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**Boys & Girls Clubs**

**of the Capital Area**

**21 Delaware Avenue**

**Albany, New York 12210**

**Camp Opportunity**

**at Lawson’s Lake**

**Monday – Friday**

**8:30 a.m. – 5:30 p.m.**

**Camp Fees for self pay families are based on income. We also accept Daycare Assistance through the Department of Social Services (Albany, Rensselaer and Schenectady Counties).**

**For more information, please contact Sonya Barker, Director of School Age Programs & Summer Camp @ 462-5528 Ext. 18 or by email at sbarker@bgcalbany.com**

**Campers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Camp Sessions: Ages 5-12 (please check the session/weeks your child will attend)**

**Session 1: July 1st – July 26th**

**\_\_\_ 7/1 to 7/5 \_\_\_ 7/8 to 7/12**

**\_\_\_ 7/15 to 7/19 \_\_\_ 7/22 to 7/26**

**Session 1 balance is due June 19th (this** **also applies to parent fees**

**Session 2: July 29th - August 23rd** 

**\_\_\_ 7/29 to 8/2 \_\_\_ 8/5 to 8/9**

**\_\_\_ 8/12 to 8/16 \_\_\_ 8/19 to 8/23**

**Session 2 balances are due July 17th (this also applies to parent fees)**

**\*ALL SECTIONS OF APPLICATION MUST BE COMPLETED\***

**CAMPER’S INFORMATION**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: \_\_\_\_M \_\_\_\_F Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother Employed? \_\_\_\_Yes \_\_\_\_No**

**If yes, please list work location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father Employed? \_\_\_\_Yes \_\_\_\_No**

**If yes, please list work location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Member: \_\_\_\_\_\_\_\_\_\_\_**

**Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Member: \_\_\_\_\_\_\_\_\_\_\_**

**Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE LIST INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD/CHILDREN**

**(WILL NEED TO PRESENT I.D AT THE TIME OF PICK UP) EMERGENCY CONTACTS ARE CONSIDERED INDIVIDUALS AUTHORIZED TO PICK UP.**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Court order is required if the other parent is denied access to the child\*\***

**Household (this information is collected for grant writing purposes only)**

**Member lives with: \_\_\_\_\_ Both Parents \_\_\_\_ Mom \_\_\_\_ Step Mom \_\_\_\_Dad \_\_\_\_Step Dad \_\_\_\_**

**Grandparent \_\_\_\_Foster Parent \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you live in a housing development? If yes, which one?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a parent actively serving in the Military? \_\_\_\_ Yes \_\_\_\_ No If yes, which branch?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Household Income Level (this information is collected for grant writing purposes only):**

**\_\_\_\_$0-$5,000 \_\_\_\_$5,001-$10,000 \_\_\_\_$10,001-$15,000 \_\_\_\_$15,001-$20,000**

**\_\_\_\_$20,001-$25,000 \_\_\_\_$25,001-$30,000 \_\_\_\_$30,001-$35,000 \_\_\_\_$35,001-$40,000**

**\_\_\_\_$40,001-45,000 \_\_\_\_$45,001-$50,000+**

**Number in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number in Household under 18:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head of Household: \_\_\_\_Female \_\_\_\_Male \_\_\_\_Both Single Parent: \_\_\_\_Yes \_\_\_\_No**

**Medical Information:**

**Doctor Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Last Medical Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permission for Treatment by Doctor/Hospital: \_\_\_\_Yes \_\_\_\_No**

**Health Problems, Allergies or Food Restrictions? \_\_\_\_Yes \_\_\_\_No**

**If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Medications: \_\_\_\_Yes \_\_\_\_No If yes, please list all medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Does your child wear glasses/contacts: \_\_\_\_Yes \_\_\_No**

**Please indicate if your child has a history of any serious medical conditions below**

**Inclusion of Children with Special Needs**

**The program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in the program now or in the future is identified as having a disability, physical or behavioral, the Program Director will assess the ability of the program to meet the needs of the child. If the program can meet the needs of the child without making a fundamental alteration to the program, the program will not exclude the child from the program solely because of the child’s disability.**

**Please list any special needs or behavioral patterns that we should be aware**