



Please email registration to CampReg@billericabgc.com starting on 3/25 at 8PM

Camp runs at the Club from 9:00 AM to 4:00 PM
 Extended Hours will run at the Club from 7:00-9:00 AM and 4:00-6:00 PM

Enrollment Fees	Registration Fee (<i>non-refundable</i>)	\$40.00
	Sibling Registration Fee (<i>non-refundable</i>)	\$36.00
	Yearly Membership Fee (<i>youth ages 7 and under</i>)	\$40.00
	Yearly Membership Fee (<i>youth ages 8 and older</i>)	\$50.00
	Non-Refundable Deposit (<i>The deposit will be deducted from your payments</i>)	\$100 per week/per child

Weekly Tuition		<u>1st Child</u>	<u>Week 1</u> <i>Club is closed July 3rd & 4th</i>
	Camp	\$275	\$165 (extended hrs \$36/session)
	Extended Hours	\$60 (7AM to 9AM)	\$60 (4PM to 6PM)

Discounts	Sibling	A 10% discount will be applied to each sibling weekly.
	Auto Pay	If you use your checking or savings account, a \$10.00 weekly discount will be applied. If PAID in full, the \$10 discount will only be applied once.
	Paying In Full	If you sign up for 4 to 8 weeks of Camp and pay your total camp balance in full, your registration fee of \$40.00 will be waived.

Miscellaneous Fees	Late Payment Fee	If payment is not received by the due date a \$10 late fee will be applied.
	Late Pick Up	Payment of \$10.00/child for the first 10 minutes and then \$1/minute if later than 10 minutes.
	Declined Payment	If credit card payments are declined, a \$10.00 fee will be applied.
	"No Call" Fee	You must call the Club (978-667-2193 x103) or email childcarebilling@billericabgc.com by 8:30 a.m. any day your child will not attend. Please understand a refund and/or credit will not be given for that day. Failure to report a student absence from camp will result in a \$10 "no call" fee.
	Returned Check	If your check is returned from the bank, a \$25.00 fee is applied.
	Extra T-Shirt	If you would like to purchase an extra t-shirt for your child, the cost is \$10.

Deadlines to Withdraw <i>No refunds will be provided.</i>	Weeks 1-8	If you notify our office in writing* prior to May 26th you can apply your deposits to another week of camp. No refunds will be provided.
		If you notify our office in writing* after May 26th or do not attend, you will be responsible for paying 50% of the weekly camp fee and applicable late fees.
	Schedule Changes	*All schedule changes should be submitted in writing to Yeli at childcarebilling@billericabgc.com by MAY 26th

2023 Camp Payment Schedule

Camp	Tuition Is Posted to MyProcure	Tuition Payment is Due
Week 1: July 5 - 7 (closed 7/3-4)	June 16	June 23
Week 2: July 10 - 14	June 30	July 7
Week 3: July 17 - 21	July 7	July 14
Week 4: July 24 - 28	July 14	July 21
Week 5: July 31 - Aug 4	July 21	July 28
Week 6: Aug 7 - 11	July 28	Aug 4
Week 7: Aug 14 - 18	Aug 4	August 11
Week 8: Aug 21 - 25	August 11	August 18



For office use only:
Reviewed in Procure: _____

Child's Information
Please Write Neatly!

Child's Name _____ DOB ____/____/____ Gender: _____

Address _____ Apt. # ____ Zip _____ Primary Language _____

2023-2024 School Year Grade in September 2023 (Circle one): 1st 2nd 3rd 4th 5th 6th 7th 8th

T-Shirt Size (Circle one): Child Size: S M L **OR** Adult Size: S M L XL XXL

Are there any custody issues/restraining orders? Yes No

If yes, please explain: _____

Is there a formal custody agreement or restraining order on file? Yes No If yes, please provide a copy with your registration forms.

Permissions

Yes No I give permission for my child to use the pool at the Boys & Girls Club.

Yes No I give permission for my child's photo to be taken for the Club website, social media, and/or local papers.

Sunscreen/Bug Spray:

Please apply sunscreen and/or bug spray on your child before they come to Camp each morning. For use throughout the day, parents must provide sunscreen/bug spray with your child's name clearly printed on the bottle. The Club does not provide it.

For reapplication, please check all that apply:

Yes No I allow my child to apply his/her own sunscreen/bug spray, as needed.

Yes No I would like the staff at the Boys & Girls Club of Greater Billerica to apply sunscreen/bug spray on my child 1-2 times during the day, as needed. Must be SPRAY only.

Week(s) of Camp Desired (Check ✓ all that apply)

<u>Week</u>	<u>Dates</u>	<u>Camp</u> 9AM to 4:00 PM	<u>Extended Hours</u> 7:00-9 AM & 4:00-6 PM	<u>Deposit Amount</u> For Office Use Only	<u>In or Waitlisted?</u> For Office Use Only
1	July 5 - 7 *		AM - PM - BOTH		
2	July 10 - 14		AM - PM - BOTH		
3	July 17 - 21		AM - PM - BOTH		
4	July 24 - 28		AM - PM - BOTH		
5	July 31 - Aug 4		AM - PM - BOTH		
6	Aug 7 - 11		AM - PM - BOTH		
7	Aug 14 - 18		AM - PM - BOTH		
8	Aug 21 - 25		AM - PM - BOTH		
<i>*The Club is closed July 3rd & 4th</i>				<i>For Office Use Only</i>	
			Registration Fee:		
			Membership Fee (if applicable):		

Forms Accepted by: _____ Date: _____ Amt. Received: \$ _____ Payment Type: _____



Medical History

In order for your child(ren) to attend Summer Camp, we must have an up to date physical and immunization record **at time of registration**. No child will be able to attend camp without a physical exam and immunization record on file. Physical must be dated on or after February 2022.

I have attached a copy of my child's physical exam: Yes No

If no, your child may not attend Camp until we have one on file.

Physical Exams must be within 18 months prior your child's attendance in the summer program.

I have attached a copy of my child's immunization records: Yes No

If no, your child may not attend Camp until we have immunization records file.

Does your child have any allergies or special dietary needs? Yes No

If yes, please explain: _____

Does your child have any chronic health and/or behavioral conditions? Yes No

If yes, please explain: _____

If you answered "YES" to either of the above questions, will your child require the administration of any medication [either routine (daily administration) or emergency (i.e. epi-pen, inhaler, etc.)] while in the care of the Boys & Girls Club's childcare program(s)? Yes No

If yes and your child will require the administration of medication, you must complete additional paperwork after registration. Please contact childcarebilling@billericabgc.com for details. If paperwork is not received, your child(ren) may not attend Summer Camp.

First Aid and Emergency Medical Care Consent Form

I authorize staff in the child care program, who are trained in the basics of first aid, to give my child first aid 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 cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to (preferred medical facility), and to secure necessary medical treatment for my child, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child.

Child's Name: _____

Child's Physician's Name _____ Phone # _____

Physician Office Address _____

Subscribers Name: _____

Health Insurance _____ Policy # _____



Parent/Guardian Information

Please Write Neatly!

Child's Name: _____

Name _____

Relationship to child _____

Listed as Primary Payer

Lives with Child Yes No

Authorized to Pick up Child Yes No

Address _____

E-mail _____

Home # _____

Cell # _____

Provide cell phone carrier company to sign up for Text Alerts: _____

Work # _____ **Ext** _____

Employer _____

Name _____

Relationship to child _____

List as Secondary Payer on Account Yes No

Lives with Child Yes No

Authorized to Pick up Child Yes No

Address _____

E-mail _____

**Email must be different than Primary Payer*

Home # _____

Cell # _____

Provide cell phone carrier company to sign up for Text Alerts: _____

Work # _____ **Ext** _____

Employer _____

*****Please Note: If you are NOT listed as a Primary Payer or Secondary Payer you will NOT receive email or text notifications.*****

Emergency Contacts & Authorized Pick-Up

If the child is protected by a restraining order or custody agreement, please submit a copy of the order along with this registration form

Would you like to continue using the same Emergency Contacts currently listed in your My Procure?

Yes No

- o If Yes, you do **NOT** need to complete the entries listed below (*Unless Updating addresses, phone numbers, etc.*)
- o If No, please list **ALL** emergency contacts you would like to have on file.

I give permission for the following listed people to receive my child at the end of the day: *If no one is authorized other than the parent/legal guardian, please indicate below "NO ONE."*

Name	Relationship	Address	Cell #	Work #



The Boys and Girls Club of Greater Billerica, Inc. provides equal access to public accommodation. Applications for enrollment are acted upon without regard to race, religion, national origin, handicap, or sexual orientation.

- 1) During morning drop off, parents/guardians must remain on the camp premises until their child(ren) have been signed in by an adult staff member. Please do not drop off your children and leave without ensuring they have been seen and greeted by a staff member.
 - **Policy change:** This summer, parents/guardians who are dropping off/picking up a camper will be required to park their car and walk to the designated drop off/pick up area. Each group will have a designated outdoor space where they will go for morning assembly and end of the day dismissal. We will announce drop off/pick up areas prior to the start of camp. We ask that you do not idle your car in the parking lot or along the curbside. All adults picking up children should be prepared to show a valid form of picture ID or the authorized pick up cards that will be distributed to families prior to camp.
 - Late Child Pickup: Payment of \$10.00/child for the first 10 minutes and then \$1/minute if later than 10 minutes
- 2) *******Parents/Guardians must provide snacks and lunch.**
- 3) The Club is not responsible for articles brought from home. Please label all items belonging to your child. Lost and found will be donated at the end of each camp week.
- 4) You must call the Club (978-667-2193 x103) or email childcarebilling@billericabgc.com by 8:30 a.m. any day your child will not attend. Please understand a refund and/or credit will not be given for that day. **Failure to report a student absence from camp will result in a \$10 "no call" fee.**
- 5) Should the program staff determine your child has not adjusted to the program, a parent conference will be scheduled, and the child may be removed and this agreement terminated.
- 6) Parents/Guardians/Authorized Pick-Ups may be called to pick up children when they are ill. Children absent due to contagious diseases may not return until they are no longer contagious. Please ensure you have an authorized pick-up adult that can pick up your child within a half-hour of a phone call from us.
- 7) Information regarding meningococcal disease is accessible at any time at <https://www.billericabgc.com/summer-camp-2023> Parents/guardians are responsible for reviewing the material, and should direct any questions to the Camp Director.
- 8) The childcare parent handbook is accessible at any time at <https://www.billericabgc.com/summer-camp-2023> Parents/guardians are responsible for reviewing the material, and should direct any questions to the Camp Director.
- 9) I understand and agree to the weekly camp tuition due dates and the withdrawal policy:

Weeks of Camp	Tuition Payment is Due	Withdrawal Deadlines
Week 1: July 5 – 7	June 23	<p style="text-align: center;">May 26th</p> <p>If you notify our office <u>after May 26</u> or do not attend, you will be responsible for paying 50% of the weekly camp fee and applicable late fees. *See Page I for more details</p>
Week 2: July 10 - 14	July 7	
Week 3: July 17 - 21	July 14	
Week 4: July 24 - 28	July 21	
Week 5: July 31 – Aug 4	July 28	
Week 6: Aug 7 - 11	Aug 4	
Week 7: Aug 14 - 18	August 11	
Week 8: Aug 21 - 25	August 18	

- 10) The Club is Closed, July 3rd and 4th, 2023.
- 11) If payment is not received by the due date a \$10 late fee will be applied. If the payment and late fee are not received, your child will not be able to attend your scheduled Camp week(s) until your account is up to date.
- 12) This agreement is subject to change in whole or part with 2 weeks' notice.
- 13) If your child will be attending summer school, you must submit their schedule to the Club by June 23rd, 2023. **BGC does not provide transportation.**

By signing below, I acknowledge that I have read, understand and agree to the registration and payment policies of the Boys & Girls Club of Greater Billerica. I acknowledge that the information I listed on the registration form, pages 1-5, is true and accurate.

Child's Name: _____

Parent/Guardian Signature: _____ **Date:** _____



Parent Agreement
PARENT COPY

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Getting Started Using MyProcure:

1. To access [MyProcare](https://www.myprocare.com/) for the first time, you will need to visit: <https://www.myprocare.com/>
2. Enter the email address that you currently have on file.
3. Use the personal confirmation number sent to your email to complete your registration.

If you are unsure of what email you have listed, or would like to update the email on file, please contact Yeli Ruiz: childcarebilling@billericabgc.com

4. Verify that all contact information is accurate.


Select "Contact" from the top menu to see who is listed as a contact for your child. By clicking on each contact individually, you can verify their information. To make any necessary changes to your own profile, click on the edit icon.  If you need to make changes to any other contacts listed on your account, email changes to Yeli Ruiz: childcarebilling@billericabgc.com

5. Verify that each contact listed on your child's account has been assigned the correct authorization.

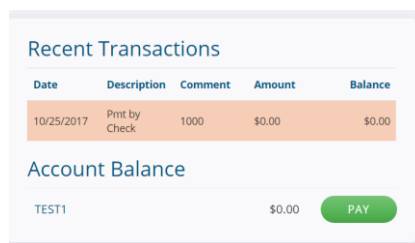


-  Live with Child
-  Emergency Contact for Child
-  Authorized to Pick Up Child

5. OPTIONAL: Sign up to receive text message alerts for important information regarding emergency closures, etc.

Use the edit icon  found next to your name to update your cell phone number. You MUST provide the cell phone carrier under Mobile Phone in order to receive text message alerts.

6. Your account balance and option to pay is easily accessible from your home screen after logging in. You can view statements by clicking the 'Report' tab and view emergency contacts too.



Once you have created your account, you can login anytime by visiting:
<https://www.myprocare.com/>



Automatic Payment Authorization

Child(ren) Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

First Due Date of Camp Tuition, June 23rd

Last Due Date of Camp Tuition, August 18th

Your payment will be processed on the Weekly Camp Tuition Due Date.

***Please note: Charges including but not limited to extra t-shirts, insufficient fees, etc. will be added to your account if applicable.*

Weeks of Camp	Tuition Payment is Due
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Week 2: July 10 - 14	July 7
Week 3: July 17 - 21	July 14
Week 4: July 24 - 28	July 21
Week 5: July 31 – Aug 4	July 28
Week 6: Aug 7 - 11	Aug 4
Week 7: Aug 14 - 18	August 11
Week 8: Aug 21 - 25	August 18

I (we) hereby authorize Boys & Girls Club of Greater Billerica Inc., hereinafter called COMPANY, to initiate credit entries and initiate, if necessary debit entries and adjustments for any credit entries in error to my (our) account indicated below and the BANK name below, hereinafter called BANK, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and BANK a reasonable opportunity to act on it.



Automatic Payment Option #1 *By using your checking or savings account you will receive a \$10.00 discount off your total weekly balance.*

Account Type: Savings Checking (PLEASE ATTACH A VOIDED CHECK; FORMS WILL NOT BE PROCESSED WITHOUT IT)

Routing Number: _____ Account Number: _____

Name on Bank Account: _____ Bank Name: _____ Account Holder Phone: _____

Automatic Payment Option #2

Card Type: MasterCard Visa Discover AMEX

Cardholder Name: _____ Cardholder Phone: _____

Billing Street Address: _____ City: _____ State: _____ Zip: _____

Card Number: _____ Expiration Date: _____

Automatic Payment Option #3

If you were enrolled in automatic payments for the **2022-2023 SCHOOL YEAR**, would like to continue using your account/credit card on file? Yes No