



# S.P.A.R.C

## Summer Program at Rotterdam Club

721 Curry Road

Call 518-355-7440 for an appointment to register.

**Operating Hours: Monday - Friday, 9:00am - 5:00pm**

**June 28, 2021 - August 20, 2021**

### Weekly Summer Fees

#### Register By Session

\$65 per week for one child

\$40 per week for second child

\$25 per week for each additional child

**\*\*Please note, registration will be taken by session in order to keep the same group of campers together throughout the session . \*\*\***

**No Payment will be taken after Thursday at noon**

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

**We Do NOT reserve enrollment for unpaid weeks**

### 2021 Summer Schedule

Session 1	Week 1: June 28 - July 2 <b>No Program on July 5</b> Week 2: July 6 - July 9
Session 2	Week 3: July 12 - July 16 Week 4: July 19 - July 23
Session 3	Week 5: July 26 - July 30 Week 6: August 2 - August 6
Session 4	Week 7: August 9 - August 13 Week 8: August 16 - August 20

**Parent Orientation will be offered virtually. A link will be emailed to the Parent/Guardian after registration.**

### **SUMMER PROGRAM INFORMATION:**

- \* The Rotterdam Clubhouse summer program for ages 5-13 (must be 5 by 6/1/21) will adhere to social distancing best practices, including limiting group size to a 1:10 ratio, ensuring adequate staffing to properly spread out campers. Campers will be placed in pods of 10 and will remain with the same campers for each session.
- \* Staff and campers will be required to wear masks each day. Additional time will be given to ensure proper hand-washing throughout the day, and hand sanitizer will be available in each room. All staff and members will be educated on proper hand washing techniques.
- \* In compliance with CDC recommendations, all door knobs, light switches, hand rails, tables, desks, and shareable items will be disinfected multiple times per day.
- \* **A COPY OF CURRENT IMMUNIZATION RECORDS ARE REQUIRED\***
- \* 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 program because of a communicable disease.** 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.
- \* **Medical Forms:** All parents/guardians are required to provide us with necessary health information requested. This information will remain confidential unless it needs to be shared with medical personnel in the event of an emergency.
- \* **Lunch/Afternoon Snack:** All campers should bring their own lunch. Due to heat it is recommended that you pack a lunch that does not need to stay cold. It is recommended that you pack a water bottle that can be refilled. No camper will be allowed to leave the premises to purchase a lunch.
- \* **What to bring:** Campers should wear socks and **sneakers** to program. Campers transition between being indoors and outdoors and are to dress accordingly. Campers should have a backpack to hold all their personal belongings, including a water bottle, snacks (nut free please). Campers will carry their backpacks with them throughout the day.
- \* **What not to bring:** NO weapons of any kind, cell phones, glass containers, personal items, valuables & large amounts of money. **The Boys & Girls Clubs of Schenectady, is not responsible for lost items.**

**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 Schenectady County Health Department.



## **COVID-19 Summer Programs Regulations for Healthy and Safety of Children and Staff**

**Please note the following changes that MUST be adhered to for everyone's healthy and safety, during this time of the COVID-19 pandemic.**

**The following are just the highlights. Your child will be made aware of all the health and safety regulations during the summer program. All regulations will be provided to parents/guardians as well.**

### **Drop-Off and Pick-Up Procedures**

- All staff and children must be screened daily upon entry into program. This includes a temperature check and health question survey. Parents **MUST** be with their children at drop off but must remain in their vehicle.
- Weather permitting, all drop off and pick-ups will be done on the outside of the facility.
- A Health screening for each youth upon arrival to occur outside of the facility before the parent/guardian exits the property.
- There will be markings on the outside of the building to help young people properly social distance from each other when waiting to be screened.
- There will be a staggered plan in place to limit the number of parents dropping off at one time.

### **Virus Prevention Expectations**

- Youth and staff will wash their hands upon arrival and a minimum of every 45 minutes thereafter.
- All staff and children will wear face coverings that cover their nose and mouth at all times when indoors in the program. When eating, the youth and staff will be a minimum of 6 feet apart from each other.
- Ratio will be kept to 1:10
- Social distancing in groups will be enforced, keeping members 6 feet apart.
- All heavily trafficked common areas (hallways, etc.) often touched hard surfaces such as door knobs, light switches, counter tops, tables, chairs and cubbies will be disinfected multiple times per day. The final cleaning of each day which occurs when youth have exited the program areas will require a total disinfectant cleansing in order to prepare the Club for the next day.
- Social distancing must be adhered to when outside as well at 6ft. to the best of our ability.
- No more than two young people in the restroom at one time.
- Everyone using the restroom must properly wash their hands upon entry AND exit of the restroom.
- The cleaning crew will disinfect the bathrooms a minimum of 4 times per day.
- If symptoms become clear during the program, the staff or young person must immediately be removed and placed in a room strictly designated for quarantine and will be screened by the Health Director or Health Director Designee to determine further actions. Parent/Guardian will be notified.

### **Social Distancing Protocols**

- It will be a priority to have the same children in the same groups from day to day and week to week.
- Spaces will be set up intentionally: tables/desks/chairs spaced apart.
- Minimizing shared materials and close contact activities.
- When possible, the Club will give each child their own set of supplies so they don't have to share.

**Conduct:** To ensure that all campers are safe & have a positive experience, they are expected to follow the Camper's Code of Conduct and camp 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.

### **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 while at camp.

I will be a positive participant during the summer program season.

To ensure my safety and the safety of others, I will follow the camp rules.

\_\_\_\_\_  
Camper signature

\_\_\_\_\_  
Parent signature





# S.P.A.R.C

## Summer Program at Rotterdam Club

721 Curry Road

Call 518-355-7440 for an appointment to register.

Operating Hours: Monday - Friday, 9:00am - 5:00pm

Phone: June 28, 2021 - August 20, 2021

Camper's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 6/1/2021 \_\_\_\_\_ 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\_\_ \_\_\_\_\_

### 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 \_\_\_\_\_

# 2021 S.P.A.R.C 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# \_\_\_\_\_

**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 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 \_\_\_\_\_

Date Taken: / / 2021	Attending:	Amt Paid	Date Paid	Pay Type	Receipt #	Campership \$
Registering Club	Session 1 Wk 1: 6/28-7/2					
Registering Staff	Session 1 Wk 2: 7/6-7/9					
List #	Session 2 Wk 3: 7/12-7/16					
Member #	Session 2 Wk 4: 7/19-7/23					
New Member Y N	Session 3 Wk 5: 7/26-7/30					
Current or Renew	Session 3 Wk 6: 8/2-8/6					
Member Club	Session 4 Wk 7: 8/9-8/13					
Parent/ Guardian Waiver	Session 4 Wk 8: 8/16-8/20					
Immun. Collected Y N	TOTALS:					

## FOR PARENTS/GUARDIANS

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and has significant person-to-person spread. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing measures and have, in many locations, required ongoing prohibitions on the congregation of groups of people of various sizes.

Boys & Girls Clubs of Schenectady ("Club") has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to, social distancing protocols, handwashing a minimum of every 45 minutes, cleaning and disinfecting regularly of areas inhabited by young people, drop-off and pick-up safety protocols, to name a few. There is a complete Summer Safety Plan for 2021 available to parents. Additionally, the Club is guided and inspected by the Department of Health which can be reviewed at Schenectady County Public Health. However, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending the Club **could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

---

Signature of Parent/Guardian

Date

---

Name of Parent/Guardian

Name of Club Participant(s)



# EMOTIONAL WELL BEING SCREENING (PEDIATRIC SYMPTOM CHECKLIST)

## Parent Report

Please place an x under the heading that best describes your child:

		Never	Sometimes	Often
1.	Complains of aches and pains			
2.	Spends more time alone			
3.	Tires easily, has little energy			
4.	Fidgety, unable to sit still			
5.	Has trouble with teacher			
6.	Less interested in school			
7.	Acts as if driven by a motor			
8.	Daydreams too much			
9.	Distracted easily			
10.	Is afraid of new situations			
11.	Feels sad, unhappy			
12.	Is irritable, angry			
13.	Feels hopeless			
14.	Has trouble concentrating			
15.	Less interested in friends			
16.	Fights with other children			
17.	Absent from school			
18.	School grades dropping			
19.	Is down on him or herself			
20.	Visits the doctor with the doctor finding nothing wrong			
21.	Has trouble sleeping			
22.	Worries a lot			
23.	Wants to be with you more than before			
24.	Feels he or she is bad			
25.	Takes unnecessary risks			
26.	Gets hurt frequently			
27.	Seems to be having fun less			
28.	Acts younger than children his or her age			
29.	Does not listen to rules			
30.	Does not show feelings			
31.	Does not understand other people's feelings			
32.	Teases others			
33.	Blames others for his or her troubles			
34.	Takes things that do not belong to him or her			
35.	Refuses to share			
	<b>For Office Use Only</b>			
	<b>Total:</b>			

Does your child have any emotional or behavioral problems for which she/he needs help? Yes (\_\_\_\_) No (\_\_\_\_)

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

House #, Street, Apartment No.

City

Zip Code

**\*\*Please fill out other side\*\***

Please note: This screening will be provided to trained staff at the Boys & Girls Club  
**EMOTIONAL WELL-BEING SCREENING (PEDIATRIC SYMPTOM CHECKLIST)**

**Parental Consent**

The Boys & Girls Club has initiated a screening program to promote early identification of emotional health issues in children. This survey and process are purely designed to help the family and will in no way penalize a child no matter how the survey scores. Parental consent is required if assistance from the Boys & Girls Club is to be provided to a child whose survey “score” indicates a plan that may be helpful.

**Why is an emotional wellbeing screening important?**

Emotional issues can affect how well a child does in school, in family relationships and in their ability to make friends. By identifying emotional issues early, this screening can help you and your child get the support you may need. Early identification can:

- Keep problems from affecting emotional, intellectual or physical development
- Keep problems from lasting as long or from getting worse
- Improve school performance and personal relationships

**What is the screening process?**

During screening you will be asked to complete the short questionnaire about your child’s behaviors and feelings. A trained professional at the Boys & Girls Club will “score” the survey and if the parent/caregiver provides consent, they will reach out to the parent/caregiver in regards to further assistance.

**Your participation in this screening program is *voluntary and confidential*.**

The results will not be shared with any other agency or program without your written consent. Should you have any questions regarding this screening and/or your child’s social-emotional health, please call the Boys & Girls Clubs of Schenectady at 518-374-4714.

**If you would like to participate in the screening process, please sign the consent/release form below.**

**CONSENT/RELEASE FORM**

**By signing below I agree to participate in the emotional well-being screening process on behalf of my child.**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**I give permission to the Boys & Girls Club to contact me with any questions regarding my child’s survey.**

**PLEASE CIRCLE ONE:    YES       NO**

**\*\*Please fill out other side\*\***

**(BGCS UNIT: SPARC CAMP )**





**BOYS & GIRLS CLUBS**  
OF SCHENECTADY

BOYS & GIRLS CLUBS OF SCHENECTADY  
PO Box 466 Schenectady, NY 12301  
Mont Pleasant 372-7040 Rotterdam 355-7440  
Steinmetz Homes 372-3620 Yates Village 372-3583  
School Programs 374-4714 Central Services 374-4714  
Adeline Wright Graham 374-4714 Camp Jesse R. Lovejoy 861-8351

## 2020-2021 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

<b>Racial / Ethnic Identity</b>	<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

<b>Immunizations:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please be sure to attach Immunizations Records</b>
-----------------------	--	---

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

### School Information

<b>Grade</b>	_____
<b>School Name</b>	_____
<b>Teacher</b>	_____
<b>School ID Number</b>	_____

Allergies			
<b>Food Allergies</b>	<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	_____

<b>Environmental Allergies</b>	<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 _____

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

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

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

<b>Please list any other physical, mental or medical limitations.</b>

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

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

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

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

### Insurance

<b>Insurance Carrier</b>	_____
<b>Group Number</b>	_____ <b>Member/Policy Number</b> _____





## CONTACTS

Other Parent/Guardian – Contact 1		Emergency Contact 2	
Full Name _____	Full Name _____	Full Name _____	Full Name _____
Address _____	Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____	Phone _____
<b>Relationship</b> <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	<b>Relationship</b> <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	<b>Relationship</b> <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	<b>Relationship</b> <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom
Emergency – Contact 3		Emergency Contact 4	
Full Name _____	Full Name _____	Full Name _____	Full Name _____
Address _____	Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____	Phone _____
<b>Relationship</b> <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	<b>Relationship</b> <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	<b>Relationship</b> <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	<b>Relationship</b> <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom
Household Information			

Number of adults in household \_\_\_\_\_ Number of children in household \_\_\_\_\_

Household Composition			
<input type="checkbox"/> Single Adult Household <input type="checkbox"/> Two + Adult Household <input type="checkbox"/> Self (emancipated / 18)	<b>Who are the adults living in the household? (Check all that apply)</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Other Adult(s)

<b>Housing Type</b>	<input type="checkbox"/> Permanent (Own or Rent) <input type="checkbox"/> Public Housing <input type="checkbox"/> Group Home	<input type="checkbox"/> Foster Family <input type="checkbox"/> Transitional Housing
---------------------	--	---

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

Military Status							
<b>Current / Former Military</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Status</b>	<input type="checkbox"/> Active Duty	<b>Branch</b>	<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	
<p>I understand the Boys &amp; 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.</p> <p>I understand and agree that the BOYS &amp; 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 &amp; 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 &amp; 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 &amp; GIRLS CLUBS OF SCHENECTADY for data purposes to evidence program effectiveness and/or Club impact on our members. The Boys &amp; 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.</p> <p><i>Your signature below confirms that all information above is true and accurate.</i></p>	
<b>Parent/Guardian Signature</b> _____	<b>Date</b> _____

### 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.

- |   |                                     |
|---|-------------------------------------|
| • Play fairly and be honest                   | • Respect and care for equipment    |
| • Be respectful of staff and others           | • Say only good things about others |
| • Resolve disagreements in a positive manner  | • Bring my membership card each day |
| • Follow all rules that apply to my Clubhouse | • 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 \_\_\_\_\_