



**BOYS & GIRLS CLUB
OF ELMA, MARILLA & WALES**

Summer Day Camp 2026

Summer Camp Information Checklist



Applications will not be accepted without all the documents listed below:

- Summer Camp Application (all areas completed)
- Attendance Sheet
- Immunization Record (up to date)
- Medical Authorization/Allergy (if applicable)
- Behavior Policy
- Parent/Camper Contract
- Field Trip Permission Form (if you do not plan on sending your child on any field trips, please attach permission form and indicate on bottom of the form by checking the box. Please complete waivers for field trips.)
- Completed Field Trip Waivers
- Change Request Form (please keep, do not attach)

DEADLINE TO REGISTER: JUNE 5th, 2026

PLEASE NOTE: Spots fill up very quickly!

Unfortunately, **we cannot guarantee a spot for your child** past June 5th. Once we reach maximum capacity, you will be placed on a waiting list.

All communication will be done **via email.**

Summer Day Camp 2026

Camper Application

Please print clearly. Photographed applications will not be accepted.

Camper Information

Full Name of Child _____ Gender: M or F
Date of Birth _____ Age _____ Grade (entering in fall of 2026) _____
Address _____ City _____ State _____ Zip _____
School _____ T-Shirt Size _____ (Youth S-XL, Adult S-XL)

All Campers MUST wear camp shirts on all field trips.

Parent/Guardian Information

The 1st contact will be the first person we will call if needed, the person we will send out emails to, and the person invoiced.

1st Contact

Name _____ Relationship _____
Cell Phone _____ Work Phone _____
Email address _____

2nd Contact

Name _____ Relationship _____
Cell Phone _____ Work Phone _____
Email address _____

Emergency Contact & Authorized Pick-Up Information

1. Name _____ Relationship _____
Phone # _____

2. Name _____ Relationship _____
Phone # _____

3. Name _____ Relationship _____
Phone # _____

Permissions: I give my child permission to have my child's pictures used in Boys & Girls Club publications, news articles, social media. Yes No

Health Information

Physician to be called in an emergency:

Name _____ Phone # _____

Health Insurance Co. _____ Policy # _____

In an emergency, if the 1st and 2nd contact as listed above is unavailable, we will call the emergency contact.

Please indicate any physical or medical conditions of this child that should be brought to the attention of the staff: _____

Boys & Girls Club of Elma, Marilla & Wales Summer Day Camp 2026 - Camper Application

Name of Child _____

Grade Entering (fall of 2026) _____

Please check the Session(s) and circle days your child will be attending.

Member Cost: \$45/day per camper / Cost for a full week of camp: \$41/day per camper
Non-Member Cost: \$50/day per camper / Cost for a full week of camp: \$46/day per camper

<u>Week</u>	<u>Dates</u>	<u>Days Attending</u>	<u>Total</u>	
O Week 1	June 29 – July 3	M T W Th F	\$ _____	<u>Registration Deadline</u> June 5 th
O Week 2	July 6 – July 10	M T W Th F	\$ _____	<u>Registration Deadline</u> June 26 th
O Week 3	July 13 – July 17	M T W Th F	\$ _____	<u>Registration Deadline</u> July 3 rd
O Week 4	July 20 – July 24	M T W Th F	\$ _____	<u>Registration Deadline</u> July 10 th
O Week 5	July 27 – July 31	M T W Th F	\$ _____	<u>Registration Deadline</u> July 17 th
O Week 6	Aug 3 – Aug 7	M T W Th F	\$ _____	<u>Registration Deadline</u> July 24 th
O Week 7	Aug 10 – Aug 14	M T W Th F	\$ _____	<u>Registration Deadline</u> July 31 st
O Week 8	Aug 17 – Aug 21	M T W Th F	\$ _____	<u>Registration Deadline</u> Aug 7 th

Once registered, NO refunds or credits will be given for absences, dismissals, or withdrawals before the end of the session.

Registrations received after a specified deadline **may not** be accepted.

For office use only

Date Received: _____ Director Signature _____

Explorer (Grades 1-3)

Ranger (Grades 4-5)

Blazer (Grades 6-8)

MEDICATION AUTHORIZATION FORM
BOYS & GIRLS CLUB OF EMW - 2080 GIRDLE ROAD, ELMA, NY 14059

A. TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child _____ DOB _____ Grade entering in Fall _____ receive the medication as prescribed below by our NYS licensed health care provider. I will furnish the medication in a properly labeled original container from my pharmacist or drug store.

If my child has been designated as an independent student by their healthcare provider, I agree they can use their medication effectively and may carry and use this medication independently at any camp/camp-sponsored activity with no supervision by camp staff.

Signature (Parent or Guardian): _____ Date _____

Telephone: Home _____ Work _____ Cell _____

B. TO BE COMPLETED BY NYS LICENSED HEALTH CARE PROVIDER:

Name of Student _____ DOB _____

Diagnosis: _____

Known drug allergies: No Yes - Describe _____

List any other allergies: _____

I request that my patient receive the following medication:

MEDICATION	<i>Dosage</i>	FREQUENCY	ROUTE OF ADMINISTRATION	LEVEL OF ASSISTANCE *SEE DEFINITIONS BELOW
				<input type="checkbox"/> Independent Student <input type="checkbox"/> Supervised Student
				<input type="checkbox"/> Independent Student <input type="checkbox"/> Supervised Student

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

NYS – Level of Assistance Definitions:

Independent Student: No assistance is needed from camp staff except during emergencies. May self-administer and carry medicine. A back-up supply may also be kept in Health Office if desired.

I attest this student has demonstrated to me they can self-administer the medication(s) ordered above safely & effectively and may carry and use this medication independently at any camp/camp-sponsored activity with no supervision by camp staff except in emergencies.

Supervised Student: Adult camp staff trained by RN may assist students when taking medication ordered above. The medication will be kept in Health Office or with adult camp staff on camp/camp-sponsored activity (i.e., field trips).

NYS Licensed Prescriber and Title (print or stamp): _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

Life Threatening Allergy - EMERGENCY CARE PLAN

BOYS & GIRLS CLUB OF EMW - 2080 GIRDLE ROAD, ELMA, NY 14059

Camper's Name: _____ DOB: _____ Grade Entering in Fall: _____

ALLERGY TO: _____

Asthma: No Yes *Higher Risk for Severe Reaction

◆STEP 1: TREATMENT◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u>	
	(To be determined by physician authorizing treatment)	
• If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Throat* Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Lung* Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Heart* Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Other* Itching of mouth only or hives only	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

*Potentially life-threatening, the severity of symptoms can quickly change.

DOSAGE

Antihistamine (Dose, Route, Frequency): _____

Epinephrine (Dose, Route, Frequency): _____

◆STEP 2: EMERGENCY CALLS◆

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Healthcare Provider: _____ Phone: _____
3. Parents (Name(s) and contact numbers: _____

Life Threatening Allergy Form - Continued

Independent Student: No assistance is needed from camp staff except during emergencies. May self-administer and carry medicine. A back-up supply may also be kept in Health Office if desired.

I attest this student has demonstrated to me they can self-administer the medication(s) ordered above safely & effectively and may carry and use this medication independently at any camp/camp-sponsored activity with no supervision by camp staff except in emergencies.

Supervised Student: Adult camp staff trained by RN may assist students when taking medication ordered above. The medication will be kept in Health Office or with adult camp staff and camp/camp-sponsored activity (i.e., field trips).

Healthcare Provider's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NOTE: The Parent / Guardian signature authorizes the camp director and RN to share this information with camp staff on a "need-to-know" basis. In the event of an emergency care will be initiated and parents will be contacted

Boys & Girls Club of Elma, Marilla and Wales
Summer Camp Behavior Policy

To ensure a safe, respectful, and positive environment for all members and staff, the Boys & Girls Club of Elma, Marilla and Wales expects all campers to follow Club rules and demonstrate appropriate behavior at all times.

3-Strike Behavior Policy

Strike 1:

Verbal warning from staff and discussion of appropriate behavior.

Strike 2:

Parent/guardian will be notified, and the camper will sit out for the remainder of the activity.

Strike 3:

Parent/guardian will be called to pick up the camper. The camper will receive a suspension from the program for at least the following camp day. Additional suspensions or removal from the program may occur depending on the situation.

Zero Tolerance Policy

The Boys & Girls Club of Elma, Marilla and Wales maintains a zero-tolerance policy for the following behaviors:

- Physical violence or fighting
- Bullying, harassment, or intimidation
- Threatening behavior
- Inappropriate or abusive language
- Destruction of property
- Any behavior that jeopardizes the safety of members or staff

These behaviors may result **in immediate suspension or removal from the Summer Camp program**, regardless of previous strikes.

The Boys & Girls Club reserves the right to determine appropriate disciplinary action based on the severity of the behavior.

I agree to comply with the rules and expectations outlined in the Summer Camp Behavior Policy. I understand that failure to follow these rules may result in disciplinary action, including suspension or removal from the program.

Camper Name: _____

Camper Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Boys & Girls Club of Elma, Marilla and Wales
Summer Camp Policies / Parent Contract

Please **initial each item below** to acknowledge that you have read and understand the following policies.

_____ **Camp Hours**

I understand that Summer Camp hours are 7:15 AM – 6:00 PM. Children may not be dropped off before 7:15 AM and must be picked up no later than 6:00 PM. If an emergency causes a late pick-up, it is the responsibility of the parent/guardian to contact the Club at 716-652-9292 as soon as possible. Late pick-ups may result in the parent/guardian being charged a \$25 late pick-up fee. This must be paid in full before campers attend their next scheduled day of summer camp.

_____ **Appropriate Clothing**

I will ensure my child is dressed appropriately for camp activities and weather conditions. Campers should come prepared with appropriate clothing including sneakers, shorts or pants, t-shirt, swimsuit, towel, sweatshirt or sweater, hat, sunscreen, insect repellent, and long sleeve tops and pants for hiking activities when applicable.

_____ **Footwear Policy**

Open-toed shoes are not permitted. Campers must wear closed-toe athletic shoes (sneakers) to participate in gym activities and outdoor recreation.

_____ **Sunscreen**

I will send my child with sunscreen (SPF 15 or higher) labeled with his/her name and ensure sunscreen is applied before arriving at camp each day.

_____ **Personal Belongings**

I will label my child's belongings. I understand that the Boys & Girls Club is not responsible for lost, stolen, or misplaced items, including electronics.

_____ **Communication with Staff**

I understand the importance of communicating with camp staff and will take time to speak with my child's counselor if I have questions or concerns about my child's camp experience.

_____ **Medical Information & Emergencies**

I will immediately update the Club with any changes to medical information or emergency contact numbers. In the event of a serious emergency, 911 will be contacted first, followed by the emergency contact listed on my child's registration form.

_____ **Health Care Plans & Medication**

Parents/guardians are responsible for communicating all health care needs and medications required by their child. If medication is required during camp hours, a Health Care Plan, physician authorization, and parent consent must be submitted at registration. In accordance with NYS Department of Health regulations, medication cannot be administered without proper documentation. All medications provided to the Club for my child will be up to date/current.

_____ **Camper Illness/Medical Absence**

If my child is ill and cannot attend camp, I will need to provide a doctor's note and contact the Camp Director regarding a refund.

Program Limitations

The Boys & Girls Club of Elma, Marilla and Wales Summer Camp is a recreational youth development program and is not designed to provide therapeutic services, individualized behavioral interventions, or one-to-one supervision.

Parents/guardians are responsible for informing the Club of any medical, behavioral, emotional, or developmental needs their child may have at the time of registration.

While the Club strives to support all campers, participation may be limited if a child requires supervision, care, or services beyond what staff can safely provide within the group camp environment.

Payment

I understand that I am required to pay for the days that I have registered my child for regardless of late payments. If my child does not attend a scheduled day due to a non-medical reason, I will not be refunded. Please note that a late fee of \$20 will be applied to an invoice if not paid by Friday's corresponding deadlines.

Change of Date

I understand that I need to fill out a Change Request Form and provide it to the office staff by the deadlines given to add or remove a day of camp. This must be approved by the Camp Director.

Non-Registered Attendance Fee

I will keep track of my child's summer camp schedule to ensure they attend only on the days they are registered.

If a child is sent to camp on a day they are not registered to attend, a \$20 non-registration attendance fee will be applied. Parents/guardians will be contacted and asked to pick up their child. If the child is picked up within one hour of the time of contact, the \$20 fee will be removed.

If camp staff are able to accommodate the child for the day (based on staff-to-camper ratios and at the discretion of the Camp Director), the child may remain at camp, and the family will be charged the regular daily camp fee in addition to the \$20 non-registration attendance fee.

Cancellation Policy

If cancellation occurs less than two weeks prior to the scheduled camp week, a refund or credit cannot be provided. A Change Request Form is required as written notice of cancellation two weeks prior to the scheduled camp week.

Suspensions

I understand that if my child is suspended from camp due to behavioral issues, camp fees will not be refunded.

Outstanding Balances

I understand that camp services may be suspended until all fees are paid in full.

Behavior Expectations

I understand that my child must comply with all camp rules and standards of conduct. The Boys & Girls Club of Elma, Marilla and Wales reserves the right to suspend or terminate participation if a camper fails to follow these expectations.

For the safety of all campers and staff, the Boys & Girls Club reserves the right to immediately remove a camper from the program if their behavior poses a safety risk to themselves or others, regardless of previous warnings or disciplinary steps.

_____ Cell Phones & Electronics Policy

The Boys & Girls Club discourages campers from bringing cell phones, tablets, gaming devices, or other electronics to camp. If brought, devices must remain in backpacks/cubbies and not be used during programming hours. Electronics used inappropriately or causing disruption may be confiscated and returned to the parent/guardian at pick-up. The Club is not responsible for lost, stolen, or damaged electronics.

_____ Field Trips & Transportation Permission

I understand that the Boys & Girls Club of Elma, Marilla and Wales Summer Camp may include field trips and off-site activities as part of the program. I give permission for my child to participate in these activities and to be transported by school bus, charter bus, or other approved transportation arranged by the Boys & Girls Club.

I understand that all reasonable precautions will be taken to ensure the safety of campers during transportation and field trips. I also understand that participation in these activities involves some inherent risk and I release the Boys & Girls Club of Elma, Marilla and Wales, its staff, and volunteers from liability except in cases of gross negligence.

I understand that additional field trip rules and expectations may be communicated to campers and that failure to follow these expectations may result in a camper being unable to attend future trips.

_____ Photo/Media Release

I give permission for my child to be photographed or videotaped during Boys & Girls Club activities. These images may be used for newsletters, social media, the Club website, promotional materials, and other program publications. No identifying personal information will be used without additional consent.

_____ Parent/Guardian Conduct

The Boys & Girls Club of Elma, Marilla and Wales is committed to providing a safe, respectful, and positive environment for members, families, and staff.

Parents and guardians are expected to treat all staff, volunteers, and participants with respect. Disruptive, aggressive, threatening, or inappropriate behavior toward staff, volunteers, or other families will not be tolerated. This includes verbal abuse, harassment, intimidation, or refusal to follow program policies.

The Boys & Girls Club reserves the right to suspend or terminate a child's participation in the program if a parent or guardian violates this policy.

I, _____, the parent/guardian of _____, have read, initialed, and agree to the policies outlined above and will follow the responsibilities listed in this Camp Policies/Parent Contract.

Parent/Guardian Signature _____

Date _____

BOYS & GIRLS CLUB OF ELMA, MARILLA, & WALES SUMMER CAMP FIELD TRIPS 2026 PERMISSION SLIP FORM

In order for your camper to attend the scheduled field trips, payment must be paid in full (field trips are an additional charge) and the camp must have this signed permission slip form on file. All field trips are scheduled in advance and supervised by camp staff. Campers will be assigned a "buddy" and counselor on each trip to maintain the safety of all campers when off the club campus. All campers must wear their camp shirts, sneakers, and bring a Ziploc bagged lunch/disposable water bottle (except for Week 3 & 6) on field trip days. There will be **NO Field Trip for Week 8. Instead, we will be hosting a Club Carnival on WED. 8/19.**

Please indicate which field trips you would like your child to attend by checking the corresponding boxes below. Please note that there are different dates for specific age groups (Tuesday - **Ranger/Blazers** or Wednesday - **Explorers**) for certain weeks.

PLEASE NOTE THAT ALL FIELD TRIPS ARE SUBJECT TO CHANGE.

ATTENDING:

WEEK 1 WED. 7/1 DEPART @ 10:30 / RETURN @ 2:45

DAVE & BUSTERS: \$45

WEEK 2 WED. 7/8 DEPART @ 11:30 / RETURN @ 2:45

URBAN AIR: \$45

WEEK 3 WED. 7/15 DEPART @ 10:30 / RETURN @ 3:00

MAID OF THE MIST: \$35

WEEK 4 - WED. 7/22 DEPART @ 10:30 / RETURN @ 3:00

BUFFALO ZOO: \$25

WEEK 5 - WED. 7/29 DEPART @ 10:15 / RETURN @ 3:00

TRANSIT LANES BOWLING: \$35

WEEK 6 - TUES. 8/4 DEPART @ 11:45 / RETURN @ 3:00

WARRIOR FACTORY: \$45
Rangers & Blazers

WEEK 6 - WED. 8/5 DEPART @ 11:45 / RETURN @ 3:00

WARRIOR FACTORY: \$45
Explorers

WEEK 7 - TUES. 8/11 DEPART @ 10:00 / RETURN @ 3:00

CAMP SKA-NO-KA-SAN: \$25
Rangers & Blazers

WEEK 7 - WED. 8/12 DEPART @ 10:30 / RETURN @ 3:00

EXPLORE & MORE: \$25
Explorers

Child's Name: _____ Group: **Explorers (1-3)** **Rangers (4-5)** **Blazers (6-8)**

Parent's Name: _____ Phone Number: _____

Emergency Contact (**not listed above**): _____ Phone Number: _____

I, _____ give my child _____ permission to attend the above checked field trips with the Boys and Girls Club of EMW Summer Camp. The campers will be transported via bus by the Iroquois Central School District.

I, _____, understand that field trip rules and expectations will be communicated to my child and that failure to follow these expectations may result in my child being unable to attend future trips.

Parent/Guardian Signature: _____

If you do not plan on sending your child to any of the field trips above, please check the box
Camp will operate as normal for campers not attending the field trips.

Please note that there will be a \$10 fee for a T-Shirt replacement if your child does not have it for the field trip. Please pay attention to the date of your child's selected field trip (Tues or Wed) to help prevent this. I understand that additional field trip rules and expectations may be communicated to campers and that failure to follow these expectations may result in a camper being unable to attend future trips.

Field Trip Waiver Form Information 2026

Please fill out the waiver forms as soon as possible to ensure that your child can participate in these field trips. If the waiver is not received by the deadlines, your child will not be able to attend that field trip. Staff are not responsible for contacting parents for camper waivers and forms.

Week 2 – Urban Air (July 8th)

1. Visit <https://www.urbanair.com/new-york-buffalo/>
2. Make sure you are at the Buffalo location!
3. Click “Sign Waiver”
4. Fill out your child’s information.
5. Contact the Club to let us know that the waiver has been submitted so we can check with the establishment.

Deadline is July 3rd

Week 6 – Warrior Factory (August 4th R/B, August 5th E)

1. Visit <https://www.williamsville.thewarriorfactory.com/>
2. Make sure you are at the Williamsville location!
3. Click on the “Sign Our Waiver” tab on the top of the page.
4. Fill out your child’s information.
5. Contact the Club to let us know that the waiver has been submitted so we can check with the establishment.

Deadline is July 24th

Week 7 – Camp Ska-No-Ka-San (August 11th Ranger/Blazer ONLY)

Please fill out the Mini Membership and waiver on pages 12 & 13. These are paper forms and are required to participate.

Deadline is August 7th

Please fill out pages 12 & 13 **ONLY IF** you chose to sign your child up for the **RANGER/BLAZER ONLY** field trip to **Camp Ska-No-Ka-San** on August 11th!

The Mini Membership Application (pg. 12) and the Waiver (pg. 13) are required for your child to attend and participate in this field trip to Camp Ska-No-Ka-San.

**Boys & Girls Club of East Aurora
MINI MEMBERSHIP APPLICATION**

First Name: _____ Middle: _____ Last: _____
 Nickname: _____ Gender: Male Female Birth Date: _____ Ethnicity: _____
 Address: _____ E- mail: _____
 City/State/Zip: _____ Home Telephone #: _____
 School: _____ Current Grade: _____ Current GPA: _____

Contact Info:

Fathers name _____ Employment _____ Work # _____
 Address (if different from above) _____ Home # _____ Cell # _____
 Mothers name _____ Employment _____ Work # _____
 Address (if different from above) _____ Home # _____ Cell # _____
 Emergency Contact _____ Phone# _____ Relationship _____

The CLUB Code

- I WILL be respectful to staff, equipment, and other members.
- I WILL use polite language.
- I WILL talk to a staff person if I have a question or problem.
- I WILL remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of East Aurora. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: _____



**BOYS & GIRLS CLUB
OF EAST AURORA**

**WAIVER AND ACKNOWLEDGEMENT
CAMP SKA-NO-KA-SAN**

**To be completed by parent or guardian of participant under 18 yrs. of age*

*The following form, signed by you, is the Club's assurance that your child is participating in a **NON Boys & Girls Club of EA event at Camp with your full knowledge and consent.***

My Child(ren) _____
has my permission to attend a day at camp.

Event supervised by: _____

Waiver of Liability

In consideration of the permission granted to me by the Boys & Girls Club of East Aurora (the "Club") to use the facility, I assume all risk associated with such use and further agree that I waive any and all claims, liabilities, losses, damages, actions, costs and expenses I or my child may incur or have against the Club and its staff, board members, officers, members and other representatives. I further agree to indemnify and hold harmless the Club and its staff, board members, officers, members and other representatives from and against any and all claims, liabilities, losses, damages, actions, costs and expenses (including, without limitation, reasonable attorney fees and other legal costs) directly or indirectly arising out of my child's use of the facilities.

- I hereby desire that my child, who is under the age of 18, participate in a **NON Boys & Girls Club of EA sponsored event** at the Club Facility.
- I acknowledge and agree that all the requirements, directions, supervision and standards set by the Club to the organizers of this event have been established in the best interest of my child.
- I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this event.
- By signing below I give permission for my child to attend and participate in this event.

Signature of Parent/Guardian: _____
Phone No. _____

Please list all medical conditions (physical or emotional) that we should be aware of: _____

Boys & Girls Club of Elma, Marilla and Wales
Change of Date Policy

Please register your child and select all camp dates as soon as possible to secure your place. Once capacity is reached for a specific day, you will no longer be able to choose to register for that date. We pride ourselves on our flexibility but please understand that we hire staff, schedule activities, and arrange field trips based upon the number of campers in each age group BEFORE the start of camp. Please be considerate of your cancellations and changes and let us know **two weeks** prior.

To make a change to your child's schedule, a Change Request Form will be required **by Friday, two weeks prior** to the scheduled camp week. This form will be on our website www.bgcemw.org and emailed in our weekly newsletter.

Please email the form and questions to summercamp@bgcemw.org or contact the Club at 716-652-9292. Please note that changes to add/remove days are a request and will be approved by the Camp Director as they are based on staff-to-camper ratios, scheduled activities, etc.

- A Change Request Form is required to be filled out and provided to the office staff by the deadlines on the form to add or remove a day(s) of camp and must be approved by the Camp Director.
- If a Change Request Form is not filled out by or before the deadlines given, and your child does not come to camp on the days they were registered, you will still be required to make full payment for that day as the change to remove the day was not sent in and approved by the Camp Director.
- Changes are unlimited before **June 5th**. After that date, Campers are limited to 3 changes made to the schedule (i.e., changing one date for another; depending on availability).

Please see the Change Request Form on the next page (pg. 15).
Please keep this form for your use during summer camp.

Office Use Only

Total: 1 2 3

Initials:

Date:

Change Request Form 2026

Camper Information:

Please provide the name and group of the camper(s). Camper one's information is required. If there are more than two campers, please provide additional information in the comment section at the bottom of this form. **Please note that this form is a request. Staff will review the form and camper attendance/staff-to-camper ratios for days that you are requesting to add and get back to you with approval for those additions.** You must fill out a new request form for every change. **Three changes allowed.**

Camper One

Name: _____

Group Name: _____

Camper Two (Optional)

Name: _____

Group Name: _____

Change/Add Request:

Select the days you want to change/add from a current registration. All submissions are due by the deadlines listed below no later than 6pm (two weeks prior to the date/week you are changing/adding). Please indicate the date you are changing by checking the corresponding box below the date for adding or removing.

Week 1: June 29 - July 3 Deadline: June 19th

M-6/29	T-6/30	W-7/1	TH-7/2	F-7/3
<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 5: July 27 – 31 Deadline: July 17th

M-7/27	T-7/28	W-7/29	TH-7/30	F-7/31
<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 2: July 6 – 10 Deadline: June 26th

M-7/6	T-7/7	W-7/8	TH-7/9	F-7/10
<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 6: August 3 - 7 Deadline: July 24th

M-8/3	T-8/4	W-8/5	TH-8/6	F-8/7
<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 3: July 13 – 17 Deadline: July 3rd

M-7/13	T-7/14	W-7/15	TH-7/16	F-7/17
<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 7: August 10 - 14 Deadline: July 31st

M-8/10	T-8/11	W-8/12	TH-8/13	F-8/14
<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 4: July 20 - 24 Deadline: July 10th

M-7/20	T-7/21	W-7/22	TH-7/23	F-7/24
<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 8: August 17 – 21 Deadline: August 7th

M-8/17	T-8/18	W-8/19	TH-8/20	F-8/21
<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Contact Information:

Please provide the contact information of the parent or guardian of the camper(s). All fields are required.

First Name: _____ Last Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Comments: _____