



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

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

**SUMMER CLUB APPLICATION 2024**

**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><b>Household:</b>          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><b>Annual Income Level:</b>  <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 25 – June 28	Please circle week(s) that your child will be attending the Summer Fun Club  1 2 3 4 5 6 7 8 9  Summer Fun Club 2024 Weeks <b>9 Weeks for Nick Cosmos Unit</b>
Week - 2	July 1 – July 3	
Week - 3	July 8 – July 12	
Week - 4	July 15 – July 19	
Week - 5	July 22 – July 26	
Week - 6	July 29– August 2	
Week - 7	August 5 – August 9	
Week - 8	August 12 – August 16	
Week - 9	August 19 – August 23	
Week - 10		

<b>Housing Units Weeks Schedule</b>		Please circle week(s) that your child will be attending the Summer Fun Club  1 2 3 4 5 6 7  Summer Fun Club 2024 Weeks <b>6 Weeks for Units</b>
Week - 1	July 8 – July 12	
Week - 2	July 15 – July 19	
Week - 3	July 22 – July 26	
Week - 4	July 29 – August 2	
Week - 5	August 5 – August 9	
Week - 6	August 12 – August 16	

**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

**2024 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><b>Casa:</b>          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><b>Nivel de Ingresos Anuales:</b></p> <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>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

