



**Masks
Optional**

Boys & Girls Clubs of Schenectady Camp Lovejoy - Summer 2022

3476 Lovejoy Road, Altamont, NY

Operating Hours - 9:00am - 4:00pm

Camp Phone - 518-861-8351 First Aid - 518-861-5579

After Hours Emergency - 518-852-0567

June 27 - August 12, 2022

Camp Lovejoy is located in the Town of Knox in the Helderberg Mountains. Acquired in 1957 with a generous contribution from Jesse R. Lovejoy, the grounds include the Addie Graham Lodge, a swimming pool, ponds, hiking trails, an outdoor amphitheater, arts & crafts building, picnic pavilions, playing fields.

Camp Description

Camp Lovejoy is a day camp for youth ages 6 to 14. Enrolled campers are transported daily by bus to camp. Lunch and afternoon snack are included in the fee. All campers enjoy a wide range of activities including daily swims, sports, team building, arts & crafts, dance, science & nature and much more.



Camp Fees

\$75 per week for one child

\$60 per week for second child

\$40 per week for each additional child

**Some buses fill up quickly and are filled on a first come first serve basis.
Your child is enrolled in camp when payment is made, based on availability.**

Payment methods accepted: cash, check or credit/debit card.

We Do NOT reserve enrollment for unpaid weeks.

2022 Camp Schedule

Week 1 - June 27 - July 1

Week 2 - July 5 - July 8

Week 3 - July 11 - July 15

Week 4 - July 18 - July 22

Week 5 - July 25 - July 29

Week 6 - August 1 - August 5

Week 7 - August 8 - August 12 (Olympic Week)

Camp Specialty Programs

Specialty programs will take place at Camp Lovejoy during the morning session. **All campers will participate in sports and wilderness activities daily.**

For 14 year olds: The Counselor in Training (CIT) Program at Camp Lovejoy is designed to offer an opportunity to develop leadership & communication skills, in preparation to become junior counselors.

- ♦ **The Explorers** - 6 year olds: An exciting first time camp experience.
 - ♦ **Fine Arts** - Ages 7-14: Campers will discover a world of inspiration and creativity.
 - ♦ **Dance** - Ages 7-14: Have fun learning about and participating in different styles of dance.
 - ♦ **Pottery** - Ages 7-14: Focusing on clay art, campers will be inspired to create, foster self-discovery, & learn to appreciate art.
 - ♦ **STEAM - Science, Technology, Engineering, Arts and Math** - Ages 7-14: Through hands-on experiments and exploration, campers will work together to ignite their curiosity and discover more about the world around them.
 - ♦ **Swim Lessons** - Ages 7-14: Campers of all abilities will develop their skills to become a stronger and safer swimmer.
 - ♦ **Lifeguard Prep** - Ages 12-14: Designed for advanced swimmers to build a foundation of skills and knowledge for future lifeguarding.
- ** To enroll in the drama program children must be registered for camp weeks 1 through 6. ****
- ♦ **Drama** - Ages 8-14: Combining acting and dancing instructions, set and costume design with rehearsals culminating in a final performance on Family Night, August 4th. This is a six week program.

Boys & Girls Clubs of Schenectady ~ Camp Lovejoy 2022

3476 Lovejoy Road, Altamont, NY

Camp Director – Kristen DiPoffi

Operating Hours – 9:00am - 4:00pm

Camp Phone – 518-861-8351

First Aid – 518-861-5579

After Hours Emergency Phone – 518-852-0567

Register at any Boys & Girls Clubs of Schenectady Clubs or call 518-374-4714 for info. and/or to make an appointment to register.

We are a summer day camp for youth, ages 6 to 14. Enrolled campers are transported daily by bus to camp. Lunch & afternoon snack are included in the fee. Drinks, snacks & Lovejoy T-shirts are available for purchase at the camp store.

CAMP FEES:

\$75 per week for one child

\$60 per week for second child

\$40 per week for each additional child

Some buses fill up quickly and are filled on a first come first serve basis. Your child is enrolled in camp when payment is made, based on availability.

WE DO NOT:

Reserve enrollment for unpaid week(s)

Refund fees paid

2022 Camp Schedule:

1 - June 27 - July 1

2 - July 5 - July 8

3 - July 11 - July 15

4 - July 18 - July 22

5 - July 25 - July 29

6 - August 1 - August 5

7 - August 8 - August 12

Mark Your Calendar:

Family Fun Night – Thursday, August 4th



TRANSPORTATION:

Bus A:

8:05-Scotia Library

8:10-M.L. King School

8:20-Steinmetz Homes Club

8:30-MacGathan Townhouse

Bus B:

7:55-Woestina School

8:10-Schenectady Library

8:25-Yates School

8:35-Elmer Ave School

Bus C:

8:10-Mont Pleasant Clubhouse

8:20-VanCorlaer School

8:25-Rotterdam Club (LL Field)

8:35-Jefferson School

Bus D:

7:55-Woodlawn School

8:05-Lincoln School

8:10-Central Park MS

8:20-AWG Clubhouse

8:30-Bradt School

**** Some buses fill up quickly and are filled on a first come first serve basis. ****

Transportation Safety: Campers **must** get on and off at the same bus stop, for safety reasons. Campers are returned to stops between 4:30-5:15pm. Parents are responsible for dropping off & picking up their child at bus stops. Parents must have a plan for both morning & evening to assure their child's safety. **Staff are NOT at each stop.** Eating or drinking on the bus is not allowed. Unsafe behavior will result in campers being unable to ride bus. Please be sure to be at the bus stop to supervise your child.

CAMP POLICIES:

What to bring: Campers are to dress weather-wise & bring a swim suit & towel daily. Swim suit should not be worn to camp. (Swim Lessons are required.) Be sure to tag or mark clothing. We are not responsible for lost & personal items. Campers should have a backpack to hold all their personal belongings, including extra clothing, hats, sunscreen, bug lotion, (no sprays), water & snacks. (Camp cannot provide refrigeration.) Lost & Found is located at First Aid Office.

What not to bring: Open toed shoes, flip flops and jellies are **not** allowed. **SNEAKERS and SOCKS PREFERRED.**

NO weapons of any kind, glass containers (soda/juice bottles), personal items, cell phone, valuables & large amounts of money. Camp Lovejoy is not responsible for lost items.

Conduct: To insure that all campers are safe & have a positive experience, they are expected to follow the Camper's Code of Conduct, camp & bus rules. We will guide any camper that is having difficulty; however, if they are unable to follow these camp policies, parents will be called to pick up their child. Any act of stealing, destruction or vandalism of property may result in immediate dismissal. Parents/guardians are responsible to pick up their child if removal is warranted.

Parent/Guardian Orientation:

Thursday, June 23, 2022 at 6:00pm – AWG Clubhouse: 104 Education Drive, Schenectady, NY 12303

HEALTH:

There is a professional on staff for any health related issues. **A doctor's note is required for dispensing of medication, food allergies and returning to camp because of a communicable disease** (i.e., pink eye). Medical equipment must be provided by parent/guardian. Do not send your child if he/she is ill. Medical staff must be notified if camper is diagnosed with a communicable disease. Parents/guardians are responsible to pick up their child if notified by medical staff.

Health Regulations: We are inspected twice annually & have obtained a permit from the New York State Department of Health. Inspection reports & our safety plans are available for your review at the Albany County Department of Health, 175 Green Street, Albany, NY



Boys & Girls Clubs of Schenectady

2022 Camp Lovejoy Registration

Operating Hours: Monday - Friday, 9:00am - 4:00pm

Register at any Boys & Girls Clubs of Schenectady Club or
call 518-374-4714 for info. and/or to make an appointment to register
Email: summer@bgcschenectady.com

**Masks
Optional**

Camper's Name _____ Male _____ Female _____
Date of Birth ____/____/____ Age on 6/1/2022 _____ Ethnicity _____ Hm Phone _____
Address _____ City _____ Zip _____

Main Contact – Parent/Guardian

Name _____ Relationship to Camper _____
Address _____ City _____ Zip _____
Phn1 Hm __ Cell __ Wk __ _____ Phn 2 Hm __ Cell __ Wk __ _____ Phn3 Hm __ Cell __ Wk __ _____
Email Address: _____

Emergency Contact – Not main contact

Name _____ Relationship to Camper _____
Address _____ City _____ Zip _____
Phn1 Hm __ Cell __ Wk __ _____ Phn 2 Hm __ Cell __ Wk __ _____ Phn3 Hm __ Cell __ Wk __ _____
Authorized to pick up Y _____ N _____

Emergency Contact 2

Name _____ Relationship to Camper _____
Address _____ City _____ Zip _____
Phn1 Hm __ Cell __ Wk __ _____ Phn 2 Hm __ Cell __ Wk __ _____ Phn3 Hm __ Cell __ Wk __ _____
Authorized to pick up Y _____ N _____

Emergency Contact 3

Name _____ Relationship to Camper _____
Address _____ City _____ Zip _____
Phn1 Hm __ Cell __ Wk __ _____ Phn 2 Hm __ Cell __ Wk __ _____ Phn3 Hm __ Cell __ Wk __ _____
Authorized to pick up Y _____ N _____

2022 Camper Health Information

Camper's Name _____ D.O.B. ____/____/____
Doctor's Name _____ Doctor's Phone Number _____
Health Ins. Provider _____ Ins. ID Number _____

ALL MEDICATIONS PRESCRIBED

Medication Name _____
Reason for taking _____
Time(s) Given _____ Amount or Dosage Given _____
Will medication need to be taken at camp? Yes _____ No _____ Doctor's Note Provided? Yes _____ No _____

Medication Name _____
Reason for taking _____
Time(s) Given _____ Amount or Dosage Given _____
Will medication need to be taken at camp? Yes _____ No _____ Doctor's Note Provided? Yes _____ No _____

Medication Name _____
Reason for taking _____
Time(s) Given _____ Amount or Dosage Given _____
Will medication need to be taken at camp? Yes _____ No _____ Doctor's Note Provided? Yes _____ No _____

Medication Name _____
Reason for taking _____
Time(s) Given _____ Amount or Dosage Given _____
Will medication need to be taken at camp? Yes _____ No _____ Doctor's Note Provided? Yes _____ No _____

ALLERGIES:

Food Allergy/Restriction: _____ Uses Epipen? Y _____ N _____
Food Allergy/Restriction: _____ Uses Epipen? Y _____ N _____
Food Allergy/Restriction: _____ Uses Epipen? Y _____ N _____
Other Allergies: _____ Uses Epipen? Y _____ N _____
Other Allergies: _____ Uses Epipen? Y _____ N _____
Other Allergies: _____ Uses Epipen? Y _____ N _____
Asthma Y _____ N _____ Triggers: _____ Uses Inhaler? Y _____ N _____ at Camp Y _____ N _____

OTHER HEALTH CONDITIONS: PLEASE LIST AND/OR DESCRIBE

- A Doctor's order must be submitted for restriction/distribution/use. The order must include medication name, dosage and time dispensed. Medicine must be in original, properly labeled container.
- All medication and medical equipment needed must be provided by parent/guardian.

****Please submit most recent immunization record from your pediatrician****

**** Please submit a doctor's note for any medications to be taken at camp****

Camper Name _____ Age _____
 Parent/Guardian Name _____ Phone# _____

Check Weeks Below	Program Choices	Explorers (6 year olds)	Fine Arts Camp (7-14)	Dance Camp (7-14)	Pottery Camp (7-14)	STEAM Camp (7-14)	Swim Lessons (7-14)	Drama Camp (8-14)	Lifeguard Prep (12-14)	CIT Counselor in Training (14)
	Week 1: Session 1 June 27 - July 1									
	Week 2: Session 1 July 5 - July 8									
	Week 3: Session 2 July 11 - July 15									
	Week 4: Session 2 July 18 - July 22									
	Week 5: Session 3 July 25 - July 29									
	Week 6: Session 3 August 1 - August 5									
	Week 7: August 8 - August 12	< < OLYMPIC WEEK : FOR ALL AGES > >								

BUS STOP CHOICE:

Parent Authorization: I understand and agree that Boys & Girls Clubs of Schenectady shall not be responsible or legally liable for any loss of personal property, or any bodily injuries or the results thereof, incurred or suffered by the applicant. In case of a medical emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give permission to the physician selected by Boys & Girls Clubs of Schenectady staff to secure proper treatment, hospitalize, order injection, anesthesia or surgery for my child. Campers should have a physical examination within the last six months. I give permission for my child to carry and apply sunscreen while at camp.

I have discussed and will support and reinforce the code of conduct with my child. I give my consent for any photographs, in which my child may appear, to be used in promotion of the Boys & Girls Clubs of Schenectady & by the news media.

I have read & understand the above information.

I hereby attest that all the information is true and correct to the best of my knowledge.

Date _____ Parent/Guardian Signature _____

FOR OFFICE USE ONLY:

Date Taken: / / 2022	Attending:	Amt Paid	Date Paid	Pay Type	Agency	Receipt #	Bus	Stop	Camper-ship \$
Registering Club:	1. June 27 - July 1								
Registering Staff:	2. July 5 - July 8								
List #:	3. July 11 - July 15								
Member #	4. July 18 - July 22								
New Member : Y or N	5. July 25 - July 29								
Current or Renew	6. Aug. 1 - Aug. 5								
Member Club:	7. Aug. 8 - Aug. 12								
SFSP: Elig. / Not Elig									
Immunization Collected Y N	Totals								

**INCOME ELIGIBILITY FORM
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at **[phone number of Sponsor]**

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Boys & Girls Clubs of Schenectady - Camp Lovejoy 2022

Parent Letter re: 2022 Summer Food Service Program

The Boys & Girls Clubs of Schenectady's, Camp Lovejoy is participating in the Summer Food Service Program. Since the majority of the campers meet the eligibility guidelines below, meals will be provided to all children free of charge. Children who are part of households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following income eligibility standards will be used for determining eligibility for free meals:

Income Eligibility Guidelines July 1, 2021 to June 30, 2022					
Household Size	Annual	Monthly	Twice/Month	Every Two Weeks	Weekly
1	\$ 16,744	\$ 1,396	\$ 698	\$ 644	\$ 322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
For each additional family member, add	\$ 5,902	\$ 492	\$ 246	\$ 227	\$ 114

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

Meals will be provided at site(s) and times as follows:

<u>Name and Address of Site</u>	<u>Meal(s) and Serving Time</u>	<u>Meal Service Dates</u>
Camp Lovejoy	Lunch 12 - 12:30pm	June 27 – August 12, 2022
3476 Lovejoy Road	Snack 3:30 - 4pm	Mon. – Fri.
Knox, NY 12009		

Please fill out and return an "Application for Free and Reduced Price School Meals/Milk."

Persons interested in receiving more information should contact:

Boys & Girls Clubs of Schenectady, 104 Education Drive, Schenectady, New York, 12303

Any person who believes he or she has been discriminated against in any USDA-related activity should write or call immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Louise DiFabio

3-24-22

(Signature of Authorized Representative)

(Date)

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **[name of Sponsor]** at **[phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
10.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
11.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
12.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: ____ _ I do not have a Social Security Number ☐

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year

Household size: _____

Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free ____ Reduced ____ Denied ____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Camp Lovejoy Code of Conduct:

Please review with child before attending Camp

- I will treat others with respect. I will respect myself.
- I will be respectful of others property.
- I will not use curse words, negative sayings, degrading or rude comments.
- I will be courteous and have self-control on the bus and while at camp.
- I will be a positive participant during the Camp Lovejoy season.
- To insure my safety and the safety of others, I will follow the camp and bus rules.

WHAT TO BRING TO CAMP!

- ☐ Swim Suit
- ☐ Towel
- ☐ Extra Clothing
- ☐ Hats
- ☐ Sunscreen
- ☐ Bug Lotion (No Sprays)
- ☐ Water Bottle
- ☐ Snacks



What NOT to bring:

- ☐ Open toed shoes (*Flip flops and jellies are not allowed*)
- ☐ Weapons of any kind
- ☐ Glass containers (*soda/juice bottles*)
- ☐ Personal items
- ☐ Cell phones
- ☐ Large amounts of money



2021-2022 Membership Application

Clubhouse Membership

- | | |
|--|--|
| <input type="checkbox"/> Adeline Wright Graham Clubhouse | <input type="checkbox"/> Rotterdam Clubhouse |
| <input type="checkbox"/> Mont Pleasant Clubhouse | <input type="checkbox"/> Steinmetz Clubhouse |
| <input type="checkbox"/> School Program | <input type="checkbox"/> Yates Clubhouse |

Member Type

- ☐ New Member
☐ Renewing Member

PRIMARY CONTACT : PARENT /GUARDIAN

Role in Household

- | | | | | |
|--------------------------------------|-------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Brother | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Father | <input type="checkbox"/> Sister | <input type="checkbox"/> Cousin | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Step-Parent | | | | |

First Name

Last Name

Suffix

Employer / Organization

Email Address

Home Phone

Mobile Phone

Work Phone

Address

City

State

Postal Code

MEMBER DETAILS

Member Information

Total past years of membership with Boys & Girls Clubs
and Clubhouse.

First Name

Middle Name

Last Name

Address

City

State

Postal Code

Birthdate

Age:

Gender

☐ Male

☐ Female

Racial / Ethnic Identity	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Bi-racial
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Multi-Racial
			<input type="checkbox"/> Other

Immunizations: ☐ Yes ☐ No **Please be sure to attach Immunizations Records**

Has your child received the COVID-19 Vaccine? ☐ Yes ☐ No

School Lunch	<input type="checkbox"/> Free/Reduced
	<input type="checkbox"/> Entire School is Free
	<input type="checkbox"/> Not Eligible

School Information

Grade _____

School Name _____

School ID Number _____

Does your child receive addition supports at school? ☐ Behavioral Support ☐ IAP ☐ 504

Allergies

Food Allergies		
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Soy	<input type="checkbox"/> Eggs
<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dairy/Lactose	<input type="checkbox"/> Seafood/Shellfish	_____

Environmental Allergies		
<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Dust	<input type="checkbox"/> Grass
<input type="checkbox"/> Pollen	<input type="checkbox"/> Mold	<input type="checkbox"/> Other _____

Medicine Allergies	
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Amoxicillin
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Other _____

Other Allergies	
<input type="checkbox"/> Latex	<input type="checkbox"/> Lotions
<input type="checkbox"/> Perfumes/Colognes	<input type="checkbox"/> Other _____

Medical Information

Diagnosed Medical Conditions		
<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Oppositional Defiance Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Autism	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Anxiety Depression	_____

Please list any other physical, behavioral, psychological, or medical limitations.

Does the member use an inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Does the member use insulin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the member use an EpiPen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	--

Does the member self-administer medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--



Insurance

Insurance Carrier _____

Group Number _____

Member/Policy Number _____

CONTACTS

Other Parent/Guardian – Contact 1

Full Name _____

Address _____

Phone _____

Authorized to pickup Yes ☐

Relationship ☐ Caseworker ☐ Other
☐ Child ☐ Other Relative
☐ Grandchild ☐ Parent
☐ Grandparent ☐ Stepdad
☐ Neighbor ☐ Stepmom

Emergency Contact 2

Full Name _____

Address _____

Phone _____

Authorized to pickup Yes ☐

Relationship ☐ Caseworker ☐ Other
☐ Child ☐ Other Relative
☐ Grandchild ☐ Parent
☐ Grandparent ☐ Stepdad
☐ Neighbor ☐ Stepmom

Emergency – Contact 3

Full Name _____

Address _____

Phone _____

Authorized to pickup Yes ☐

Relationship ☐ Caseworker ☐ Other
☐ Child ☐ Other Relative
☐ Grandchild ☐ Parent
☐ Grandparent ☐ Stepdad
☐ Neighbor ☐ Stepmom

Emergency Contact 4

Full Name _____

Address _____

Phone _____

Authorized to pickup Yes ☐

Relationship ☐ Caseworker ☐ Other
☐ Child ☐ Other Relative
☐ Grandchild ☐ Parent
☐ Grandparent ☐ Stepdad
☐ Neighbor ☐ Stepmom

Household Information

Number of adults in household _____

Number of children in household _____

Household Composition

☐ Single Adult Household

☐ Two + Adult Household

☐ Self (emancipated / 18)

**Who are the adults
living in the
household? (Check
all that apply)**

☐ Mother

☐ Father

☐ Parents

☐ Step Father

☐ Step Mother

☐ Grandparent(s)

☐ Foster Parent(s)

☐ Joint Custody

☐ Legal Guardian(s)

☐ Sibling(s)

☐ Uncle

☐ Aunt

☐ Other Relative(s)

☐ Other Adult(s)

Housing Type

☐ Permanent (Own or Rent)

☐ Public Housing

☐ Group Home

☐ Foster Family

☐ Transitional Housing

Household Income Range	<input type="checkbox"/> \$0 - 10,000	<input type="checkbox"/> \$55,001 – 60,000	<input type="checkbox"/> \$105,001 – 110,000	<input type="checkbox"/> \$155,001 – 160,000
	<input type="checkbox"/> \$10,001 – 15,000	<input type="checkbox"/> \$60,001 – 65,000	<input type="checkbox"/> \$110,001 – 115,000	<input type="checkbox"/> \$160,001 – 165,000
	<input type="checkbox"/> \$15,001 – 20,000	<input type="checkbox"/> \$65,001 – 70,000	<input type="checkbox"/> \$115,001 – 120,000	<input type="checkbox"/> \$165,001 – 170,000
	<input type="checkbox"/> \$20,001 – 25,000	<input type="checkbox"/> \$70,001 – 75,000	<input type="checkbox"/> \$120,001 – 125,000	<input type="checkbox"/> \$170,001 – 175,000
	<input type="checkbox"/> \$25,001 – 30,000	<input type="checkbox"/> \$75,000 – 80,000	<input type="checkbox"/> \$125,001 – 130,000	<input type="checkbox"/> \$175,001 – 180,000
	<input type="checkbox"/> \$30,001 – 35,000	<input type="checkbox"/> \$80,001 – 85,000	<input type="checkbox"/> \$130,001 – 135,000	<input type="checkbox"/> \$180,001 – 185,000
	<input type="checkbox"/> \$35,001 – 40,000	<input type="checkbox"/> \$85,001 – 90,000	<input type="checkbox"/> \$135,001 – 140,000	<input type="checkbox"/> \$185,001 – 190,000
	<input type="checkbox"/> \$40,001 – 45,000	<input type="checkbox"/> \$90,000 – 95,000	<input type="checkbox"/> \$140,001 – 145,000	<input type="checkbox"/> \$190,001 – 195,000
	<input type="checkbox"/> \$45,001 – 50,000	<input type="checkbox"/> \$95,001 – 100,000	<input type="checkbox"/> \$145,001 – 150,000	<input type="checkbox"/> \$195,001 – 200,000
	<input type="checkbox"/> \$50,001 – 55,000	<input type="checkbox"/> \$100,001 – 105,000	<input type="checkbox"/> \$150,001 – 155,000	<input type="checkbox"/> \$200,000+

Military Status			
Current / Former Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status	Branch
		<input type="checkbox"/> Active Duty	<input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps
		<input type="checkbox"/> Reserve/Guard	<input type="checkbox"/> Army <input type="checkbox"/> National Guard
		<input type="checkbox"/> Veteran	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy

APPLICATION APPROVAL

I understand the Boys & Girls Clubs has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I understand and agree that the BOYS & GIRLS CLUBS of SCHENECTADY shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BOYS & GIRLS CLUBS of SCHENECTADY, or in connection with any activities of any of its branches or day camp. In the event of a medical emergency, I understand every effort will be made to contact a parent or guardian. If I cannot be reached, I grant permission to the physician selected by staff to hospitalize, secure proper treatment, and order injection, anesthesia or emergency surgery for my child named above. I give my permission for photographs, video images or any other graphic depiction or likeness to be used by Boys & Girls Clubs of Schenectady and its affiliates, donors and partners and acknowledge neither my child nor I will receive payment for same. I give permission for release of school records, DSS and for my child to participate in surveys conducted by the BOYS & GIRLS CLUBS OF SCHENECTADY for data purposes to evidence program effectiveness and/or Club impact on our members. The Boys & Girls Club reserves the right to remove members and /or adults from any facility for what the organization determines to be disruptive or inappropriate behaviors.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature	Date
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Boys & Girls Clubs of Schenectady Member Expectations:

The Boys & Girls Clubs of Schenectady requires each parent/guardian to review and discuss these member expectations with their child.

- | | |
|---|--|
| <ul style="list-style-type: none"> • Play fairly and be honest • Be respectful of staff and others • Resolve disagreements in a positive manner • Follow all rules that apply to my Clubhouse | <ul style="list-style-type: none"> • Respect and care for equipment • Say only good things about others • Bring my membership card each day • Use appropriate language |
|---|--|

For Use By Office:

Date Rcv'd _____ Amount Rcv'd _____ Receipt # _____

Rcv'd By _____ Membership # _____ New _____ Renew _____

Date Entered in DV _____ Entered into Donor View By Staff _____