. Written procedures to be followed by staff member(s) if the parent(s) or person(s) authorized by the person(s) appear to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to that individual, the following procedure will be followed:

1. The child may not be released to an impaired individual.
2. Staff member(s) will attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s).
3. If the center is unable to make alternative arrangements, as noted in (A) above, a staff member shall call the Division's 24-hour Child Abuse Hotline

(1-800-792-8610) to seek assistance in caring for the child.

# **SUSPENSION POLICY**

Unfortunately, there are circumstances that arise on occasion, that require a child to be removed from our program. A child can be suspended either on a short term basis or permanently. It is extremely important to understand that our staff will work with the family of the child/children involved in order to prevent this policy from being enforced.

The following are circumstances that would require a child to be suspended from the program or permanently removed:

## **Parental Actions for Child's Expulsion**

- Failure of parent to pay/habitual lateness in payments.
- Failure to complete required forms or providing copy of child's immunization records.
- Habitual tardiness when picking up child/children
- Physical or verbal abuse to staff
- Other (explanation required).

## **Child's Actions for Expulsion**

- Failure of a child to adjust after a reasonable amount of time.
- Failure of child to respond to corrective action regarding tantrums/angry outbursts/swearing or any other inappropriate behavior.
- Ongoing verbal abuse to staff or other children after receiving warning regarding such behavior.
- Fighting and/or hitting.
- Bullying
- Other (explanation required).

\*Suspensions will be deemed appropriate and decided by Summer Camp Directors and Chief Executive Officer.\*

If the actions above have not proven effective, the child's parent/guardian will be notified verbally and in writing regarding the child's behavior(s) or the parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time when the parent/guardian may work on the child's behavior or to come to an agreement with the child care center.

# **POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES**

If a child exhibits any of the following symptoms, he/she should not attend the Boys & Girls Club. If such symptoms occur, the child will be removed from the program, and you will be called to take him/her home. Please have an alternate plan should your child become ill.

## **Symptoms of Illness:**

- Severe pain or discomfort.
- Acute diarrhea: 2-3 very loose bowel movements – must be 8 hours symptom free before returning to the Club.
- Episodes of acute vomiting: 1-2 episodes – must be 8 hours symptom free before returning to the Club.
- Temperature of 100 degrees F – must be 24 hours symptom free without medication before returning to the Club.
- Sore throat: scratchy or painful when swallowing.
- Productive cough.
- Yellow eyes or jaundice skin.
- Red eyes with discharge.
- Infected, untreated skin patches.
- Difficult or rapid breathing.
- Skin rashes that last longer than 24 hours.
- Swollen joints.
- Visibly enlarged lymph nodes.
- Stiff neck.
- Blood in urine.

***Once the child is symptom free, or has a physician's note stating he/she no longer poses a serious health risk to themselves or others, he/she may return to the Boys & Girls Club.***

If your child contracts any of the following diseases, please report it to us immediately.

The child **MAY NOT** return to camp without a doctor's note stating that the child presents no risk to himself/herself or others. If your child is exposed to any of the following, a notice will be posted.

## **Respiratory Illnesses**

- Chicken Pox, German Measles\*, Hemophilus Influenzac\*, Measles\*, Meningococcus\*, Mumps\*, Strep Throat, Tuberculosis\*, and Whooping Cough

## **Gastrointestinal Illnesses**

- Giardia LambliA\*, Hepatitis A\*, Salmonella\*, Singella\*

## **Contact Illnesses**

- Impetigo, Lice, and Scabies

**\*Reportable disease as specified in N.J.A.C. 10:122-7.10 (a)**

## **SCHEDULED ACTIVITIES**

**ARTS & CRAFTS:** A portion of our time will be spent on some form of art or craft. This could range from creating with popsicle sticks to kite making to developing interest in the fine arts. The primary purpose of this activity is to allow campers to express themselves creatively.

**GYMNASIUM:** Scheduled gym times include basketball, team building exercises, and physical fitness activities among other games.

**COMPUTER LAB:** Our computer lab allows campers to play games and visit filtered websites only.

**SPECIAL EVENTS:** A weekly schedule of special events will be posted and available to you.

**OUTDOOR GAMES:** Majority of our days are spent outside. Our outdoor activities include kickball, nature walks, wiffle ball, and football, among other games.

**GAMESROOM:** Our Gamesroom features Ping Pong, Pool Table, Foosball, Air Hockey, and a sitting area for Board Games, Cards, Reading, etc.

**FIELD TRIPS:** This year we have planned many interesting field trips. A list of trips can be found on page 9 of the packet.

- Admission costs are included in the camp fees; however, if you wish to provide your child with a small amount of money for a souvenir, you may do so. Visiting the souvenir shop is dependent on timing and the schedule.
- Lunches must be packed on field trip days.
- Campers **ARE NOT PERMITTED** to purchase lunch on field trips.
- All campers should arrive to camp by 8 am on Field Trip days.
- In the event of inclement weather, we may change our plans and have an alternate trip. All households will be contacted with updated information.

## **CAMPER'S BASIC RULES OF CONDUCT**

1. Campers will act in a safe and respectful manner towards peers, staff, and the Boys & Girls Club.
2. Foul language, bullying, and physical contact is forbidden.
3. Campers must stay with assigned groups and will follow counselors' instructions at all times.
4. Campers will have fun at the Boys & Girls Club of Hawthorne Summer Camp!

# **2017 SUMMER CAMP FIELD TRIPS**

## **Summer Fun Camp (Elementary School Program)**

**Week 1:** (June 26<sup>th</sup>- June 30<sup>th</sup>) – **Opening Day Celebration-** *Obstacle Courses & Pizza Party*

**Week 2** (July 3<sup>rd</sup>-July 7<sup>th</sup>) – **Monday, July 3<sup>rd</sup>- Maritime Aquarium-** Norwalk, CT

**Week 3:** (July 10<sup>th</sup>-July 14<sup>th</sup>) – **Monday, July 10<sup>th</sup>- FunPlex-** Hanover, NJ

**Week 4:** (July 17<sup>th</sup>- July 21<sup>st</sup>) – **Wednesday, July 19<sup>th</sup>- WNBA Liberty Game-** NY, NY

**Week 5:** (July 24<sup>th</sup>- July 28<sup>th</sup>) – **Monday, July 24<sup>th</sup>**

**(K, 1<sup>st</sup>, 2<sup>nd</sup> grades) LEGOLAND Discovery Center-** Yonkers, NY

**(3<sup>rd</sup>, 4<sup>th</sup>, & 5<sup>th</sup> grades) Bear Mountain-** Tomkins Cove, NY

**Week 6:** (July 31<sup>st</sup> -August 4<sup>th</sup>) – **Wednesday, August 2<sup>nd</sup>**

**(K, 1<sup>st</sup>, 2<sup>nd</sup> grades) NJ Jackals Baseball Game-** Montclair, NJ

**(3<sup>rd</sup>, 4<sup>th</sup>, & 5<sup>th</sup> grades) NY Yankees Game-** Bronx, NY

**Week 7:** (August 7<sup>th</sup>- August 11<sup>th</sup>)- **Monday, August 7<sup>th</sup>- NY Hall of Science-** Queen, NY

**Week 8:** (August 14<sup>th</sup>- August 18<sup>th</sup>) – **Monday, August 14<sup>th</sup>- Woodbridge Community Center- Mini Golf & Roller-skating-** Woodbridge, NJ

**Week 9:** (August 21<sup>st</sup>- August 25<sup>th</sup>) – **BBQ-** Mon. / **Dance Party** - Coconut Joe- Fri.

## **Summer Camp 150 (Middle School Program)**

**Week 1:** (June 26<sup>th</sup>- June 30<sup>th</sup>) - **Opening Day Celebration-** *Obstacle Courses & Pizza Party*

**Week 2** (July 3<sup>rd</sup>-July 7<sup>th</sup>) – **Monday, July 3<sup>rd</sup>- Six Flags Great Adventure-** Jackson, NJ

**Week 3:** (July 10<sup>th</sup>-July 14<sup>th</sup>) – **Monday, July 10<sup>th</sup>- Tomahawk Lake Waterpark-** Sparta, NJ

**Week 4:** (July 17<sup>th</sup>- July 21<sup>st</sup>) – **Monday, July 17<sup>th</sup>- Ice Vault Skating Rink-** Wayne, NJ

**Week 5:** (July 24<sup>th</sup>- July 28<sup>th</sup>) – **Monday, July 24<sup>th</sup>- Willowbrook Mini Golf & Paterson Museum/Falls-** Willowbrook & Paterson, NJ

**Week 6:** (July 31<sup>st</sup> -August 4<sup>th</sup>) – **Monday, July 31<sup>st</sup>- NY Aquarium & Coney Island Boardwalk-** Brooklyn, NYC

**Week 7:** (August 7<sup>th</sup>- August 11<sup>th</sup>)- **Monday, August 7<sup>th</sup>- FunFuzion-** New Rochelle, NY

**Week 8:** (August 14<sup>th</sup>- August 18<sup>th</sup>) – **Monday, August 14<sup>th</sup>- Palisades Ropes Course & Palisades Park Mall-** Nyack, NY

**Week 9:** (August 21<sup>st</sup>- August 25<sup>th</sup>) – **BBQ-** Mon. / **Dance Party** - Coconut Joe- Fri.

# **2017 SUMMER CAMP REGISTRATION FORM**

Child's name: \_\_\_\_\_

Age as of 6/26/2017: \_\_\_\_\_ Grade completed as of 6/26/2017: \_\_\_\_\_

## **Summer Fun Camp (K-8<sup>th</sup>)**

**CHECK OFF WEEK(S) YOUR CHILD WILL BE ATTENDING**

- ( ) **Week 1:** (June 26<sup>th</sup>- June 30<sup>th</sup>)
- ( ) **Week 2** (July 3<sup>rd</sup>-July 7<sup>th</sup>) \* **Club closed on Tuesday, July 4<sup>th</sup>**
- ( ) **Week 3:** (July 10<sup>th</sup>-July 14<sup>th</sup>)
- ( ) **Week 4:** (July 17<sup>th</sup>- July 21<sup>st</sup>)
- ( ) **Week 5:** (July 24<sup>th</sup>- July 28<sup>th</sup>)
- ( ) **Week 6:** (July 31<sup>st</sup> -August 4<sup>th</sup>)
- ( ) **Week 7:** (August 7<sup>th</sup>- August 11<sup>th</sup>)
- ( ) **Week 8:** (August 14<sup>th</sup>- August 18<sup>th</sup>)
- ( ) **Week 9:** (August 21<sup>st</sup>- August 25<sup>th</sup>)

### **SUMMER CAMP FUN CLUB DAYS- \$45 per day**

- ( ) **Summer Camp Fun Club Day:** (Monday, August 28<sup>th</sup>)
- ( ) **Summer Camp Fun Club Day:** (Tuesday, August 29<sup>th</sup>)
- ( ) **Summer Camp Fun Club Day:** (Wednesday, August 30<sup>th</sup>)
- ( ) **Summer Camp Fun Club Day:** (Thursday, August 31<sup>st</sup>)

**\*CLUB IS CLOSED FOR K-8<sup>th</sup> MEMBERS, FRIDAY, SEPT. 1<sup>st</sup> -TUESDAY, SEPT. 5<sup>th</sup>\***

**\*CLUB WILL BE OPEN FOR OFFICE HOURS ON 9/1 & 9/5\***

**ALL PROGRAMS FOR K-8<sup>th</sup> MEMBERS WILL RESUME ON WED., SEPT. 6, 2017**

\*Holiday week is \$200 per child and \$180 per sibling\*

# **2017 SUMMER CAMP HEALTH HISTORY FORM**

Please answer the following questions regarding your child's health.

**ALL INFORMATION MUST BE COMPLETED IN ORDER TO ATTEND SUMMER CAMP**

**Child's Name** \_\_\_\_\_

**Child's Doctor's Name** \_\_\_\_\_ **Dr.'s Phone #** \_\_\_\_\_

**Child's Weight** \_\_\_\_\_ **Child's Height** \_\_\_\_\_

Does your child have any allergies to drugs or medication?                      **YES**                      **NO**

If so, please list: \_\_\_\_\_

Does your child have any allergies to bee stings/insects?                      **YES**                      **NO**

If so, please list: \_\_\_\_\_

Does your child have any allergies (food, pollen, dogs, etc.)?                      **YES**                      **NO**

If so, please list: \_\_\_\_\_

Does your child have any form of asthma?                      **YES**                      **NO**

If so, please list: \_\_\_\_\_

**If yes was checked for any of the above, is medication (Epi-pen, inhaler, etc.) needed?**

If so, please list medication: \_\_\_\_\_

**(PLEASE BE SURE TO FILL OUT THE ATTACHED MEDICAL AUTHORIZATION FORM AS WELL)**

Are there conditions or specific needs that require attention? **YES**                      **NO**

If so, please list: \_\_\_\_\_

*In the event of any sudden illness, it is understood that the **Boys & Girls Club of Hawthorne** staff will attempt to contact me. However, if medical care becomes necessary, I give permission for my child, \_\_\_\_\_, to receive such treatment from and as deemed appropriate by the **Valley Hospital**, it's Medical Staff, agents, and representatives and further agree to reimburse **The Valley Hospital**, Medical staff, agents and representatives for all such treatment.*

**Parent's/Legal Guardian's Name (PRINT)** \_\_\_\_\_

**Parent's/Legal Guardian's Name (SIGNATURE)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **IMMUNIZATION RECORDS**

DUE TO STATE REGULATIONS, EVERY CHILD THAT IS ENROLLED IN SUMMER CAMP MUST HAVE A **COPY** OF THEIR MOST RECENT IMMUNIZATION RECORD ON FILE. THIS MUST BE HANDED IN EVERY SUMMER CAMP SEASON. (IF YOUR CHILD ATTENDED LAST SUMMER, WE WILL STILL NEED A NEW COPY FROM YOU. THIS IS A STATE REGULATION.)

YOUR CHILD **CANNOT** START SUMMER CAMP WITHOUT THEIR IMMUNIZATION RECORDS.

### **NO EXCEPTIONS.**

YOU CAN HAVE THE RECORDS FAXED, MAILED, OR EMAILED TO THE CLUB.

IF YOU HAVE A RECENT COPY OF THEIR RECORDS, WE CAN MAKE A COPY FOR YOU.

**MAIL:** ATTN: SUMMER CAMP/ IMMUNIZATION RECORDS  
150 MAITLAND AVE., HAWTHORNE, NJ 07506

**EMAIL:** [JGRUPPO@BGCHAWTHORNE.ORG](mailto:JGRUPPO@BGCHAWTHORNE.ORG) or  
[ICONTE@BGCHAWTHORNE.ORG](mailto:ICONTE@BGCHAWTHORNE.ORG)

**FAX:** 973-423-1575

**IF YOUR CHILD NEEDS SPECIFIC MEDICATION,  
PLEASE REFER TO THE FOLLOWING  
REQUIREMENTS BELOW:**

1. Medicine MUST be in the original bottle or packaging.
  - a. The physician's and member's name must be on the label.
2. The physician MUST fill out the **Care Plan for Children with Special Health Needs Form** (next page) and ***stamp it with their official stamp***. If your child's doctor has their own Emergency Health Plan, you may submit that instead of our form.
3. You must fill out and sign the **MEDICAL AUTHORIZATION FORM (page 15)**.
4. **MEDICATION, MEDICAL AUTHORIZATION FORM, & THE CARE PLAN MUST ALL ARRIVE BEFORE YOUR CHILD'S FIRST DAY OF SUMMER CAMP WITH ENOUGH MEDICINE FOR THE PROGRAM (INCLUDES INHALERS) OR YOUR CHILD WILL NOT BE PERMITTED TO ATTEND OUR PROGRAM. THERE ARE NO EXCEPTIONS TO THIS RULE. IT IS A STATE MANDATED RULE.**



# **2017 SUMMER CAMP MEDICAL AUTHORIZATION FORM**

I \_\_\_\_\_ authorize ALL Boys & Girls Club Staff members to see that my child

Parent's Full Name

\_\_\_\_\_ receives medication prescribed by \_\_\_\_\_.

Child's Full Name

Child's Physician's Name

- **This medication is to be furnished by parent/guardian with the name of the medicine, the amount to be given and the correct time of day to be given.**
- **Medicine must be in the ORIGINAL bottle.**
- **The physician's and members name MUST be on the label.**

**MEDICATION MUST ARRIVE BEFORE CHILD'S FIRST DAY OF CAMP.**

**Parent's/Legal Guardian's Name (SIGNATURE)**

**DATE:** \_\_\_\_\_



**BOYS & GIRLS CLUB**  
OF HAWTHORNE

# YOUTH MEMBERSHIP APPLICATION

Membership in the Boys & Girls Club of Hawthorne is required for participation in Club programs.

All memberships expire in August.

Child's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ D/O/B \_\_\_\_\_ Age \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

Parent/Guardian's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

Parent/Guardian's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

*(All email addresses are kept confidential and are for the sole use of providing information to members' families)*

Child lives with: ( ) Mother/Guardian ( ) Father/Guardian ( ) Both

Total Number in Household \_\_\_\_\_ Number under 18 yrs. \_\_\_\_\_

School Child Attends \_\_\_\_\_ Grade \_\_\_\_\_

Any medical problems we should be aware of and/or any physical disabilities (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to member \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to member \_\_\_\_\_

Has either parent been a member of the Boys & Girls Club? \_\_\_\_\_ Dates \_\_\_\_\_

Ethnicity of Member: ( ) African American ( ) Asian ( ) Caucasian ( ) Hispanic ( ) Other \_\_\_\_\_

Family Income: ( ) Below 5,000 ( ) \$5,001-\$9,999 ( ) \$10,000-\$14,999 ( ) \$15,000-\$24,999 ( ) \$25,000-\$34,999

( ) \$35,000-\$49,999 ( ) \$50,000-\$64,999 ( ) \$65,000 +

# Parental Release Form

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Hawthorne, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I, \_\_\_\_\_ do hereby give my son/daughter \_\_\_\_\_ permission to attend and/or participate in programs sponsored by the Boys & Girls Club of Hawthorne. I understand that my child's membership at the Boys & girls Club of Hawthorne is a privilege and may be revoked at any time.

## Medical Treatment

I give permission to the Boys & Girls Club of Hawthorne to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

(Optional) School Information [  ] No, I do not give my permission. (If checked, please initial here \_\_\_\_\_)

I give my permission to the Boys & Girls Club of Hawthorne and Hawthorne or Haledon School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release may be revoked at any time by contacting your child's School District or the Boys & Girls Club in writing.

## Surveys and Questionnaires

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Hawthorne to survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments.

## Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

## Miscellaneous

I understand who the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. For drop-in activities, we are not responsible for Club members' whereabouts. It is the responsibility of me, the parent/guardian, to instruct my child as to when and with whom he/she will leave the club.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I have read the completed application and this form, understand the rules of the Boys & Girls Club and request my child be admitted into membership. [  ] YES [  ] NO

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

**Parent's/Legal Guardian's Name (PRINT)** \_\_\_\_\_

**Parent's/Legal Guardian's Name (SIGNATURE)** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**BOYS & GIRLS CLUB**  
OF HAWTHORNE

## **2017 SUMMER CAMP PAYMENT AGREEMENT**

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_,

agree that I am responsible for the tuition payment of the Summer Camp tuition in full according to the payment schedule outlined in the Summer Camp Handbook.

I am also responsible for any additional fees including but not limited to membership, registration fees, camp T-shirt and any Hawthorne Memorial Pool fee.

In the event that my account becomes delinquent, my child, at the discretion of the Boys & Girls Club of Hawthorne, may be removed from the program and that my account will be turned over to a collection agency. If this occurs, I agree to pay a finance charge of 1.5 % per month on any balance due, as well as all reasonable collection costs not to exceed 25% as well as court costs, attorney fees and interest fees accrued with the collection of this account.

Parent's/Legal Guardian's Name (PRINT) \_\_\_\_\_

Parent's/Legal Guardian's Name (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

# 2017 SUMMER CAMP POLICY AGREEMENT



**BOYS & GIRLS CLUB**  
OF HAWTHORNE

I have received the Parent's Handbook for the Boys & Girls Club of Hawthorne. I understand that this Handbook outlines the policies and procedures of the center as guided by the state of New Jersey, Division of Youth and Family Services Bureau of Licensing.

These include (but are not limited to)

1. Policy on the Release of Children
2. Communicable Disease Policy
3. Discipline Philosophy
4. Information to Parents Statement as prepared by the Bureau of Licensing, Division of Youth and Family Services.

Child's Full Name (PRINT) \_\_\_\_\_

Parent's/Legal Guardian's Name (PRINT) \_\_\_\_\_

Parent's/Legal Guardian's Name (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_



**FOR OFFICE USE ONLY: Please check off each item to ensure all necessary paperwork is handed in.**

- Registration Form & Membership Form
- Health History Form
- Medical Authorization Form (if needed)* \_\_\_\_\_
- Medication (if needed)* \_\_\_\_\_
- Care Plan for Children (if needed)* \_\_\_\_\_
- Immunization Records** \_\_\_\_\_
- Handbook Policy Agreement Form
- Payment Agreement Form & Payment