



***Summer Camp Registration
Summer 2008
Ludlow Resident***

Your Summer Camp Application is complete if you...

- _____ have completed, signed, and dated the application
- _____ have attached a copy of your child's updated immunizations
- _____ paid 25% deposit
- _____ paid \$25.00 Registration Fee (*waived for Automatic Debit/Paid in Full*)
- _____ have filled out and signed the emergency card
- _____ Circled the correct weeks in which your child will be attending camp
- _____ Read the parent handbook
- _____ Ludlow Residents have shown proof of residence (ex. license, gas bill, etc.)
- _____ have voided check and account number for Automatic Debit

Please Note

Applications will only be accepted at the following times or by appointment:

Tuesday, April 29 – 5:30PM - 7:00PM
Monday, May 5 – 11:00AM-1:30PM
Thursday, May 15 – 5:30PM – 7:00PM

Thursday, May 22 11:00AM – 1:30PM
Tuesday, May 27 5:30PM – 7:00PM

I, _____ parent of _____,
have read The Randall Boys & Girls Club Summer Camp parent handbook and understand the
policies and procedures.

parent/guardian signature

date

Summer Camp 2008 Ludlow Resident Automatic Debit or Pay in Full Plan

Weekly Fees:

- \$150.00 per week/1st child
- \$140.00 per week/2nd child
- \$130.00 per week/3rd child

Payment Plan:

- 25% Deposit is required at the time of registration.
- Automatic Debit payments are taken out the Friday of each week.
- Debit payments begin **May 30 and end August 15.**
- Children must be registered for a minimum of 4 weeks.

One Child \$150.00 per week– Ludlow Resident

# of Weeks	Total	Deposit	Remaining Balance	Weekly Debit
9	\$ 1,350.00	\$ 337.50	\$ 1,012.50	\$ 84.38
8	\$ 1,200.00	\$ 300.00	\$ 900.00	\$ 75.00
7	\$ 1,050.00	\$ 262.50	\$ 787.50	\$ 65.63
6	\$ 900.00	\$ 225.00	\$ 675.00	\$ 56.25
5	\$ 750.00	\$ 187.50	\$ 562.50	\$ 46.88
4	\$ 600.00	\$ 150.00	\$ 450.00	\$ 37.50

Two Children \$290.00 per week – Ludlow Resident

# of Weeks	Total	Deposit	Remaining Balance	Weekly Debit
9	\$ 2,610.00	\$ 652.50	\$ 1,957.50	\$ 163.13
8	\$ 2,320.00	\$ 580.00	\$ 1,740.00	\$ 145.00
7	\$ 2,030.00	\$ 507.50	\$ 1,522.50	\$ 126.88
6	\$ 1,740.00	\$ 435.00	\$ 1,305.00	\$ 108.75
5	\$ 1,450.00	\$ 362.50	\$ 1,087.50	\$ 90.63
4	\$ 1,160.00	\$ 290.00	\$ 870.00	\$ 72.50

Three Children \$420.00 per week – Ludlow Resident

# of Weeks	Total	Deposit	Remaining Balance	Weekly Debit
9	\$ 3,780.00	\$ 945.00	\$ 2,835.00	\$ 236.25
8	\$ 3,360.00	\$ 840.00	\$ 2,520.00	\$ 210.00
7	\$ 2,940.00	\$ 735.00	\$ 2,205.00	\$ 183.75
6	\$ 2,520.00	\$ 630.00	\$ 1,890.00	\$ 157.50
5	\$ 2,100.00	\$ 525.00	\$ 1,575.00	\$ 131.25
4	\$ 1,680.00	\$ 420.00	\$ 1,260.00	\$ 105.00

Summer Camp 2008 Ludlow Resident Payment Plan

Weekly Fees:

- \$155.00 per week/1st child
- \$145.00 per week/2nd child
- \$135.00 per week/3rd child

Payment Plan:

- \$25.00 Registration Fee per family is due at the time of registration.
- 25% Deposit is required at the time of registration.
- Second 25% deposit is due by June 13th.
- *Weekly payments are due the Thursday prior to each registered week.*

One Child Ludlow Resident: total equals \$155.00 x # of weeks

# of Weeks	Total	1st Deposit	2nd Deposit	Remaining Balance	Weekly Payment
9	\$ 1,395.00	\$ 373.75	\$ 348.75	\$ 697.50	\$ 77.50
8	\$ 1,240.00	\$ 335.00	\$ 310.00	\$ 620.00	\$ 77.50
7	\$ 1,085.00	\$ 296.25	\$ 271.25	\$ 542.50	\$ 77.50
6	\$ 930.00	\$ 257.50	\$ 232.50	\$ 465.00	\$ 77.50
5	\$ 775.00	\$ 218.75	\$ 193.75	\$ 387.50	\$ 77.50
4	\$ 620.00	\$ 180.00	\$ 155.00	\$ 310.00	\$ 77.50
3	\$ 465.00	\$ 141.25	\$ 116.25	\$ 232.50	\$ 77.50
2	\$ 310.00	\$ 102.50	\$ 77.50	\$ 155.00	\$ 77.50
1	\$ 155.00	\$ 63.75	\$ 38.75	\$ 77.50	\$ 77.50

Two Children Ludlow Resident: total equals \$300.00 x # of weeks

# of Weeks	Total	1st Deposit	2nd Deposit	Remaining Balance	Weekly Payment
9	\$ 2,700.00	\$ 700.00	\$ 675.00	\$ 1,350.00	\$ 150.00
8	\$ 2,400.00	\$ 625.00	\$ 600.00	\$ 1,200.00	\$ 150.00
7	\$ 2,100.00	\$ 550.00	\$ 525.00	\$ 1,050.00	\$ 150.00
6	\$ 1,800.00	\$ 475.00	\$ 450.00	\$ 900.00	\$ 150.00
5	\$ 1,500.00	\$ 400.00	\$ 375.00	\$ 750.00	\$ 150.00
4	\$ 1,200.00	\$ 325.00	\$ 300.00	\$ 600.00	\$ 150.00
3	\$ 900.00	\$ 250.00	\$ 225.00	\$ 450.00	\$ 150.00
2	\$ 600.00	\$ 175.00	\$ 150.00	\$ 300.00	\$ 150.00
1	\$ 300.00	\$ 100.00	\$ 75.00	\$ 150.00	\$ 150.00

Three Children Ludlow Resident: total equals \$435.00 x # of weeks

# of Weeks	Total	1st Deposit	2nd Deposit	Remaining Balance	Weekly Payment
9	\$ 3,915.00	\$ 1,003.75	\$ 978.75	\$ 1,957.50	\$ 217.50
8	\$ 3,480.00	\$ 895.00	\$ 870.00	\$ 1,740.00	\$ 217.50
7	\$ 3,045.00	\$ 786.25	\$ 761.25	\$ 1,522.50	\$ 217.50
6	\$ 2,610.00	\$ 677.50	\$ 652.50	\$ 1,305.00	\$ 217.50
5	\$ 2,175.00	\$ 568.75	\$ 543.75	\$ 1,087.50	\$ 217.50
4	\$ 1,740.00	\$ 460.00	\$ 435.00	\$ 870.00	\$ 217.50
3	\$ 1,305.00	\$ 351.25	\$ 326.25	\$ 652.50	\$ 217.50
2	\$ 870.00	\$ 242.50	\$ 217.50	\$ 435.00	\$ 217.50
1	\$ 435.00	\$ 133.75	\$ 108.75	\$ 217.50	\$ 217.50



Summer Camp Application 2008

Child's Name: _____ D.O.B. ____/____/____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone# _____

Date of Application: ____/____/____ Grade completed in June 2008: _____

Has your child ever attended our Camp? Yes No If yes, how many years? _____

List below any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions, or special needs (if none, please indicate in writing "NONE"):

Please obtain a medication consent form from The CLUB if your child needs to take medication while at the Club.

Please circle the weeks in which your child will be attending camp:

Week # 1 – June 23 – June 27

Week # 6 - July 28 – August 1

Week # 2 – June 30 – July 3*

Week # 7 – August 4 – 8

Week # 3 – July 7 – July 11

Week # 8 – August 11 - 15

Week # 4 – July 14 – July 18

Week # 9 – August 18 - 22

Week # 5 – July 21 – July 25

**The Club will be closed Friday, July 4th in observance of Independence Day.*

Physical description of child and/or current picture:

Eye Color: _____ Hair Color: _____ Sex: M F

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Child's Physician: _____ Phone: _____

Address: _____

Health Insurance Coverage: _____

Policy Number: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Child: _____

Social Security number: ____-____-____

Home Address: _____

Home Phone #: () _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone #: () _____ Hours at Work: _____ to _____

Cell Phone #: () _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Social Security Number: ____-____-____

Home Phone #: () _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone #: () _____ Hours at Work: _____ to _____

Cell Phone #: () _____

Parent/Guardian Signature

____/____/____
Date

All information in this file is kept confidential.

Summer Camp 2008

Child Pick-Up/Emergency Contact Information Form

The list of contacts you provide The Randall Boys & Girls Club below will be used in the case of an emergency and the parent/guardian cannot be reached. The list will also act as a release form. Please supply a written note to the Camp Directors if anyone other than the parent or emergency contacts will be picking up. **Children will not be released to anyone except the parents/guardians and those who are listed below unless written confirmation is given to the Camp Directors.** An ID will be required at the time of pick-up.

Name: _____

Relationship to Child: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone : () _____

Name: _____

Relationship to Child: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone : () _____

Name: _____

Relationship to Child: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone : () _____

I give permission to the above listed contacts to pick up my child from The Randall Boys & Girls Club.

Parent/Guardian Signature

____/____/____
Date

Summer Camp 2008 Consent Form

Please circle one:

I understand that the Staff at The Randall Boys & Girls Club are trained in the basics of First-Aid and CPR and I authorize them to give my child First-Aid and CPR when appropriate.

YES or NO

In the case of emergency, I give The Randall Boys & Girls Club permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached.

YES or NO

I give The Randall Boys & Girls Club permission to take my child on neighborhood outings with proper supervision and weather permitting.

YES or NO

I give The Randall Boys & Girls Club permission to take my child to the adjacent playground and fields with proper supervision and weather permitting.

YES or NO

I give The Randall Boys & Girls Club permission to photograph my child to be used in displays and promotional materials.

YES or NO

I give The Randall Boys & Girls Club permission to take my child on scheduled field trips.

YES or NO

I give my child permission to access the internet while at The Randall Boys and Girls Club with the understanding that proper supervision and safeguards are in place.

YES or NO

Parent/Guardian's Signature

/ /
Date