



<input type="checkbox"/>	ASD
<input type="checkbox"/>	Membership
<input type="checkbox"/>	Hi Set
<input type="checkbox"/>	Basketball League

<input type="checkbox"/>	Beaudoin
<input type="checkbox"/>	Churchill
<input type="checkbox"/>	Toepfert
<input type="checkbox"/>	Lyman

SUMMER CLUB APPLICATION

Please Print

Check Mark **New** **Renewal**

First Name: _____ Middle initial: _____ Last Name: _____

Nickname: _____ Male: _____ Female: _____ Ethnicity: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Birth Date: ____/____/____ Age: _____

School Information:

Current School: _____ Current grade: _____ Current Teacher: _____

IEP Record Release: _____ (Yes or No) Free or Reduce Lunch: _____ (Yes or No) Preferred Activity: _____

Emergency contacts/Authorized to pick up child:

I give my consent to the Boys & Girls Club of Greater Holyoke Inc. to release my child to the following persons (other than parent/guardian) authorized to take my child from program or received child at the end of the day:

Name	Pickup/Emergency	Relationship	Phone number

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Address: _____ Child's Insurance Carrier: _____

Policy #: _____ Group #: _____

Serious Health Problems: _____ Yes _____ No Medication needed: _____ Yes _____ No

If yes, explain: _____

Comments: _____

<p>Household: Member lives with: <input type="checkbox"/> Mom <input type="checkbox"/> Step Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step Dad <input type="checkbox"/> Grandparents <input type="checkbox"/> Other</p>		<p>Annual Income Level: <input type="checkbox"/> \$0 - \$5000 <input type="checkbox"/> \$5001 - \$15000 <input type="checkbox"/> \$15001 - \$25000 <input type="checkbox"/> \$25001 - \$35000 <input type="checkbox"/> \$35001 - \$45000 <input type="checkbox"/> \$45001 - \$55000 <input type="checkbox"/> \$55001 - \$65000 <input type="checkbox"/> \$65001 - \$75000 <input type="checkbox"/> 75001 or Higher Other Amount _____</p>
<p>Current Housing Area: _____</p>	<p>Member of Household older than 65: _____ (Yes or No)</p>	
<p>Number in Household: _____</p>	<p>Member of Household Handicapped: _____ (Yes or No)</p>	
<p>Number Under 18: _____</p>	<p>Current Head of Household: _____ (Female, Male or Both)</p>	
<p>Single Parent: _____ (Yes or No)</p>		

Physical:

Eye Color: _____ Hair Color: _____ Skin Color: _____

T Shirt Size Check Mark One: Small Medium Large X-Large

Parent/Guardian:

Relationship: _____ Name: _____ Phone #: (____) _____

Home Address: _____ Cell Phone: (____) _____

Employment: _____ Occupation: _____

Work Address: _____ Work phone #: (____) _____

E-Mail: _____

Transportation Policy:

The Boys and Girls Club of Greater Holyoke, Inc. does not provide transportation to or from school to the Boys and Girls Club. However, the parents of the School Age Childcare Program have the option to contact the Holyoke Public Schools for transportation from School to the Boys and Girls Club.

Parents Signature _____ Date _____

Child Name _____ Age _____

Week - 1	June 24 – June 26	Please circle week(s) that your child will be attending the Summer Fun Club	1	2	3	4	5
Week - 2	June 29 – July 2						
Week - 3	July 6 – July 10						
Week - 4	July 13 – July 17						
Week - 5	July 20 – July 24						
Week - 6	July 27 – July 31	Summer Fun Club 2023 Weeks 9 Weeks for Nick Cosmos Unit	6	7	8	9	
Week - 7	August 3 – August 7						
Week - 8	August 10 – August 14						
Week - 9	August 17 – August 20						
Week - 10							

Housing Units Weeks Schedule		Please circle week(s) that your child will be attending the Summer Fun Club					
Week - 1	July 6 – July 10	1	2	3	4	Toepfert Lyman Churchill Beaudoin	5
Week - 2	July 13 – July 17						
Week - 3	July 20 – July 24						
Week - 4	July 27 – July 31						
Week - 5	August 3 – August 7	Summer Fun Club Weeks 6 Weeks for Units					
Week - 6	August 10 – August 14						
Week - 7							

BOYS & GIRLS CLUB RULES: We encourage positive attitudes, education, good sportsmanship, and friendship. As A Member You Are Expected to:

- **Be Respectful**- of other members, staff, and their property.
- **Be Kind**- bullying will not be tolerated.
- **Use appropriate language**- No swearing
- **Take care of your Boys & Girls Club**- clean up. Destroying property will result in a suspension.
- **Play fair and be honest**- No fighting or stealing. Resolve disagreements in a positive way.
- **Be a good sport**- share games, applaud efforts of others.

If you break the rules, here is what will happen:

- **Strike One**- We will explain what you have done wrong, warning.
- **Strike Two**- You will be removed from current activity, time out.
- **Strike Three**- Suspension.

Dress appropriately at all times. Remove hats before entering the building.

Child's Signature

Age

Program Release Consent Form: (Disclaimer)

1. My child has my permission to go swimming with the Boys & Girls Club. Yes _____ No _____
2. My child has my permission to go on field trips with the Boys & Girls Club. Yes _____ No _____
3. My child may participate in all Boys & Girls Club activities in or adjacent to the club building: _____ Yes _____ No

MEDIA RELEASE

I hereby give my permission to Boys & Girls Club of Greater Holyoke, Inc., to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements for educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that the aforementioned institutions consider appropriate for release to magazines, newspapers, the World Wide Web sites of these institutions, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of these institutions and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release these institutions from all liability with respect to the matters covered by this release.

Child's Name _____ Signature of Parent or Guardian _____

Date _____

I hereby authorize the Director or his/her representative to act on my behalf in case my child/ward is a victim of a major accident, injury, or illness wherein immediate medical or surgical care is needed, providing a member of the Boys and Girls Club Staff shall make diligent effort to FIRST notify me of the situation and obtain my preferences. I hereby authorize duly licensed medical personnel to take such action as his/her judgment dictates: I further agree that neither Boys and Girls Club of America, nor any person associated with any Boys and Girls Club has any responsibility of any kind to me or my child/ward from any claims arising from any accident, injury or illness that my child/ward may suffer as the result of any such health care or medical treatment.

Parent/Guardian Signature _____ Date _____

Incomplete applications will NOT be accepted



<input type="checkbox"/>	ASD
<input type="checkbox"/>	Membership
<input type="checkbox"/>	Hi Set
<input type="checkbox"/>	Liga de Baloncesto

<input type="checkbox"/>	Beaudoin
<input type="checkbox"/>	Churchill
<input type="checkbox"/>	Toepfert
<input type="checkbox"/>	Lyman

SOLICITUD DEL CLUB VERANO

Por Favor Imprimir

Selecciona: Nuevo Renovación

Nombre: _____ Inicial: _____ Apellido: _____
 Apodo: _____ Hombre: _____ Mujer: _____ Raza: _____
 Dirección: _____ Ciudad: _____ Estado: _____ Código de correo: _____
 Teléfono: (____) _____ Fecha de Nacimiento: ____/____/____ Edad: _____

Información de la escuela:

Escuela: _____ Grado Actual: _____ Nombre del Maestro: _____

IEP Acceso de reportes: ____ (Si o No) Almuerzo Gratis o reducido: ____ (SI o No) Actividades de Preferencia: _____

Los contactos de emergencia / autorizados para recoger a los niños:

Doy mi consentimiento para que el Boys & Girls Club de Holyoke Inc. pueda liberar a mi hijo a las siguientes personas
 (Que no sea el padre / tutor) Autorizado a llevarse a mi hijo del programa o recibir a mi hijo al final del día

Nombre	Pickup/Emergencia	Relación	Numero de Telefono

Información Medica:

Nombre del Doctor: _____ Teléfono del Doctor: _____

Dirección: _____ Compañía de Seguros del niño: _____

Numero de Póliza: _____ Numero de Grupo: _____

Graves Problemas de Salud: ____ Si ____ No Necesita Medicación: ____ Si ____ No

En caso afirmativo, explique: _____

Comentarios: _____

<p>Casa: Miembro Vive Con: <input type="checkbox"/> Mamá <input type="checkbox"/> Madrastra <input type="checkbox"/> Papá <input type="checkbox"/> Padrastro <input type="checkbox"/> Abuelos <input type="checkbox"/> Otro</p>		<p>Nivel de Ingresos Anuales: <input type="checkbox"/> \$0 - \$5000 <input type="checkbox"/> \$5001 - \$15000 <input type="checkbox"/> \$15001 - \$25000 <input type="checkbox"/> \$25001 - \$35000 <input type="checkbox"/> \$35001 - \$45000 <input type="checkbox"/> \$45001 - \$55000 <input type="checkbox"/> \$55001 - \$65000 <input type="checkbox"/> \$65001 - \$75000 <input type="checkbox"/> 75001 o Superior Otra Cantidad _____</p>
<p>Área de Vivienda Actual: _____</p>	<p>Miembro de la Familia Mayores de 65 años: ____ (Si o No)</p>	
<p>Cuantos Viven en la Casa: _____</p>	<p>Miembro de Familia Incapacitados: ____ (Si o No)</p>	
<p>Número de Niños Menores de 18: _____</p>	<p>Jefe del Hogar: _____ (Hombre, Mujer o Los Dos)</p>	
<p>Madre o Padre Solo: ____ (Si o No)</p>		

Físico del Niño/a:

Color de los Ojos: _____ Color del Pelo: _____ Color de la Piel: _____

Tamaño de Camiseta Marque Una: Pequeña Mediana Grande X-Grande

