



For Office Use Only:
Start Date _____

Summer Camp Application

YOUTH INFORMATION

First Name	Last Name	MI	DOB
Address	City	Zip	Phone Number
School	Grade	Age	Sex

FAMILY INFORMATION

Mother Name:	Father Name:
Address:	Address:
E-mail	E-mail
Employer	Employer
Work Number	Work Number
Cell Number	Cell Number
Child live with: (please check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other	

HEALTH INFORMATION

Doctors Name	Phone Number
Health Problems (if any)	Allergies
Medications (if any)	<i>**Any Medications to be administered at our facility must be accompanied by a completed Medication Consent Form**</i>

PICK UP AUTHORIZATION

Persons authorized to pick up child in case of emergency - ALL sections MUST have complete address information

Name:	Name:
Address	Address
Phone Number	Phone Number

OTHER PERSONS ALLOWED TO PICK UP CHILD

*Any person not listed will **NOT** be able to pick up children from our facility*

Name:	Name:
Name:	Name:

Is there anyone legally **NOT** allowed to pick up your child? If so, we must have a copy of the legal paperwork on file.

EMERGENCY MEDICAL CARE AUTHORIZATION

I, _____ hereby authorize Fun Land Before & After School program staff and/or other Boys & Girls Club staff to obtain emergency medical care for my child while under their care. I also have received, read, and understand the Fun Land brochure outlining the rules and regulations of the Day Care, which my child and I will abide by.

Parent Signature

Date

AGREEMENTS

My child has my permission to ride the Boys & Girls Club bus. My child will obey all rules listed in our handbook while on the bus.

The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **

The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signature of Parent/Guardian

Date

PICTURE/VIDEO AUTHORIZATION

From time to time pictures are taken of the children attending our activities and on occasion are used in-house for promotional purposes.

I give permission for my child(ren)'s picture to be taken and if selected, to be used by the Prince William Boys & Girls Clubs.

Photo: YES _____ (please initial)
NO _____ (please initial)

Video: YES _____ (please initial)
NO _____ (please initial)

SUNSCREEN/REPELLENT PERMISSION

I give my child _____ permission to have sunscreen and or/bug repellent applied on any given day during our program. I understand that they will be using SPF-15 or higher.

Signature of Parent/Guardian

Date

FOR OFFICIAL USE ONLY IDENTITY VERIFICATION

Staff Initial: _____

Place of Birth

Date of Birth

Birth Certificate Number

Date Issues

Other Form of Proof

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (ie after school program) or the center transfers responsibility of the child directly to the school (ie before program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.