



## DISCOVERY CLUB - SCHEDULE REQUEST FORM SUMMER 2021

### SUMMER HOURS 7:30am-6pm

Child's Information

Parent/Guardian Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Select weeks you are registering for:

Week 1	Party in the USA	MON 6/28 \$67	TUES 6/29 \$67	WED 6/30 \$67	THURS 7/1 \$67	FRI 7/2 \$67	ALL WEEK \$310
Week 2	All About Nature	MON 7/5 CLOSED	TUES 7/6 \$67	WED 7/7 \$67	THURS 7/8 \$67	FRI 7/9 \$67	N/A
Week 3	Animal Adventures	MON 7/12 \$67	TUES 7/13 \$67	WED 7/14 \$67	THURS 7/15 \$67	FRI 7/16 \$67	ALL WEEK \$310
Week 4	Space Galaxy	MON 7/19 \$67	TUES 7/20 \$67	WED 7/21 \$67	THURS 7/22 \$67	FRI 7/23 \$67	ALL WEEK \$310
Week 5	Superhero's	MON 7/26 \$67	TUES 7/27 \$67	WED 7/28 \$67	THURS 7/29 \$67	FRI 7/30 \$67	ALL WEEK \$310
Week 6	Fiesta of Colors	MON 8/2 \$67	TUES 8/3 \$67	WED 8/4 \$67	THURS 8/5 \$67	FRI 8/6 \$67	ALL WEEK \$310
Week 7	It's a Bug's Life	MON 8/9 \$67	TUES 8/10 \$67	WED 8/11 \$67	THURS 8/12 \$67	FRI 8/13 \$67	ALL WEEK \$310
Week 8	Working It Out	MON 8/16 \$67	TUES 8/17 \$67	WED 8/18 \$67	THURS 8/19 \$67	FRI 8/20 \$67	ALL WEEK \$310
Week 9 (Tentative)	Fun in the Sun	MON 8/23 \$67	TUES 8/24 \$67	WED 8/25 \$67	THURS 8/26 \$67	FRI 8/27 \$67	ALL WEEK \$310

Total Balance of ALL Weeks & Days= \_\_\_\_\_ Total Deposit Due TODAY (Total Balance x 20%) = \_\_\_\_\_

#### Summer Deposit & Payment Agreement

I understand the following:

- Deposits are due at time of registration. Deposits are non-refundable.
- I understand the weekly balance is due 2 weeks prior to the week your child is attending. *For example, the remaining balance for Week # 1 is due on June 14, 2021.*
- If payment is NOT received on time, your child will be removed from the program and replaced by a child on the waitlist.
- Registration changes must be done in writing via email or letter. We require 2 weeks written notice.
- Without 2 weeks written notice, you will be responsible for the full week's camp payment.
- There will be no refunds, credits or pro-rating for missed days.

#### Parent/Guardian Signature

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date (Valid for Current School Year)



## DISCOVERY CLUB - ENROLLMENT FORM

### Child's Information

Child's Name \_\_\_\_\_ Age at Admission \_\_\_\_\_  
Home Address \_\_\_\_\_ Date of Admission \_\_\_\_\_  
\_\_\_\_\_ Grade Current Schoolyear \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Primary Language \_\_\_\_\_

### Child's Additional Information

Identifying Marks \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_  
Allergies \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_  
Special Diet \_\_\_\_\_ Skin Color \_\_\_\_\_ Weight \_\_\_\_\_  
Physician/Clinic Name \_\_\_\_\_ Physician/Clinic Phone # \_\_\_\_\_  
Physician/Clinic Address \_\_\_\_\_

*If you answer yes to any of the following questions, please attach a copy of the proper documentation. Thank you*

Does your child have a chronic health condition? (medical, ADHD, ASD, dietary, auditory?)  Yes  No  
Does your child have an Individual Health Plan for the chronic health condition?  Yes  No  
Are there any custody agreements, court or restraining orders pertaining to the child?  Yes  No

Limitations/Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent / Guardian Information

	Parent / Guardian #1		Parent / Guardian #2
Name	_____	Name	_____
Relationship to Child	_____	Relationship to Child	_____
Home Address	_____	Home Address	_____
Home Phone #	_____	Home Phone #	_____
Cell #	_____	Cell #	_____
E-Mail Address	_____	E-Mail Address	_____
Business/Work Name	_____	Business/Work Name	_____
Business/Work Address	_____	Business/Work Address	_____
Business/Work Phone #	_____	Business/Work Phone #	_____
Hours at Work	_____	Hours at Work	_____

### Child's Physical Examination & Immunization Records

Current School \_\_\_\_\_ School Address \_\_\_\_\_  
*I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.* Initial Here \_\_\_\_\_

### Parent / Guardian Signature

Sign Here \_\_\_\_\_  
Parent / Guardian Signature \_\_\_\_\_ Date (Valid Current School Year) \_\_\_\_\_



## DISCOVERY CLUB - FIRST AID & EMERGENCY CONSENT FORM

### Summer Camp 2021 OR School Year 2020 - 2021

#### Child's Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Cronic Health Conditions \_\_\_\_\_

#### Child's Physician / Clinic Information

Physician / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

#### Emergency Contacts

I Give Permission for my Child to be released to these contacts.

(In Order to be Contacted)

Emergency Contact #1

Emergency Contact #2

Emergency Contact #3

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

#### Public Relations & Field Trip Consent

I give consent to have my child photographed or videotaped for public relations purposes.

Yes

No

I give permission for my child to participate in field trips by means of bus/van and that I will be notified in advance of any trips.

Yes

No

#### First Aid & Emergency Medical Care Consent

I authorize Discovery Club/BGCMW Staff who are trained in the basics of First Aid / CPR to give my child First Aid / CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I can not be reached, I hereby authorize the program to transport my child to the nearest medical care facility, and to secure necessary medical treatment for my child.

Health Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Subscriber of Policy \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_

Cell # \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Cell # \_\_\_\_\_

#### Parent / Guardian Signature

Sign Here

Parent / Guardian Signature

Date (Valid Current School Year)



## DISCOVERY CLUB - TRANSPORTATION PLAN/AUTHORIZATION FORM

**School Year 2020 - 2021**

**Child's Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**My Child will ARRIVE at the Program by:**

	Mornings	After School	NO School Day
Parent/Authorized Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Bus Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupervised Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Walk <i>(indicate by whom)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**My Child will DEPART the Program by:**

	Mornings	After School	NO School Day
Parent/Authorized Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Bus Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupervised Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Walk <i>(indicate by whom)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Transportation Contacts**

Transportation Contact #1	Transportation Contact #2	Transportation Contact #3
Name _____	Name _____	Name _____
Home Phone # _____	Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____	Work Phone # _____
Cell Phone # _____	Cell Phone # _____	Cell Phone # _____
Relationship to Child _____	Relationship to Child _____	Relationship to Child _____

**Transportation Authorization**

I give permission for my child to be released from the program at the end of the day as stated above and/or give my permission to the above referenced people to receive my child at the end of the day.  
 This PERMISSION is valid for the current school year or summer camp. ANY OTHER TRANSPORTATION REQUESTS MUST BE MADE IN WRITING. This Form will be maintained in your child's file. *One time permissions will be with the daily attendance record or sent to your child's file.*  
 \*\*\* If NO ONE is authorized, please indicate by writing "NO ONE" above. \*\*\*

**Parent / Guardian Signature**

Sign Here \_\_\_\_\_  
 Parent / Guardian Signature \_\_\_\_\_ Date (Valid Current School Year) \_\_\_\_\_