

PLEASE FILL OUT THIS FORM COMPLETELY

LAST NAME FIRST NAME				
ADDRESS	TOWN/CITY	STATE	STATE	
MOTHERS NAME	DAYTIME PHONE	С	CELL PHONE	
FATHERS NAME	DAYTIME PHONE	С	CELL PHONE	
CHILD'S DATE OF BIRTH_	GRAI	DE ENTERIN	NG FALL 2	024
SCHOOL ATTENDING IN FA	ALL 2024			
CAN YOUR CHILD SWIM?		YES	NO	
DOES YOUR CHILD HAVE AN IEP?		YES	NO	
DOES YOUR CHILD HAVE AN AIDE AT SCHOOL? (If yes, they must have an aide at the Club)			NO	
DOES YOUR CHILD TAKE ANY MEDICATION? (The Club does not dispense any medication to its members)			NO	
IF YES PLEASE LIST:				

ARE THERE ANY OTHER MEDICAL SITUATIONS WE SHOULD KNOW? ALLERGIES, PHYSICAL RESTRICTIONS

PLEASE FILL OUT REVERSE SIDE OF FORM

EACH WEEK REQUIRES A \$50 DEPOSIT AT THE TIME OF REGISTRATION

PLEASE CHECK OFF THE WEEKS THAT YOUR CHILD WILL BE ATTENDING Weekly Fee is: \$150 1st child; \$85 2nd child; \$55 3rd child

WEEK 1 JUNE 24-28	WEEK 2 JULY 1-3 (\$90 for week) (closed July 4 & 5 for Holiday)			
WEEK 3 JULY 8-12	WEEK 4 JULY 15-19			
WEEK 5 JULY 22-26	WEEK 6 JULY 29-AUG 2			
WEEK 7 AUG 5-9	WEEK 8 AUG 12-16			
WEEK 9 AUG 19-23				
REGISTRATION FEES				
REGISTRATION FEE PER CHILD (nonrefundable)(one per family)\$ 50(includes Camp Shirt)				
CLUB MEMBERSHIP-(if not up-to-date)(nonrefundable)				
<u>DEPOSIT</u> : NUMBER OF WEEKS ATTENDING (nonrefundable)	_ X \$50 PER WEEK DEPOSIT= \$			
TOTAL DUE AT THE TIME OF REGISTRATION>				

<u>SCHEDULED FIELD TRIPS & FEE</u> (fee is due week of field trip and must be prepaid to go on field trip)

Week 2: Canobie Lake - \$60 Week 4: Water Country - \$60 Week 6: Aquaboggan - \$60 Week 8: Funtown - \$60

ALL CAMPERS MUST HAVE A CREDIT/DEBIT CARD ON FILE TO ATTEND THE SUMMER PROGRAM. Payments will be processed each Thursday for the upcoming week.

DEPOSIT & REFUND POLICY

• ALL REGISTRATION FEES ARE NON-REFUNDABLE/ NON-TRANSFERABLE

• IF A CREDIT/DEBIT CARD IS DECLINED, YOUR CHILD MAY NOT ATTEND THE SUMMER PROGRAM.

- BY REGISTERING MY CHILD I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITES AT THE BOYS & GIRLS CLUB OF LOWER MERRIMACK VALLEY.
- I ALSO GRANT PERMISSION FOR PHOTOS OF MY CHILD TO BE USED FOR MARKETING AND PUBLIC RELATION PURPOSES.

EMERGENCY CONSENT

I HERBY GIVE CONSENT TO MEDICAL PERSONNEL (SELECTED BY THE BOYS & GIRLS CLUB) TO ORDER X-RAYS, TESTS, AND TREAT MY CHILD IN THE EVENT THAT I CAN NOT BE REACHED IN AN EMERGENCY. I ALSO GIVE CONSENT FOR THE PHYSICIAN SELECTED BY THE BOYS & GIRLS CLUB TO HOSPITALIZE, ORDER INJECTIONS, ANESTHESIA AND/ OR SURGERY FOR MY CHILD NAMED ON THIS FORM FOR LIFE SAVING MEASURES IN THE EVENT I CAN NOT BE REACHED.