



2018 SUMMER CAMP REGISTRATION

Dear Parents,

Thank you for your patience as we figure out how all the snow days from this year will impact the end of school and thus the start of camp.

In an effort to help parents begin to establish their plans for the coming summer, we will be opening registration as planned on April 2nd. However, at this time, we will not be enrolling for week 1, as our camp start date is still in flux until the schools announce an official last day.

The options are listed below:

1. If the last day of school remains June 27th, our full camp program will begin on Monday, July 9th. We will however, offer full day childcare on Thursday (7/5) & Friday (7/6) that parents can enroll in on a per-day basis. *(There is a great deal of prep work that goes into the start of camp, and we need time to transition between programs.)*
2. If snow days are incorporated into remaining school days, and the last day is June 22nd, the 1st day of camp will be Monday, July 2nd. (We will be closed, as previously planned on July 4th).

As soon as an official end date is announced from the school system, we will set a date for week one registration, giving priority again to childcare families. Please be on the look-out for updates over the coming weeks.

Thank you for your patience, and as always, feel free to reach out with any questions you may have.

Danielle Farmer Huffines

Childcare Director

Boys & Girls Club of Greater Billerica
19 Campbell Road
Billerica, MA 01821
(978) 667-2193, Ext. 117



2018 SUMMER CAMP REGISTRATION

Camp runs at the Club from 9:00 AM to 4:30 PM
 Extended Hours will run at the Club from 6:30-9:00 AM and 4:30-6 PM

Enrollment Fees	Registration Fee (<i>non-refundable</i>)	\$50.00
	Yearly Membership Fee (<i>youth ages 7 and under</i>)	\$30.00
	Yearly Membership Fee (<i>youth ages 8 and older</i>)	\$40.00
	Non-Refundable Deposit (<i>The deposit will be deducted from your payments</i>)	\$25 per week/per child

Weekly Tuition		<u>1st Child</u>	<u>Week 1</u> Club is closed July 4
	Camp	\$210	\$170
	Extended Hours	\$50	\$40

Discounts	Sibling	A 10% discount will be applied to each sibling weekly.
	Auto Pay	A \$10.00 weekly discount will be applied if you sign up for autopay using your checking or savings.
	Paying In Full	If you sign up for 4 to 8 weeks of Camp and pay your balance in full, your registration fee of \$50.00 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 \$1.00 per child, per minute is due upon arrival.
	Declined Payment	If credit card payments are declined, a \$10.00 fee will be applied.
	Returned Check	If your check is returned from the bank, a \$25.00 fee is applied.
	Extra T-Shirt	If your child does not bring their camp t-shirt on field trip day, your account will be charged \$10.00 for a replacement.

Deadlines to Withdraw	Weeks 1-4	If you notify our office in writing* <u>prior to June 1</u> you can apply your deposits to another week of camp (space permitting). No refunds will be provided.
		If you notify our office in writing* <u>after June 1</u> or do not attend, you will be responsible for paying 50% of the weekly camp fee and applicable late fees.
	Weeks 5-8	If you notify our office in writing* <u>prior to June 22</u> you can apply your deposits to another week of camp (space permitting). No refunds will be provided.
		If you notify our office in writing* <u>after June 22</u> or do not attend, you will be responsible for paying 50% of the weekly camp fee and applicable late fees.

*All schedule changes should be submitted in writing to childcarebilling@billericabgc.com

Camp Payment Schedule

Fees are based on a weekly cycle. Payments can be made online through your MyProcure account or at the Club. 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.

Camp	Tuition Is Posted to MyProcure	Tuition Payment is Due
Week 1: July 2-6	June 22	June 27
Week 2: July 9-13	June 29	July 4
Week 3: July 16-20	July 6	July 11
Week 4: July 23-27	July 13	July 18
Week 5: July 30-August 3	July 20	July 25
Week 6: August 6-10	July 27	August 1
Week 7: August 13-17	August 3	August 8
Week 8: August 20-24	August 10	August 15

Please contact Billing for more information at 978-667-2193 x103 or childcarebilling@billericabgc.com.



2018 SUMMER CAMP REGISTRATION

Please Print:

Child's Name _____ DOB ____/____/____
 Address _____ Apt. # ____ Zip _____
 Home # _____ Primary Language _____ Gender: _____

Is any member of your family in the Military? Yes No Branch _____ (membership fee may be waived)

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 and/or local newspapers. Yes No

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.

2018-19 School Year Grade (Circle one): Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

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

Week(s) of Camp Desired: *Please check all that apply*

<u>Week</u>	<u>Dates</u>	<u>Camp</u> ✓	<u>Extended Hours</u> ✓	<u>Deposit Amount</u> (\$25 per week)
Registration Fee				\$50
Membership Fee (If Applicable)				
1	July 2-6*			
2	July 9-13			
3	July 16-20			
4	July 23-27			
5	July 30-August 3			
6	August 6-10			
7	August 13-17			
8	August 20-24			
*The Club is closed July 4. See weekly cost on page 1.				Staff Use Only
Total Received				
Method of Payment: Cash, Check, Credit Card				
Receipt #				

NOTE: ACCOUNT BALANCES MUST BE UP TO DATE IN ORDER TO REGISTER & ATTEND



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Parent/Guardian Information

Name _____

Name _____

Relationship to child _____

Relationship to child _____

Listed as Primary Payer

Lives with Child Yes No

Authorized to Pick up Child Yes No

List as Secondary Payer on Account Yes No

Lives with Child Yes No

Authorized to Pick up Child Yes No

Address _____

Address _____

E-mail _____

E-mail _____

Home # _____

Home # _____

Cell # _____

Cell # _____

Provide Cell phone Carrier Company to sign up for Text Alerts: _____

Provide Cell phone Carrier Company to sign up for Text Alerts: _____

Work # _____ Ext _____

Work # _____ Ext _____

Employer _____

Employer _____

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

Emergency Contact & Authorized Pick-Up

I give permission for the following 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."

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

1. Name _____

3. Name _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

Home # _____

Home # _____

Work # _____

Work # _____

Cell # _____

Cell # _____

2. Name _____

4. Name _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

Home # _____

Home # _____

Work # _____

Work # _____

Cell # _____

Cell # _____

Parent/Guardian Signature: _____ Date: _____



2018 SUMMER CAMP REGISTRATION

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 Physician’s Name _____ Phone # _____

Physician Office Address _____

Health Insurance _____ Policy # _____

Subscribers Name: _____

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.

Medical Examination and Immunization History

In order for your child(ren) to attend Summer Camp, we must have an up to date physical and immunization record on file by June 1st, 2018. You can either use the attached ‘Medical Examination and Immunization History’ form or have your physician submit their standard office form.

Exam must be within 24 months preceding your child’s attendance in the summer program.

Parent/Guardian Signature: _____ Date: _____



2018 SUMMER CAMP REGISTRATION

Medical Examination and Immunization History Form

MEDICAL EXAM AND IMMUNIZATIONS ARE DUE BY JUNE 1, 2018

You may substitute this for the standard form provided by the physician's office.

Please Print:

Child's Name _____ DOB ____/____/____

Address _____ Apt. # _____ Zip _____

Home # _____ Primary Language _____ Gender: _____

Health Examination by Licensed Physician (Date) _____

Exam must be within 24 months preceding your child's attendance in the summer program.

Allergies (bees, drugs, environmental, food, etc): _____

Is epinephrine prescribed? Yes No

Current medical problems, recent injuries, operations or chronic conditions _____

Regular and/or periodic medications and reasons for taking them _____

Medication or treatment to be administered during the program period _____

Additional Health Information _____

In my opinion, the condition of the above named program participant does allow does not allow his/her participation in the summer program.

YOU MUST ATTACH A RECORD OF IMMUNIZATION TO THIS FORM

NO CHILD REGISTERED IN A SUMMER PROGRAM WILL BE ALLOWED TO ATTEND THE PROGRAM WITHOUT A COMPLETE RECORD OF IMMUNIZATION.

Parent/Guardian Signature: _____ Date: _____

FOR DOCTOR'S OFFICE ONLY:

Licensed Provider's Signature _____ Provider's Name (please print) _____

Address _____ City/Town _____ State _____ Zip _____ Phone # _____

Date Form Completed ____/____/____ By _____ (Initial if completed by nurse/physician's assistant)



2018 SUMMER CAMP REGISTRATION

Parent Agreement

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) Parents must enter the facility and sign their children in daily.
- 2) All children must wear their camp T-shirt on field trip days. If your child does not bring their camp T-shirt, your account will be charged \$10.00 for a replacement.
- 3) Pick-up Policy
 - a. If you pick up your child between 4:15-6:00PM parents can drive through the chute to pick up their child. You must have your authorized pick-up sign. If not, you must enter the building to pick up your child with a proper ID.
 - b. If you pick up your child prior to 4:15PM, you must enter the building to pick up your child you're your authorized pick-up sign or with a proper ID.
- 4) Parents 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.
- 5) Parents must provide snacks and lunch.
- 6) The Club is not responsible for articles brought from home.
- 7) 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.
- 8) If your payment is not processed/is returned, an additional fee may apply and is due immediately. See page 1 for details.
- 9) I agree to call the Club (978-667-2193) one hour prior to the program if my child will not attend. I understand a refund and/or credit will not be given for that day.
- 10) Fees are based on a weekly cycle. Payments can be made online through your MyProcure account or at the Club. 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.
- 11) Late Child Pickup: Payment of \$1.00 per child, per minute is due upon arrival.
- 12) The childcare parent handbook is accessible at any time at <https://www.billericabgc.com>. Parents/guardians are responsible for reviewing the material, and should direct any questions to the Camp Director.
- 13) NO CHILD WILL BE ALLOWED TO ATTEND THE PROGRAM WITHOUT AN UPDATED PHYSICAL AND COMPLETE RECORD OF IMMUNIZATION ON FILE.**
- 14) I understand and agree to the camp withdrawal policy as listed on page 1.
- 15) Weekly Camp payments are due on the following days:

Camp	Tuition Payment is Due
Week 1: July 2-6	June 27
Week 2: July 9-13	July 4
Week 3: July 16-20	July 11
Week 4: July 23-27	July 18
Week 5: July 30-August 3	July 25
Week 6: August 6-10	August 1
Week 7: August 13-17	August 8
Week 8: August 20-24	August 15

- 16) The Club is Closed, July 4th.
- 17) This agreement is subject to change in whole or part with 2 weeks' notice.

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.

Parent/Guardian Signature: _____ Date: _____



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PARENT COPY

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PARENT COPY




Getting Started Using MyProcure:

1. To access MyProcure 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 Kaitlyn Nerpouni: 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 Kaitlyn Nerpouni: childcarebilling@billericabgc.com

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

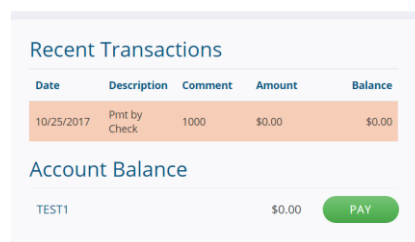


-  Live with Child
-  Emergency Contact for Child
-  Authorized to Pick Up Child

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/>



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Summer Camp Automatic Payment Authorization

Child(ren) Name: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

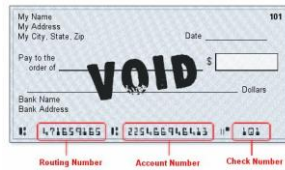
Payment Start Date: _____ Payment End Date: _____

The deduction amount will be your weekly balance which will occur on each due date.

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

Camp	Tuition Payment is Due
Week 1: July 2-6	June 27
Week 2: July 9-13	July 4
Week 3: July 16-20	July 11
Week 4: July 23-27	July 18
Week 5: July 30-August 3	July 25
Week 6: August 6-10	August 1
Week 7: August 13-17	August 8
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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

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

Bank Name: _____ Branch: _____ City: _____ State: _____ Zip Code: _____

Billing Address: _____

Routing Number: _____ Account Number: _____

By using your checking or savings account you will receive a \$10.00 discount off your weekly balance. (Effective for Summer Camp Only)

Automatic Payment Option #2

Card Type: MasterCard Visa Discover AMEX

Cardholder Name: _____

Card Number: _____ Expiration Date: _____

Parent/Guardian Signature: _____ Date: _____