



**BOYS & GIRLS CLUB  
OF LAKE SHORE**

## Kindergarten

### 2026 Summer Camp Application

#### CHILD INFORMATION

First Name		Last Name	
Suffix		Informal Name	
Address		City	
State		Zip	
Birthdate		Gender	
Racial/Ethnic Identity		Foster Care	Circle YES OR NO

#### SCHOOL INFORMATION

#### INSURANCE INFORMATION

School Name	Insurance Carrier
Grade	Group Number
	Member/Policy Number

#### PRIMARY CONTACT INFORMATION

First Name	Last Name
Relationship to Child	Mobile Phone
Alternate Phone	Email

#### ADDITIONAL GUARDIAN CONTACT INFORMATION

First Name	Last Name
Relationship to Child	Mobile Phone
Alternate Phone	Email Address

## ALLERGIES

Does your child have any known allergies:

Circle YES OR NO

If so, explain:

Does the child use an EpiPen?

Circle YES OR NO

## MEDICAL INFORMATION

Diagnosed Medical Conditions

Circle YES OR NO

If so, explain:

Other Physical, Mental or Medical Limitations

Circle YES OR NO

If so, explain:

Does the Member Receive Additional Support in School/Community?

Circle YES OR NO

If so, explain:

Does the Member use an Inhaler?

Circle YES OR NO

Does the Member Self-Administer Medication?

Circle YES OR NO

Does the Member use Insulin?

Circle YES OR NO

Per OCFS Regulations, If your child has ANY doctor diagnosed allergies, special need, medical condition and/or has a need for an EpiPen or Inhaler while in the program, then an **Individual Health Care Plan** is required to be **completed by a doctor**. This medical form will need to be submitted and approved prior to the start of the program. The Individual Health Care Plan is page 4 of this application.

Does the member require an Individual Health Care Plan as required by OCFS?

Circle YES OR NO

## HOUSEHOLD SUPPORT INFORMATION

Primary Language Spoken in the Home

\_\_\_\_\_

Number of Adults in Household

\_\_\_\_\_

Number of Youth in Household

\_\_\_\_\_

Other Relatives in Household

Circle YES OR NO

If so, explain:

\_\_\_\_\_

Approx Annual Household Income

\_\_\_\_\_

## EMERGENCY CONTACTS

### EMERGENCY CONTACT 1

First Name

\_\_\_\_\_

First Name

### EMERGENCY CONTACT 2

Last Name

\_\_\_\_\_

Last Name

Mobile Phone

\_\_\_\_\_

Mobile Phone

Alternate Phone

\_\_\_\_\_

Alternate Phone

Email

\_\_\_\_\_

Email

Relationship

\_\_\_\_\_

Relationship

Authorized for Pickup

Circle YES OR NO

Authorized for Pickup

Circle YES OR NO

**NOT AUTHORIZED TO PICK UP**  
**(list any individuals who are not authorized to pick up your child)**

First Name	_____	First Name	_____
Last Name	_____	Last Name	_____
Relationship	_____	Relationship	_____

<input type="checkbox"/>	I agree that the operator may administer emergency care and/or authorize the physician of his/her choice to provide
<input type="checkbox"/>	I agree that the operator may administer topical ointments to my child including sunscreen and antibacterial ointment
<input type="checkbox"/>	I agree my child's picture may be used in Boys & Girls Club publications, and marketing materials
<input type="checkbox"/>	I agree my child may participate in our healthy snack program (allergies permitting).

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(Signature of Parent)

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Date

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(Print Name)