



**BOYS & GIRLS CLUBS  
OF DURHAM AND ORANGE  
COUNTIES**

Durham | Chapel Hill  
(984) 999-44843 | www.bgcdoc.org

## SUMMER CAMP APPLICATION 2024

**Cost:** Session 1 - \$275 (due June 24, 2024), Session 2 - \$175 (due July 19, 2024)

**Summer Camp Dates:** June 24th – August 9th, **Closed July 4th & 5th**

**Hours of Operation:** 8:00am – 5:00pm, Monday – Friday

Breakfast, Lunch and Snack provided

**Please circle the session(s) you wish to sign up for:**

**(Session 1)** June 24th – July 19th, **Closed July 4th & 5th**

**(Session 2)** July 22nd – August 9th

**February 19:** Registration begins for 2023 summer campers and 2023-2024 current after-school members.

**March 4:** Registration open to the public.

**\*\*Applications can be dropped off at 505 Craig St. Chapel Hill, NC 27516. If dropping off applications in person, please call 919-593-4931 before coming to the Club.**

**Please note: Field trips will be frequent throughout the summer. If there is a cost associated with any field trip in particular, that cost will be the responsibility of the parent/guardian to provide.**

**REFUND POLICY: No refunds will be given after the first week of either summer session. Membership and registration fees are non-refundable.**

**Please complete and attach a copy of your child's fourth quarter report card (The fourth quarter report card is due on June 16th). NOTE: Application is incomplete until report card and all fees are paid.**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_

Race/Ethnicity (Circle): African American Caucasian Hispanic/Latino Asian Native American Other\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardians First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_



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**School Information**

School (Fall 2024): \_\_\_\_\_ Rising Grade (Fall 2024): \_\_\_\_\_  
Special Education, IEP, Curriculum Assistance: (please circle) Yes No

**Medical Information**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Permission for Doctor/Hospital: Yes No

Does your family have health insurance: Yes No Medicaid: Yes No

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Health/Behavioral Concerns: **(Please be honest and share any diagnosis, struggles, triggers or helpful information so that staff can best assist your child. If BGCDOC makes a behavior/health discovery that we are not qualified or equipped to handle your child's membership can be revoked)** Yes No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Medications: Yes No If yes, see medication administration form on last page

Food Allergies: Yes No if yes, explain \_\_\_\_\_  
\_\_\_\_\_

**Household:**

Child Resides With: (please circle) Mom, Step-Mom, Dad, Step-Dad, Grandparent,  
Foster Parent, Other \_\_\_\_\_

Current Head of Household: Female Male

Current Single Parent: Yes No Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Yearly Income per household (For reporting/grant purposes only): \_\_\_\_\_

Military Household Member: Yes No If yes, which branch? \_\_\_\_\_



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What Type of Activities/Programs Interest Your Child? ( ) Sports Leagues ( ) Music ( ) Arts & Crafts ( ) Educational Programs ( ) Group Clubs ( ) Technology ( ) Other (Please List)\_\_\_\_\_

Child's strongest subjects in school? \_\_\_\_\_

Child's weakest subjects in school? \_\_\_\_\_

Has your child ever repeated a grade? Yes No If yes, which grade? \_\_\_\_\_

Does your child receive free or reduced lunch? Yes No

If yes, Free Reduced Paid in Full

**Emergency Contact Information (Person(s) Authorized to Pick Up Member)**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Number: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female DOB: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Number: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female DOB: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_



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## Activity & Photography Consent

I give my child \_\_\_\_\_ permission to participate in BGCDOC activities and programs.  
BGCDOC reserves the right to restrict students from field trips and activities based on inappropriate behavior.

I give BGCDOC the right or ability for grant purposes to collect information such as height, weight, and BMI. All information is kept confidential and BGCDOC will abide by all HIPAA guidelines.

I do hereby give my child permission to attend and participate in the activities sponsored by BGCDOC. I hereby release the BGCDOC, its employees, associates, and contributors from personal liability from any injury, loss of theft incurred by my child while participating. I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

Further I give permission for my child's picture to be used in any BGCDOC publication or outside publications that BGCDOC may subscribe to. I also allow my child's photo to be used on social media sites such as (but not limited to) Twitter, Instagram, and Facebook under the accounts of BGCDOC. Yes \_\_\_\_\_ No \_\_\_\_\_ Parents/Guardian's Initials \_\_\_\_\_

My signature indicates that I completely understand the above statements.

**Parent's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

## Permission to Administer Medication (if needed)

I give permission for my child to be given the following medication:

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dosage: \_\_\_\_\_  Refrigerate

Dates to be Given: \_\_\_\_\_

Times to be Given: \_\_\_\_\_  Emergency Only

Special Instructions: \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_