



**Summer Camp Registration  
Summer 2012  
Non-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

\_\_\_\_\_ Circed the correct weeks in which your child will be attending camp

\_\_\_\_\_ Read the parent handbook

\_\_\_\_\_ have voided check and account number for Automatic Debit

**\*Please Note\***

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

*Thursday, May 3<sup>rd</sup> 11AM-1PM*

*Tuesday, May 8<sup>th</sup> 5:30PM-7PM*

*Wednesday, May 16<sup>th</sup> 5:30PM-7PM*

*Monday, May 21<sup>st</sup> 11AM-1PM*

*Thursday, May 24<sup>th</sup> 5:30PM-7PM*

*Thursday, May 31<sup>st</sup> 5:30PM – 7PM*

*Monday, June 4<sup>th</sup> 5:30PM-7PM*

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 2012 Non-Resident Automatic Debit or Pay in Full Plan

**Weekly Fees:**

- \$175.00 per week/1<sup>st</sup> child
- \$165.00 per week/2<sup>nd</sup> child
- \$155.00 per week/3<sup>rd</sup> 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 25 and end August 10.**
- Children must be registered for a minimum of 4 weeks.

**One Child \$175.00 per week – Non Resident**

# of Weeks	Total	Deposit	Remaining Balance	Weekly Debit
8	\$ 1,400.00	\$ 350.00	\$ 1,050.00	\$ 87.50
7	\$ 1,225.00	\$ 306.25	\$ 918.75	\$ 76.56
6	\$ 1,050.00	\$ 262.50	\$ 787.50	\$ 65.63
5	\$ 875.00	\$ 218.75	\$ 656.25	\$ 54.69
4	\$ 700.00	\$ 175.00	\$ 525.00	\$ 43.75

**Two Children \$340.00 per week – Non Resident**

# of Weeks	Total	Deposit	Remaining Balance	Weekly Debit
8	\$ 2,720.00	\$ 680.00	\$ 2,040.00	\$ 170.00
7	\$ 2,380.00	\$ 595.00	\$ 1,785.00	\$ 148.75
6	\$ 2,040.00	\$ 510.00	\$ 1,530.00	\$ 127.50
5	\$ 1,700.00	\$ 425.00	\$ 1,275.00	\$ 106.25
4	\$ 1,360.00	\$ 340.00	\$ 1,020.00	\$ 85.00

**Three Children \$495.00 per week– Non Resident**

# of Weeks	Total	Deposit	Remaining Balance	Weekly Debit
8	\$ 3,960.00	\$ 990.00	\$ 2,970.00	\$ 247.50
7	\$ 3,465.00	\$ 866.25	\$ 2,598.75	\$ 216.56
6	\$ 2,970.00	\$ 742.50	\$ 2,227.50	\$ 185.63
5	\$ 2,475.00	\$ 618.75	\$ 1,856.25	\$ 154.69
4	\$ 1,980.00	\$ 495.00	\$ 1,485.00	\$ 123.75

# Summer Camp 2012 Non-Resident Payment Plan

**Weekly Fees:**

- \$180.00 per week/1<sup>st</sup> child
- \$170.00 per week/2<sup>nd</sup> child
- \$160.00 per week/3<sup>rd</sup> 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 15<sup>th</sup>.
- *Weekly payments are due the Thursday prior to each registered week.*

**One Child Non-Resident: total equals \$180.00 x # of weeks**

# of Weeks	Total	1st Deposit	2nd Deposit	Remaining Balance	Weekly Payment
8	\$ 1,440.00	\$ 385.00	\$ 360.00	\$ 720.00	\$ 90.00
7	\$ 1,260.00	\$ 340.00	\$ 315.00	\$ 630.00	\$ 90.00
6	\$ 1,080.00	\$ 295.00	\$ 270.00	\$ 540.00	\$ 90.00
5	\$ 900.00	\$ 250.00	\$ 225.00	\$ 450.00	\$ 90.00
4	\$ 720.00	\$ 205.00	\$ 180.00	\$ 360.00	\$ 90.00
3	\$ 540.00	\$ 160.00	\$ 135.00	\$ 270.00	\$ 90.00
2	\$ 360.00	\$ 115.00	\$ 90.00	\$ 180.00	\$ 90.00
1	\$ 180.00	\$ 70.00	\$ 45.00	\$ 90.00	\$ 90.00

**Two Children Non-Resident: total equals \$350.00 x # of weeks**

# of Weeks	Total	1st Deposit	2nd Deposit	Remaining Balance	Weekly Payment
8	\$ 2,720.00	\$ 705.00	\$ 680.00	\$ 1,360.00	\$ 170.00
7	\$ 2,380.00	\$ 620.00	\$ 595.00	\$ 1,190.00	\$ 170.00
6	\$ 2,040.00	\$ 535.00	\$ 510.00	\$ 1,020.00	\$ 170.00
5	\$ 1,700.00	\$ 450.00	\$ 425.00	\$ 850.00	\$ 170.00
4	\$ 1,360.00	\$ 365.00	\$ 340.00	\$ 680.00	\$ 170.00
3	\$ 1,020.00	\$ 280.00	\$ 255.00	\$ 510.00	\$ 170.00
2	\$ 680.00	\$ 195.00	\$ 170.00	\$ 340.00	\$ 170.00
1	\$ 340.00	\$ 110.00	\$ 85.00	\$ 170.00	\$ 170.00

**Three Children Non - Resident: total equals \$510.00 x # of weeks**

# of Weeks	Total	1st Deposit	2nd Deposit	Remaining Balance	Weekly Payment
8	\$ 4,080.00	\$ 1,045.00	\$ 1,020.00	\$ 2,040.00	\$ 255.00
7	\$ 3,570.00	\$ 917.50	\$ 892.50	\$ 1,785.00	\$ 255.00
6	\$ 3,060.00	\$ 790.00	\$ 765.00	\$ 1,530.00	\$ 255.00
5	\$ 2,550.00	\$ 662.50	\$ 637.50	\$ 1,275.00	\$ 255.00
4	\$ 2,040.00	\$ 535.00	\$ 510.00	\$ 1,020.00	\$ 255.00
3	\$ 1,530.00	\$ 407.50	\$ 382.50	\$ 765.00	\$ 255.00
2	\$ 1,020.00	\$ 280.00	\$ 255.00	\$ 510.00	\$ 255.00
1	\$ 510.00	\$ 152.50	\$ 127.50	\$ 255.00	\$ 255.00



## Summer Camp Application 2012

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone# \_\_\_\_\_

Date of Application: \_\_\_/\_\_\_/\_\_\_ Grade completed in June 2012: \_\_\_\_\_

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"):

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*\*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 25 – June 29**

**Week # 5 - July 23 – July 27**

**Week # 2 – July 2 – July 6\***

**Week # 6 – July 30 – August 3**

**Week # 3 – July 9 – July 13**

**Week # 7 – August 6 – August 10**

**Week # 4 – July 16 – July 20**

**Week # 8 – August 13 – August 17**

*\*The Club will be closed Wednesday, July 4<sup>th</sup> 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 #: (    ) \_\_\_\_\_ Cell Phone #: (    ) \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone #: (    ) \_\_\_\_\_ Hours at Work: \_\_\_\_\_ to \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Home Phone #: (    ) \_\_\_\_\_ Cell Phone #: (    ) \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone #: (    ) \_\_\_\_\_ Hours at Work: \_\_\_\_\_ to \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*All information in this file is kept confidential.*

## Summer Camp 2012 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

*All information in this file is kept confidential.*

## Summer Camp 2012 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 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 use the swimming pool while at The Randall Boys and Girls Club with the understanding that proper supervision and lifeguards are in place.

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