



BOYS & GIRLS CLUBS OF ARLINGTON

LICENSED CHILD CARE PROGRAM ENROLLEMENT

Start Date School Sex

Child's Name Last First Middle Age Date of Birth

Address Street Apt.# Phone /

City Zip Code Grade Hours to Attend Program

Mother/Guardian Father/Guardian

Name Name

Address Address

City Zip City Zip

Workplace Workplace

Address Address

Work Phone / Cell Phone / Work Phone / Cell Phone /

Email Email

Security Code Last 4 digits of parents Social Security Number Child lives with: (circle one) : Both Parents Mother Father Other Total Family Members in Household (Include Parents)

Table with 3 columns: Emergency Contact (If Parents Cannot Be Reached), Relationship, Phone; Emergency Contact Home Address, City, State / Zip Code

I authorize the Boys & Girls Clubs of Arlington to release my child to the additional following people:

Table with 3 columns: Name, Relationship, Phone (repeated 3 times)

Annual Household Income, Ethnicity, Check all that apply (School Lunch Program, Medicaid, Food Stamps, etc.)

My child may walk home at p.m. on these days: (Changes to this plan must be received in writing.)

My child may be released to the care of a sibling under 18 years old.

My child's immunizations and TB test are current and these records are on file at the school listed above. Yes No (Circle One)

Please list any special problems/limitations your child may have. Include allergies, existing/previous illness, diet restrictions, long term medications, recent hospitalization, behavioral/emotional conditions.

Treatment to be given

Family Doctor Address Phone ()

EMERGENCY RELEASE AND PERMISSION: If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Boys & Girls Clubs of Arlington Staff to act on my behalf in granting permission for my child to receive emergency medical treatment. I give my permission to the Club to share information listed for research purposes and /or evaluate the program's effectiveness. All information will be kept confidential. I also give my permission for my child to be transported on agency-insured vehicles for field trips or special circumstances. I acknowledge that I have received a current Parent Handbook. Any changes to this application must be received in writing. I understand that the Boys & Girls Club of Arlington my use testimonials, statements, and/or photographs of my child taken of his/her involvement in Club programs and herby waive all rights of compensation for said use.

Signature of Parent or Guardian

Date

Please double check that all lines are answered fully or with N/A.

Please have application notarized for any school located in Grand Prairie.

Sworn to before me on of 20. My commission expires:

Weekly Commitment Form

Please reserve the weeks that your child(ren) will attend the 2018 Boys & Girls Clubs of Arlington Summer Camp. Space is very limited so be sure to check every week that your child(ren) will be in attendance. You must return this form with a \$10 deposit (nonrefundable) for each week in order to reserve your spot.

There will be a \$25 cancellation fee for any week your child misses (even with advanced notice and deposit). All payments are non-refundable.

I want to reserve space for my child(ren) in the School Site summer program at Reid Elementary. I understand that I will need to register online for each child. The weeks I have marked on this form are the weeks that my child(ren) will be in the program. I will notify Boys & Girls Clubs of Arlington two weeks in advance of any changes, and I do understand there will be a \$25 cancellation fee per child (even with notice).

Week One - May 29 - June 1 * *Reid Elm.*

STEM Camp-Cruisin' into Summer

Week Two - June 4 - June 8 * *Reid Elm.*

STEM Camp-Cruisin' Around the World

Week Three - June 11 - June 15 * *Ashworth Elm.*

Cruisin' through the Club

Week Four - June 18 - June 22

Cruisin' through the Decades

Week Five - June 25 - June 29

Cruisin' through the Caribbean

Week Six - July 2 - July 6 (Closed July 4th)

Cruisin' through the USA

Week Seven- July 9 - July 13

Cruisin' through the Galaxy

Week Eight - July 16 - July 20

Cruisin' through Hollywood

Week Nine - July 23 - July 27

Cruisin' through the Jungle

Week Ten - July 30 - August 3

Cruisin' to the Beat

Week Eleven--August 6 - August 10

Cruisin' Back to School

Parent Signature

Date _____

Child Name & Shirt Size

Child Name & Shirt Size

Child Name & Shirt Size

Child Name & Shirt Size

T-shirt Size

Small 6-8 Medium 10-12 Large 14-16

AS -Adult Small AM- Adult Medium

AL- Adult Large

check if you are interested in doing pre-registration for Fall 2018 BGCA after-school programs.

School: _____

Do you need to add a child that has not attended? Yes _____ No _____

Water Activities Form

Please read this form completely! We will be attending many water field trips, as well as swimming at Alan Bolden Pool each Wednesday. All field trips and water activities will be fully supervised and attended by professional staff members at all times. We will not let your child(ren) participate in any water activities without your permission. Please note that if you choose for your child(ren) not to participate in the water field trips, you will need to arrange other care for your child(ren) on those days.

*I hereby give permission for my child(ren) to participate in all water activities during the School Site Summer Camp 2018. I understand that my children will be allowed to attend field trips to places like the Alan Bolden swimming pool, as well as water parks like Hawaiian Falls. I understand that this form is not the official permission slip for the field trips, but is my general permission for my child to participate in water activities.

Name(s) of child(ren)

Parent/Guardian signature

date

**I do not give permission for my child(ren) to take part in any water activities or water field trips. I understand that on the days of such activities I must find other childcare arrangements for my child.

Name(s) of child(ren)

Parent/Guardian signature

date

Boys & Girls Clubs of Arlington Travel Permission Slip



**BOYS & GIRLS CLUBS
OF ARLINGTON**

Please note: As a protection to your child, this form must be completed and signed by a parent or guardian before your child attends any special event or field trip. You must fill out a travel permission form for each child you have in the program.

My child, _____, age _____ has my permission to attend all School Site Summer Camp 2018 field trips from Tuesday, May 29, 2018, until Friday, August 10, 2018. I understand that the Boys & Girls Clubs of Arlington will be transporting my child on these trips and special events, which are listed in the field trip calendar in the parent handbook.

I/We, the undersigned parent(s)/guardian(s) of _____, do hereby authorize the Boys & Girls Clubs of Arlington School Site Program, its Site Director, or whomever he/she assigns as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general supervision of, any medical staff or a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her best judgments may deem advisable.

Known allergies are: _____.

It is the parents' responsibility to ensure that children are provided with medication, inhalers, or any other special medical supplies necessary to ensuring their safety on any field trip. Club personnel may not medically diagnose any ailment, prescribe treatment, administer or store medication.

I give my child permission to participate in special events and field trips with the Boys & Girls Clubs of Arlington School Site Summer Camp 2018 and agree to hold harmless the Boys & Girls Clubs of Arlington with these field trips in case of accident or injury.

PARENT/GUARDIAN SIGNATURE **DATE**

PRINTED NAME OF PARENT _____

DAYTIME PHONENUMBERS _____

HOME ADDRESS _____

ADDITIONAL EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE NUMBERS _____

Field Trip Schedule

May 2018

May 29 Mad Science	May 30 STEM Programming	May 31 Mad Science	June 1 STEM Programming
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June 2018

June 4 Hi-Touch Hi Tech	June 6 Arlington Museum of Art	June 7 Perot Museum \$	June 8 Hi-Touch Hi Tech
June 12 Elle's Amusement Park \$, SC	June 13 Swimming \$, SW, SC	June 14 Six Flags SC, \$	June 15 Movies \$
June 19 Bowling Museum	June 20 Swimming \$, SW, SC	June 21 Medieval Times (Lunch Provided) \$	June 22 Skatium (socks) \$
June 26 Dallas Children's Aquarium	June 27 Swimming \$, SW, SC	June 28 Hawaiian Falls (Lunch Provided) \$, SW, SC	July 29 Sea Quest

July 2018

July 3 Amon Carter	July 4 <i>Closed</i>	July 5 JFK Museum	July 6 Ballpark Tour
July 10 UTA Planetarium	July 11 Swimming \$, SW, SC	July 12 Alley Cats (Lunch Provided) \$	July 13 Pump It Up (socks)
July 17 Wax Museum \$	July 18 Swimming \$, SW, SC	July 19 iTZ Pizza (Lunch Provided) \$	July 20 Movies \$
July 24 River Legacy SC	July 25 Swimming \$, SW, SC	July 26 FW Zoo SC, \$	July 27 Fritz Park SC

August 2018

July 31 Elle's Amusement Park \$	Aug 1 Swimming \$, SW, SC	Aug 2 Main Event (Lunch Provided) (Socks) \$	Aug 3 Skatium (Socks) \$	Aug 7 Party Day	Aug 8 Swimming \$, SW, SC	Aug 9 Fort Worth Museum Science/History \$	Aug 10 BK Water Park \$, SW, SC
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SC=Sunscreen SW=Swimwear \$= spending opportunities