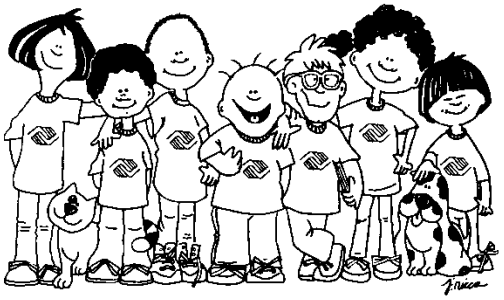

Boys & Girls Club of Greater Waterbury
Summer Enrichment Program
Application – Summer 2025

Please complete the Application below in its entirety (no blanks). Checks, Credit Cards and/or Money Orders should be made out to the Boys & Girls Club of Greater Waterbury. The paid registration fee and weekly deposit will reserve your child's spot for the week(s) you choose.

Registration begins on April 1, 2025

- **Application may be dropped off at the Boys & Girls Club**

♦ 1037 East Main Street, Waterbury ♦ 203-756-8104 ♦

Monday – Friday, 9 am – 12 noon ONLY

Applications must be completed at home

FEES*

- Registration Fee **(non-refundable)**:.....$75.00
- Deposit **(non-refundable)**: $50.00/week
  (deposit is due for each week reserved – ex: to reserve three sessions, deposit is $150.00

*Registration fees and deposits are **NON-REFUNDABLE** ***

Additional paid fees will be refunded ONLY if prior notice is provided to the Director, ***in writing, at least fourteen (14) calendar day in advance.*** *If notice is given with less than fourteen (14) day notice, only 50% of additional paid fees will be refunded.*

- Opening Week Enrichment Program – 1-week session - $250.00
- Sessions 1 – 3 Enrichment Program – 2-week sessions - $500.00

(Fees include all activities and field trip(s)*, t-shirt, breakfast and lunch)

*field trips (no swimming during Opening Week)

No partial week or part time registrations allowed

****If reimbursement is received from Campership, registration and deposit(s) will be refunded in late summer.**

The Boys & Girls Club reserves the right to discipline any child, up to and including suspension or expulsion from the Club for the summer, pursuant to its Discipline Policy, for behavior problems. All incidents, regardless of discipline, will be documented and reviewed with the parent(s)/guardian(s). ***NO REFUNDS IN CASES OF SUSPENSION OR EXPULSION****.*

Camper's Full Name: _____

Enrollment in the Summer Enrichment Program is open to all youth who are at least six (6) years old as of 6/1/25 to youth who are fourteen (14) (may not be 15 years old as of 7/1/25). The Program is open to all youth without regard to race, gender, color, religion or national origin.

◊ Registration is limited. After groups are full, a waiting list will be created. Parents/guardians will be notified at least one (1) week prior if a spot opens up in the desired session.

A complete Application, signed Health Form and payment in full are required prior to any child starting the program.

Please Indicate Below Weeks For Which You Are Registering:

Session	Cost	Dates	Balance Due In Full By:
Opening Week Enrichment Programs	$250.00	June 23 – June 26	June 18
Session 1	$500.00	June 30 – July 10	June 26
Session 2	$500.00	July 14 – July 24	July 10
Session 3	$500.00	July 28 – August 7	June 24

PAYMENT IN FULL MUST BE RECEIVED PRIOR TO CHILD STARTING

Hours of Operation:

The Summer Enrichment Program starts at 7 am and ends at 5 pm.

ALL CHILDREN MUST BE AT THE CLUB BY 9AM DAILY

Hours of Operation are subject to change in the event of any City, State or Federal guidance or actions.

FOR OFFICE USE ONLY:
(ALL PAYMENTS MUST BE RECORDED BELOW)

Amount paid: $_____ (copy of receipt(s) must be kept in camper's file)
Paid by (circle one): Cash Credit Card Check #: _____
Payment for (circle one): Registration
Deposit # of weeks: _____
Camp (balance due) # of weeks: _____
Financial Assistance (circle all applicable):*
CAMPERSHIP Awarded (circle one) yes no Week of: _____
*copies of all financial assistance paperwork must be kept in camper's file
DCF: Wrap-Around Agreement received _____ on _____ (date)
Contact at DCF for payment:
_____ (name, #, email)
Date: _____ Received by: _____ (staff initials)
Date Information Entered into Daxko system: _____ By: _____ (staff initials)
Received Handbook & Other Information: ___ (date) Name of person receiving Handbook: _____
Completed & signed Health Form received _____

Camper's Full Name: _____

CAMPER INFORMATION

The information requested herein is for our records and for reporting purposes ONLY and will be kept confidential. Your cooperation is both required and appreciated. All sections must be fully completed.

Child's First Name: _____ Middle: _____

Last: _____

Date of Birth: _____

Current Age: ___ (must be 6 years old as of June 1, 2025/may not be 15 years old as of July 1, 2025)

With whom does the child live? (circle one): mother father both other (list all)

Grade: _____ (fall 2025)

School: _____

Gender (circle one): Male Female Transgender/Other

What size t-shirt does your child wear (Circle one)? Child Small Child Medium Child Large
Adult Small Adult Medium Adult Large Adult XL

Is child a current or former member of the Boys & Girls Club of Greater Waterbury? (circle one):

Yes No

Is child eligible to receive free or reduced cost lunch at school? (circle one): Yes No

Benefits Received (circle those applicable): TANF SSDI SSI
Section 8/Housing Assistance Food Stamps Other Assistance

How many adults (18 years or older) live in the household? _____

How many children (under 18 years old) live in household? _____

Parent/Guardian Marital Status: (circle one) Married Single Divorced Widowed

Circle the total # of people in family & circle total annual income under the family column:

	1-person family	**2-person family**	**3-person family**	**4-person family**	**5-person family**	**6-person family**	**7-person family**	**8-person family**
100% State Median	$66,270	$86,661	$107,052	$127,443	$147,833	$168,224	$172,084	$175,871
75% State Median	$49,702	$64,995	$80,288	$95,582	$110,875	$126,168	$129,035	$131,903
60% State Median	$39,761	$51,996	$64,230	$76,465	$88,699	$100,933	$103,227	$105,521

50% State Median (Low Income)	$19,881 - $33,134	$25,998 - $43,330	$32,115 - $53,525	$38,232 - $63,721	$44,350 -$73,916	$50,467 - $84,111	$51,614 - $86,023	$52,760 - $87,934
30% State Median (Extremely Low Income)	$0 - $19,880	$0 - $25,997	$0 - $32,114	$0 - $38,232	$0 - $44,349	$0 - $50,466	$0 - $51,613	$0 - $52,760

Ethnicity/Race: (circle one)
White Black/African American Hispanic/Latino Asian
American Indian/Alaskan Native Middle Eastern/North African
Native Hawaiian/Other Pacific Islander Other Two or more races
Don't Know

RESPONSIBLE PARTY (for payment):

(***DCF must provide name of DCF contact and executed wrap agreement***)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (__) - _____ Work Phone: (__)-_____

Home Phone: (___)-_____

Email: _____

PARENT/GUARDIAN CONTACT INFORMATION:

(DCF: must list both foster parent(s) & DCF case worker)

You must provide a current phone number at which you can be reached during the day

(list primary contact first)

1. Relationship to child: _____ Lives with child: (circle one) Yes No

   Name: _____

   Address: _____

   City: _____ State: ___ Zip Code: _____

   Cell Phone: (___)-_____ (***required & must be able to receive texts**)

   Work Phone: (___)-_____ Home Phone: (__)-_____

   Place of employment: _____ Occupation: _____

   Email: _____

Camper's Full Name: _____

2. Relationship to child: _____ Lives with child: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: ___ Zip Code: _____

Cell Phone: (___)-_____ **(*required & must be able to receive texts**)

Work Phone: (___)-_____ Home Phone: (__)-_____

Place of employment: _____ Occupation: _____

Email: _____

3. Relationship to child: _____ Lives with child: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: ___ Zip Code: _____

Cell Phone: (___)-_____ **(*required & must be able to receive texts**)

Work Phone: (___)-_____ Home Phone: (__)-_____

Place of employment: _____ Occupation: _____

Email: _____

EMERGENCY CONTACT

(**In addition to Parent/Guardian who will always be contacted first**)

MUST LIST AT LEAST 2

1. Relationship to child: _____ Lives with child: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Cell Phone: (__)-_____(*required) Work Phone: (___)-_____

Home Phone: (___)-_____

2. Relationship to child: _____ Lives with child: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Cell Phone: (__)-_____(*required) Work Phone: (___)-_____

Home Phone: (___)-_____

Camper's Full Name: _____

ADULTS AUTHORIZED TO PICK UP CHILD

Please list the names of the adults (**including parents or guardians**) authorized who may pick up the child from the Boys & Girls Club. Children will **not** be allowed to leave the program with anyone not listed below. Valid photo ID must be provided.

1. Name: _____
Relationship to child: _____
Phone: _____ Email: _____

2. Name: _____
Relationship to child: _____
Phone: _____ Email: _____

3. Name: _____
Relationship to child: _____
Phone: _____ Email: _____

4. Name: _____
Relationship to child: _____
Phone: _____ Email: _____

If there are additional people authorized to pick up child, please list name, relationship, phone number and email on the back of this page.

MEDICAL

All children must have a current and complete health form signed by the doctor prior to starting camp. Physicals must have been completed within the last year. Copies of school physicals are NOT acceptable.

All children are expected to follow Club policies surrounding behavior, hygiene, health practices, social distancing, and any other mandates or recommendations implemented by the Club.

Physician: _____ Physician Phone:

_____

Insurance Company: _____ Insurance ID#:

_____

Does your child have any medical problems (circle one): yes no

If yes, please explain:

Does your child have <u>any</u> allergies (circle one): yes no

If yes, please explain:

Camper's Full Name: _____

Please be advised that the Camp Director and Assistant Directors are certified to administer the following:

1. Topical, including sunscreen
2. Oral
3. Inhalants

If your child requires medication, an epi-pen, &/or inhaler, a completed **Authorization for the Administration of Medicine** form (last page of application – tear off, complete and return to the Club prior to your child starting camp) must be submitted with the medication. Children requiring these medicines may not attend without one of these properly completed forms.

- State of Connecticut guidelines require that all inhalers and Epi-Pens must be kept on site during the time the child is attending camp
- Any medication, inhalers &/or Epi-Pens must be provided to the Club at the start of Camp it the original container with adequate labeling
- All medications will be locked in the Director's Office while camp is not in session. During the day, both onsite and on field trips, medications shall be held by the child's counselor.

FIRST AID EMERGENCY RELEASE

In the event of a minor accident, a trained staff member will administer necessary first aid. We will clean and bandage small wounds, apply ice or warmth, provide a place to rest, and the like.

In the event your child requires emergency medical attention, we will call 911 and take the following steps pursuant to your direction.

PLEASE SIGN *ONLY ONE* OPTION BELOW FOR CASES OF MEDICAL EMERGENCY:

OPTION #1:
If my child requires emergency medical attention, it is my wish that I am contacted before any medical procedures are taken for my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

_____ _____ _____
Parent/Guardian Signature Phone # Date

OPTION #2:
If my child requires emergency medical attention, it is my wish that treatment be started immediately while efforts are made to contact me. So that treatment is not delayed, I consent to medical procedures the emergency staff deem necessary and accept responsibility for all costs related to such treatment.

_____ _____ _____
Parent/Guardian Signature Phone # Date

Camper's Full Name: _____

AUTHORIZATION TO APPLY NON-PRESCRIPTION TOPICAL LOTION

I hereby give permission to the staff of the Boys & Girls Club of Greater Waterbury to apply non-prescription topical lotions or sprays to my child when needed or requested. Non-prescription topical lotions or sprays may include sunscreen, suntan lotion, Vaseline, insect repellent and other similar products.

Each child must provide his/her own non-prescription topical lotion or spray clearly labeled with his/her name. All such lotions or sprays must be given directly to Club staff.

_____ _____ _____
Parent/Guardian Signature Phone Date

SWIMMING PERMISSION

(Sessions 1 – 3 only)

One day each week (Tuesdays), all campers and staff go to Woodtick Beach in Wolcott. To insure the safety of your child, please circle the appropriate statement relative to your child's abilities:

- Non-swimmer (unable to swim on top of the water)
- Novice swimmer (able to swim on top of the water but unable to tread water for 1 minute)
- Proficient swimmer (able to swim and tread water for 1 minute or more)

The Town of Wolcott and Woodtick Beach employ Red Cross certified lifeguards to supervise the swimming area. Camp staff will also be in the swimming area (including water) supervising campers.

No Camp staff will remain at the Boys & Girls Club on these days – All campers must go to Woodtick Beach. There will be Camp staff supervising non-swimming campers. **You must send your child with a bathing suit & towel on beach days.**

I give my permission for my child to go to Woodtick Beach on the following Tuesdays:

- July 1
- July 8
- July 15
- July 22
- July 29
- August 5

I understand that if I choose not to send my child on a field trip, or if it is determined my child is not allowed to go on a field trip, I will find alternate childcare for that day. No staff will remain at the Boys & Girls Club on field trip days. I understand that I will not be entitled to a refund if my child does not attend a field trip.

At Woodtick Beach, my child may (CIRCLE ONE):

- Stay on dry land only
- Go in the shallow water only
- Go in the deep water (including out to the floating dock)

_____ _____
Parent/Guardian signature & Printed Name Date

Camper's Full Name: _____

BATHING SUITS & TOWELS SHOULD BE BROUGHT ON BEACH DAYS. SNEAKERS SHOULD BE WORN.

Program t-shirts MUST be worn on Tuesdays

ADDITIONAL FIELD TRIPS PERMISSION

The Summer Enrichment Program will take the following field trips on the specified date:

- Opening Week Enrichment Program: Game Zone, Waterbury - date - TBD)
- Session 1: Connecticut Science Center, Hartford - date - TBD
- Session 2: Hartford Yard Goats Baseball Game, Hartford – July 15
- Session 3: Beardsley Zoo, Bridgeport - date - TBD

Additional field trips may be added during the course of the summer. Parents will be provided with information and Permission Forms in advance of any additional field trip.

PROGRAM ISSUED T-SHIRTS MUST BE WORN FOR ALL FIELD TRIPS

EARLY DROP-OFF/LATE PICK-UP POLICY

All children must be dropped off and picked up at the appropriate times, as follows:

- Children may not be dropped off prior to 7am and must be picked up by 5pm.
- **A $20/hour fee will be charged for early drop-offs and late pick-ups.** This fee will apply immediately after closing. (ie., 1 – 30 minutes early/late = $20; 31 – 60 minutes early/late = $40, etc.)
- All early drop-off/late pick-up fees are due at drop-off on the following day. Children will not be allowed to stay at the Club unless all fees are paid in full.
- Time is determined by the clock at the front desk of the Boys & Girls Club.
- **If we have not made contact with a parent/guardian or emergency contact and 1 hour has passed from the pick-up time, the Boys & Girls Club will contact the Waterbury Police Department &/or the Department of Children & Families.**

Please make sure that all contact information is current.

I have read and understand the above Early Drop-off/Late Pick-Up Policy.

_____ _____

Parent/Guardian Signature & Printed Name Date

Camper's Full Name: _____

REMIND

We use a text system called *Remind* to send information and reminders to parents & guardians – it is the best way we have to communicate with you. And we require at least 1 cell number per child to receive information.

Please make sure the # provided will accept text messages. The first text you receive will ask you to opt in to receive our texts. If your number changes or you want to add a number to receive texts, please let us know.

NAME: _____

NAME OF CHILD: _____

EMAIL: _____

CELL PHONE #: _____

SAFETY

Ensuring our members' safety is fundamental to our Mission. The Boys & Girls Club staff, Board of Directors and volunteers work every day to create a safe, fun environment so that all kids can have every opportunity to be successful in life. We have zero tolerance for inappropriate behavior from any person of any kind, including child sexual abuse or misconduct, and we put resources behind that stance. In creating a culture of safety at the Club, we have a series of policies, procedures, programs and trainings designed to promote child safety. The Club's safety policies and procedures are available upon request.

I have read and understand the above important information.

_____ _____

Parent/Guardian Signature & Printed Name Date

Camper's Full Name: _____

RELEASE

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Greater Waterbury, and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all lose, damage, injury, or death any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I understand that the Boys & Girls Club is not responsible for lost or stolen items.

Photo Release

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeliness of any kind made of the child are and shall remain the property of the Boys & Girls Club of Greater Waterbury. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by the Boys & Girls Club of Greater Waterbury with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

Surveys & Questionnaires

Boys & Girls Club frequently ask for members to complete surveys/evaluations. I give consent for my child to participate in any and all surveys/evaluations conducted by Boys & Girls Club staff.

Technology

I understand that Boys & Girls Club of Greater Waterbury will take all necessary and reasonable precautions to ensure that my child will not have access to inappropriate materials on the internet. I further understand that not only will Boys & Girls Club will discuss internet safety with my child but that I, as the parent/guardian, must discuss this with my child as well.

I have read the completed application and this form, understand the policies/expectations of the Boys & Girls Club and request that my child attend the Summer Enrichment Program. I have received a copy of the Child & Parent/Guardian Handbook and will read/review it with my child.

_____ _____

Parent/Guardian Signature & Printed Name Date


BOYS & GIRLS CLUB
OF GREATER WATERBURY

Camper's Full Name: _____

(Tear off this page, complete & return to the Boys & Girls Club)

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps, administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations.

Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth _____ Today's Date_____
Address of Child/Student _____ Town _____
Medication Name/Generic Name of Drug _____ Controlled Drug? ( ) YES ( ) NO
Condition for which drug is being administered _____
Specific Instructions for Medication Administration _____
Dosage _____ Method/Route _____
Time of Administration _____ If PRN, frequency _____
Medication shall be administered Start Date _____ End Date _____
Relevant Side Effects of Medication _____ ( )None Expected
Explain any allergies, reaction to/negative interaction with food or drugs _____
Plan of Management for Side Effects _____
Prescriber's Name/Title _____ Phone Number _____
Prescriber's Address Town _____
Prescriber's Signature _____Date _____
School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

____ I request that medication be administered to my child/student as described and directed above
____ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.
_____ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)
Parent/Guardian Signature _____ Relationship _____ Date _____
Parent /Guardian's Address _____Town _____ State _____
Home Phone _____ Work Phone _____ Cell Phone _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.
Prescriber's authorization for self-administration ___ YES ___ NO _____
Signature Date

Camper's Full Name: _____

Parent/Guardian authorization for self-administration ___ YES ___ NO _____
Signature Date

School nurse, if applicable, approval for self-administration ___ YES ___ NO _____
Signature Date Today's Date _____

Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

MEDICATION ADMINISTRATION RECORD (MAR)

Name of Child/Student _____ Date of Birth _____
Pharmacy Name _____ Prescription Number _____
Medication Order _____

DATE	TIME	DOSAGE	REMARKS	WAS THIS MEDICATION SELF-ADMINISTERED (CIRCLE ONE)	SIGNATURE OF PERSON OBSERVING OR ADMINISTERING
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

___ Authorization form is complete ____ Medication is appropriately labeled
___ Medication is in original container ____ Date on label is current

Person Accepting Medication (print name) _____ Date _____