



Serving Youth Since 1882



OWNED AND OPERATED BY THE BOYS & GIRLS CLUB OF FALL RIVER
Boys & Girls Club Tel. 508-672-6340 www.fallriverbgc.org Camp Welch Tel. 508-644-5275

Things to Remember for RESIDENT CAMP

The following information should be helpful when registering your child for camp and will answer most questions that you may have.

AGES: 9 to 14

JUNIOR DIVISION APPLICATION:

You must complete a new Junior Division Membership Application whether or not your child's membership is active.

Only those individuals written on the membership application will be authorized to pick up your child. Emergency Contacts are also taken directly from the membership application.

PICK UP PROCEDURES:

You are REQUIRED to bring Identification with you to pick up your child. Only those individuals you have identified on the membership form will be allowed to pick up your child. If you are requesting someone else to pick up your child, it needs to be submitted **IN WRITING**.

Your child will not be allowed to leave with an unauthorized adult.

HEALTH FORMS:

You MUST submit A NEW copy of their physical and immunization records along with the **signed** Health Form for the camp season.

No child may attend camp without a valid Health form.

The Health form is **DUE June 1, 2010**.

USDA FOOD FORMS & MEALS

You **MUST** submit a **USDA Food form** if your child does **NOT attend the Fall River PUBLIC SCHOOLS or the ATLANTIS CHARTER SCHOOLS prior to June 1, 2010.**

A well balanced breakfast and lunch is provided daily for campers.

CAMP FEES:

Rates are between \$100 - \$150 per week per child (\$25 discount for 2nd child)

Rates are determined by your filed 2009 Income Tax Forms.

A **\$20 Non-Refundable & Non-Transferable Deposit** per week per child is required to register.

All campers must be members of the Boys & Girls Club of Fall River. (\$10.00 fee per year)

Payments are due on either the Friday BEFORE services or the Monday OF services.

Failure to pay for the week will result in losing remaining camp slot.

No child will be allowed to attend with a previous or current balance! No Exceptions will be made!

WHAT TO BRING TO CAMP:

Sneakers, shirts, shorts, long pants, sweatshirt, jacket, bathing suit, 2 towels, sleeping bag, pillow, blanket, sheet, toothbrush & toothpaste, shampoo, soap, bug spray.

DO NOT BRING: Sunscreen, **ELECTRONICS**, toys, sports equipment, trading cards, etc.

We are NOT responsible for lost or stolen items.

DIRECTIONS:

From Fall River: Route 24 North to exit 10, bear right, over the overpass, camp is one mile on left.

From Freetown 4 corners: Proceed up North Main St. hill, over Route 24, camp is one mile on left.

HOURS:

Parents must bring Campers to the Camp Office, Sunday evening after 4:00pm and before 5:00pm.

AFTER 4:00PM (no matter what your child says!)

All campers must be picked up Friday **BEFORE 5:30pm.**

FUN DATES TO REMEMBER:

June 26, 2010 - Camp Tours from 12pm to 2pm

August 13, 2010 - Family Night from 6pm to 10pm



BOYS & GIRLS CLUB
OF FALL RIVER

CAMP WELCH



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2010 RESIDENT CAMP APPLICATION

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GENERAL INFORMATION

CAMPER'S NAME:			AGE (as of July 11):		
SCHOOL:		CURRENT GRADE:	DATE OF BIRTH:		
MOM'S NAME:			DAD'S NAME:		
MOM'S ADDRESS:			DAD'S ADDRESS (if different):		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
HOME PHONE: ()			HOME PHONE: ()		
WORK PHONE: ()			WORK PHONE: ()		
EMERGENCY PHONE: ()			EMERGENCY PHONE: ()		
CELL PHONE: ()			CELL PHONE: ()		

CAMP SESSIONS (Sunday after 4pm - Friday before 5:30pm)

Boys Resident #1 (July 11)	<input type="checkbox"/>	Girls Resident #1 (July 18)	<input type="checkbox"/>
Boys Resident #2 (July 25)	<input type="checkbox"/>	Girls Resident #2 (Aug. 1)	<input type="checkbox"/>

The Staff strives at all times to prevent accidents at the Club, at Camp, and on any trips that may be conducted. It does not however, assume any financial responsibility for medical, dental, or other expenses that may occur as a result of accidents. In case of emergency, or if I cannot be immediately located, I authorize a representative of the Thomas Chew Memorial Boys & Girls Club to secure medical care for my son or daughter.

Parent/Guardian's Signature: _____ Date : _____

OFFICE USE ONLY

Total Amt. Paid: \$ _____ Membership included: Y or N _____ Receipt #: _____ Initials: _____

Grades - K through 8 - \$10 per year



BOYS & GIRLS CLUB
OF FALL RIVER

High School Students - \$10 per year

Date: _____

New:

Renewal:

Parental Permissions...

Is your child allowed to participate in general club activities?	Yes/No
Would you like your child to participate in our homework help program?	Yes/No
To help your child with school, May we contact your child's teacher to review his/her educational needs?	Yes/No
Is your child allowed to go onto the Internet in our Computer Lab? (Parental blocks are used on our computers)	Yes/No
Member has permission to be used in public relations materials?	Yes/No

New Member Information

Renewing Member/ Sibling

First Name: _____

Active Member's Last Name: _____

Last Name: _____

Date of Birth: _____

Active Member's First Name: _____

Gender: Male: Female:

Ethnicity: _____

Membership Number: _____

Residence Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

School Information:

School: _____ Grade: _____ Teacher: _____

Contact Information:

Primary Contact Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Authorized to pick up Member? YES / NO

Emergency Contact? YES / NO

Secondary Contact Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Authorized to pick up Member? YES / NO

Emergency Contact? YES / NO

Additional Contact Name: _____ **Relationship:** _____

Address: _____

Medical Information

Doctor's Name: _____ Doctor's Phone: _____

Permission for Treatment by Doctor/Hospital: YES _____ NO _____

Does your family have health and/or accident insurance: YES _____ NO _____

Insurance Carrier: _____

Policy #: _____ Group #: _____

Serious Health Problems/Allergies: YES _____ NO _____ If yes, explain: _____

Medications: YES _____ NO _____ If yes, explain: _____

Does your family have a dentist? YES _____ NO _____

Household Information NOTE: This information is collected for Grant Writing purposes ONLY

Current Head of Household: FEMALE _____ MALE _____ Current Single Parent: YES _____ NO _____

Member lives with: MOM _____ STEP MOM _____ DAD _____ STEP DAD _____ GRANDPARENT _____

FOSTER PARENT _____ OTHER _____

Number in Household: _____

ANNUAL INCOME LEVEL:	\$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 _____	\$50,001 - \$55,000 _____	\$55,001 - \$60,000 _____
	\$60,001 - \$65,000 _____	\$65,001 - \$70,000 _____	\$70,001 - \$75,000 _____
	\$75,001 - \$80,000 _____	\$80,001 - \$85,000 _____	\$85,001 - \$90,000+ _____

Disclaimer:

The Boys & Girls Club of Fall River is not responsible or liable in anyway in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Club of Fall River responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the club the Parent or Guardian agrees to pay for the Boys & Girls Club of Fall River's legal fees.

Contact's Signature: _____

Member's Signature: _____

FOR OFFICE USE ONLY		
Membership #: _____	Entry Date: _____	Expiration Date: _____
Type: _____	New/Renewal: _____	Processed by: _____

2010 RESIDENT FEE SCALE

Proper documentation required for discount*
This form required before camp begins.

Note: \$25 less for additional children.

RESIDENT CAMP FEES (1st child)			
Number in Household	\$100	\$125	\$150
2	0 to 25,900	25,901 to 42,999	above 43,000
3	0 to 32,560	32,561 to 53,499	above 53,500
4	0 to 39,220	39,221 to 65,999	above 66,000
5	0 to 45,880	45,881 to 75,999	above 76,000
6	0 to 52,540	52,541 to 86,499	above 86,500
7	0 to 59,200	59,201 to 98,999	above 99,000
8	0 to 65,860	65,861 to 105,999	above 106,000

*****FOR OFFICE USE ONLY*****

CHILD'S NAME: _____

PARENT'S NAME: _____

Income Verification:

From 2009 Taxes: W2'S PLUS Form 1040, 1040EZ, **1040A** \$ _____

Please Note: The number of exemptions on tax form equals household size.
(We reserve the right to request additional proof of income.)

Your Weekly Camp Fee (from above chart) \$ _____

** Note: No documentation results in fees at the highest rate.
Documentation is required by June 1, 2010*

STAFF COMPLETING FORM: _____

DATE _____