



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		EMERGENCY CONTACT 2	
First Name	_____	First Name	_____
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).

_____ (Signature of Parent)	_____ Date
_____ (Print Name)	