BOYS & GIRLS CLUB
OF EDEN-LAKE SHORE
Two Communities | One GREAT Mission
bgcedenlakeshore.org

Kindergarten

2025 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

School Name	
Grade	

INSURANCE INFORMATION

Insurance Carrier	
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 from 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 equired 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		
Last Name		
Mobile Phone		
Alternate Phone		
Email		
Relationship		
Authorized for Pickup	Circle YES OR NO	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	

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

(Signature of Parent) Date

(Print Name)