



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

Durham | Craig Gomains
(919) 687-4517 | www.bgcdoc.org

SUMMER CAMP APPLICATION 2024

Annual Membership Fee: \$10 per camper (excluding current 2023-2024 afterschool members, due with application, non-refundable)

Summer Camp Registration Fee: \$50 per child (due with application, non-refundable)

Cost: Session 1 - \$320 (due June 7, 2024), Session 2 - \$240 (due June 7, 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 afterschool members.

March 4: Registration open to public.

****APPLICATIONS MUST BE DROPPED OFF IN PERSON WITH ALL APPLICABLE FEES (1010 MLK JR. PARKWAY IN DURHAM). EMAILED APPLICATIONS WILL NOT BE ACCEPTED. WE WILL NOT HOLD INCOMPLETE APPLICATIONS. IF YOU ARE OUT OF STATE/COUNTY CALL REGINA LINDSAY AT 919-687-4517.**

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 Pickup 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 too. 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:** _____