



2022 Summer Program Application

CLUB USE ONLY:

MEMB/SUMM FEE: Fee Amount Charged: \$ _____ Fee Assistance approved Pymt Plan Details _____

Amount paid: \$ _____ MOP: Cash Ck # _____ CC Online Payment Staff Int: _____ Date Pd: ____/____/____

MTS ENTRY: Date entered: ____/____/____ Staff Int _____ Membership # _____

CLUB SITE INFORMATION

**Programming may change or be cancelled with little or no notice due to COVID-19.

PREFERRED LOCATION:

<p>SHEBOYGAN:</p> <p><input type="checkbox"/> Longfellow Elementary (Grades K-5)</p> <p><input type="checkbox"/> Club at the Y (TEENS Grades 6 – 12)</p>	<p>SHEBOYGAN FALLS:</p> <p><input type="checkbox"/> Sheboygan Falls (Grades 1-8)</p>
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MEMBER INFORMATION

Child Full Name: _____ Birthdate: _____ Age: _____

Primary Home Address: _____

City: _____ State: _____ Zip: _____

<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other: _____</p>

<p>Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p>

Who does the child live with? (OPTIONAL)

Both Parents Joint Custody Foster Family Other: _____

Parent/Guardian Name: _____ & _____ (additional adult in household if applicable)

SCHOOL INFORMATION

2021-22 School Year Grade: _____ School: _____

School Lunch Program: Check one (OPTIONAL) FREE REDUCED NEITHER

Does your child have an Individual Education Plan (IEP) or 504 Plan? (OPTIONAL) YES NO

MEDICAL INFORMATION

Check all that apply (OPTIONAL)

If families choose not to disclose a health condition, staff still must respond, but the response may be tempered.

ADHD/ADD ANXIETY ODD DEPRESSION AUTISM (ASD) HEARING IMPAIRMENT SEIZURES

ASTHMA DIABETES OTHER: _____

ALLERGIES List all allergies _____ Does your child have an Epi Pen? YES NO

MEDICATIONS List all medications _____

PARENT/GUARDIAN INFORMATION: All parents/guardians listed are allowed to pick-up the child(ren) named above unless access is prohibited or restricted by a court order (provided to Club).

PRIMARY PARENT/GUARDIAN:

Full Name: _____ Relationship to Member: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____ Secondary Phone: _____ Type: _____

Email: _____

Employer: _____ Position: _____

Household Income: \$0-\$14,999 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$44,999

Unknown \$45,000-\$54,999 \$55,000-\$64,999 \$65,000-\$74,999 \$75,000-\$84,999

Number in Household: _____ \$85,000-\$94,999 \$95,000-\$104,999 \$105,000+

OTHER PARENT/GUARDIAN:

Full Name: _____ Relationship to Member: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____ Secondary Phone: _____ Type: _____

Email: _____

Employer: _____ Position: _____

MILITARY INVOLVEMENT:

Is/Was either parent/guardian in the Armed Forces: YES NO Branch: _____

EMERGENCY CONTACT/AUTHORIZED PICK UP: *Must be someone OTHER THAN PARENT/GUARDIAN*

Name: _____ Relationship to Member: _____

Primary Phone: _____ Type: _____

Name: _____ Relationship to Member: _____

Primary Phone: _____ Type: _____

YOUTH ONLY: Option for Authorized Pick-up You can choose to require that your child only be allowed to leave the Club under the supervision of individuals you have authorized by selecting 'yes' to the authorized pick up option. Only contacts listed on this application or the Authorized Pick Up form, will be allowed to pick up your child from the Club. These contacts will be verified at time of pick up. Or you may choose to allow your child to walk home from the summer program. Specific communications from a parent/guardian will be required for Club staff to release your child to walk home should you select this option. These requirements will be communicated by the Unit Director.

YES I am selecting authorized pick up. NO I am opting-out of authorized pick up.

I am allowing my child to walk home from the summer program.

YOUTH ONLY: SUMMER PROGRAM ATTENDANCE

Due to safety modifications only a limited number of applicants will be accepted at each site.

If the preferred location is at capacity, are you interested in the other location (Sheboygan or Sheboygan Falls)?

YES NO

Will your child(ren) be participating in Summer School? YES NO

Summer Program Drop off/Pick up times:

*times listed below are the ONLY times for drop off/pick up

- Morning drop off between 7:30-9:30am
- Mid-day drop off/pick up between 11:45am-12:45pm
- Afternoon pick up between 3:00-5:30pm

Typically, what days of the week will your child(ren) be attending the summer program?

Mondays Tuesdays Wednesdays Thursdays Fridays

YOUTH ONLY: SUMMER PROGRAM FEES

Fee Scale:

	Cost per child	Household Max
Standard Rate	\$200	\$540
Discounted Rate <i>based on 2021-22 School Year eligibility for Free/Reduced Lunch</i>	\$100	\$240
Special Circumstances* <i>Please explain below</i>	Based on ability to pay	
Summer Program Fee waived for youth under the age of 7 years old.		

I am requesting the discounted rate for summer program. YES NO

If accepted into the program, I will provide a copy of your Free/Reduced Lunch Approval letter from the School District to be approved for the discounted rate.

*Explain Special Circumstances (provide important information regarding any sudden income loss or financial hardship):

POLICY & WAIVER INFORMATION: PLEASE READ CAREFULLY

OPEN DOOR POLICY: I understand the Boys & Girls Clubs of Sheboygan County has an “open door policy”. It is my responsibility as the parent/guardian to instruct my child as to whether or not he/she may leave the Club.

SUMMER ORIENTATION:

I understand I am REQUIRED to complete the summer orientation BEFORE my child(ren) can attend the summer program. I understand it is my responsibility to complete all required steps of orientation. I understand that I will be responsible for following additional requirements for summer program, listed in the Summer 2022 Program Guide, which will be reviewed at orientation.

SUMMER PROGRAM COMMUNICATIONS: The Boys & Girls Clubs of Sheboygan County uses the Remind app to communicate important messages about summer program and arrival for pick up daily. I agree to receive these text message/email notifications & use Remind to notify the Club when pick up has arrived for your child.

MEDICAL EMERGENCY: In the event of an emergency, I understand that every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the Boys & Girls Club staff to secure proper treatment for my child.

LIABILITY: I understand that the Boys & Girls Clubs of Sheboygan County is not responsible or liable in any way in the event of harm or injury occurring to my child. It is agreed that I will hold the Boys & Girls Clubs of Sheboygan County harmless for the actions of my children or the action of other children that result in the harm of others or damage to property, including activities outside of the Club.

PHOTO/VIDEOS: I give consent for photographs, videos, artwork and/or like materials, in which my child may appear, to be used in any promotional materials the Boys & Girls Club may care to use them. I understand it is my responsibility to inform the director, in writing, if my child cannot be in photographs, videos, artwork, and/or like materials.

LATE PICK-UP POLICY: I understand my child cannot be left at the Boys & Girls Club earlier than the Club’s established hours of operation and my child must leave the Club’s property or be picked up at or before closing time. I understand that I will be charged a fee for late pick up. I understand that if my child(ren) remains at the Club and the Club does not receive any communication within 30 minutes after closing, the police will be contacted.

TRAVEL: I authorize my child to participate in walking field trips, under proper staff supervision, within the local city limits. No additional permission slips will be required for walking trips.

PROGRAM PARTICIPATION: I understand that my child will be participating in activities scheduled for his/her group and that participation is required. I understand my child’s participation is based on his/her ability to follow expectations of the Club and to respect staff, property and other Club members. Membership may be suspended or terminated at any time for misbehavior without a refund of fees.

DATA COLLECTION & SHARING: I give permission to the Boys & Girls Clubs of Sheboygan County to use this membership information provided, as well as information obtained via surveys and questionnaires, to compile aggregate results that may be shared with Club staff, Boys & Girls Clubs of America, funders, school districts and other community stakeholders to assess and communicate program effectiveness and Club impact. I understand that my child’s responses will remain confidential. Included in, but not limited to these surveys are: NYOI survey, individual program surveys (SMART Moves, SMART Girls, Passport to Manhood, etc.)

SCHOOL INFORMATION: I give permission to the Boys & Girls Clubs of Sheboygan County and the member’s school district to exchange information regarding the minor child listed on this application.

TECHNOLOGY: As a member of the Boys & Girls Club, your child will have access to the internet and electronic devices designed for educational and enrichment programming. Precautions have been taken to maintain a safe electronic presence here at the Club, however it is impossible for the Boys & Girls Club to restrict access to all controversial materials. I will not hold the Boys & Girls Club responsible for unintentional exposure to such material while on the internet. I understand that my child is expected to follow all technology expectations of the Club, as listed in the parent handbook. I accept full responsibility for all intentional harm caused by my child to computer resources of the Boys & Girls Clubs of Sheboygan County or any other affected parties.

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of Sheboygan County has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Club could increase your risk and your child(ren)’s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Club or participation in Club programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.



I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I hereby certify that all above information is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the Boys & Girls Clubs of Sheboygan County of any change of information.

Parent/Guardian Signature

Date Signed