

SUMMER DAY CAMP

2020 Summer Day Camp is open to children who will be entering grades 1st-6th in fall 2020 and will be 6 years old by September 8, 2020. Hours will be 7:30 a.m.-5:30 p.m., M-F, June 4-September 4.

CHILD FULL NAME:	GRADE IN 2020/21: DATE OF BIRTH:/	/
ALLERGIES: □ no □ yes, additional form required	MEDICATIONS: □ no □ yes, additional form required	
PARENT/GUARDIAN FULL NAME:		
MAILING ADDRESS:		
CITY: STATE:	ZIP CODE:	
EMAIL ADDRESS:		
HOME PHONE: CELL	HONE: WORK PHONE:	_

By signing below I understand and agree to the membership requirements below:

- I have read and completed the registration form & request that my child be admitted into membership at the Boys & Girls Club of the Bemidji Area (BGCBA).
- I am responsible for attending an orientation prior to starting Day Camp; or since September 2019 for previous members.
- I understand the rules, policies, and procedures of the BGCBA as outlined in the Parent Handbook (found at bgcbemidji.org).
- I understand that my child will be held accountable to the Code of Conduct (found at bgcbemidji.org).
- I give my consent for photographs and videos in which my child may appear to be used by BGCBA.
- I understand that these policies and procedures apply to the Day Camp program while on BGCBA premises and in any activities off of the BGCBA site.
- I am willing to be contacted to share about my Club experience and will make sure my information is current with BGCBA at all times.
- BGCBA will not be responsible for any accident that may occur while on BGCBA premises or in any activities off of the BGCBA site.

By signing below I agree and understand conditions of this fee for service program:

- enrolling my child is a 3-month commitment, and I am responsible for the total cost determined my choice of payment plan.
- online payment plans are required for all payments and scheduled on a weekly basis due each Friday.
- no payments will be accepted in person at the Club, with the exception of down payments and payments in full.
- I am responsible for setting up a payment plan by May 1, 2020 through the Club's website: www.bgcbemidji.org.
- a \$250 non-refundable and non-transferable down payment is required with this form to register my child for Day Camp.
- families may inquire about installment plans for the \$250 down payment.
- the \$250 down payment will be applied to the total cost due; remaining balance will be calculated by Sara Collins, members services assistant director.
- I understand a flex plan requires a 4-day commitment over the 2-week rotational schedule.
- if I have an unpaid balance at the end of summer I will work with the Club to pay it within 45 days, including service fees.
- I understand that not paying my full balance could jeopardize my child's future involvement with the Club.
- this program is Child Care Assistance Program (CCAP) eligible for families that qualify. See CCAP frequently asked questions sheet for more information.
- if utilizing CCAP, I will be required to make full payments until the Club receives a confirmation letter from the county on CCAP eligibility.
- after CCAP eligibility is established, the Club will back date eligibility as authorized and any overpayment by the family will be refunded.
- if my child misses days at the Club due to any reason, I will not be reimbursed for those days.
- the Club will be closed June 29-July 3.
- if I miss a payment the Club will apply any remaining portion of my down payment to the missed payment until depletion.
- once the down payment is depleted my child will no longer be able to participate in the Day Camp program.
- if my child needs to drop the program for any reason, a 2-week notice via BGCBA cancellation form is required in order to stop billing or receive a refund.
- in order to maintain staff-to-youth ratios for childhood safety, I understand there may be limited spots available.

By signing below I understand, agree and give permission for:

- my child to participate in offsite field trips around Bemidji between 9:00 a.m. 12:30 p.m.
- if my child arrives after 9:00 a.m. they may miss the opportunity to attend the field trip.
- I give consent for my child to be transported via Club van, Paul Bunyan Transit, and other means of transport through the Club.
- I authorize for BGCBA to apply sunscreen, insect repellent, chap-stick, and hand sanitizer as necessary to my child.

Parent/Legal Guardian Signature Print Full Name Date

PLEASE TEXT @bgcdaycamp TO 81010 TO RECEIVE IMPORTANT NOTIFICATIONS, REMINDERS AND WEATHER ALERTS PERTAINING TO THE DAY CAMP



OFFICE	Completed Day	2019/2020	Immunization	\$250 Down	Payment
USE ONLY	Camp Form	Membership Form	Record	Payment	Plan Set-Up

PAYMENT OPTIONS:	please check ONE o	ption that best fits	your family	. Continue to pa	yment calculator.
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BASE RATE Registration, \$250 down payment & payment plan set-up by 5/1/20		PAID IN FULL DISCOUNT	EARLY BIRD DISCOUNT	EARLY BIRD & PAID IN FULL DISCOUNT	
		Registration, \$250 down payment & remaining balance by 5/1/20	Registration, \$250 down payment & payment plan set-up by 3/31/20	Registration, \$250 down payment & remaining balance by 3/31/20	
FULL TIME				□ Sest Deal!	
5 days a week, every week of summer	\$26/day Total for summer \$1,612	\$24/day Total for summer \$1,488	\$24/day Total for summer \$1,488	\$21/day Total for summer \$1,302	
FLEX PLAN					
bi-weekly or less then 5 days a week, see grid below	\$28/day	\$26/day	\$26/day	\$24/day	

FLEX PLAN OPTIONS: Only complete if you selected a flex plan option above. Flex plans must rotate on a bi-weekly basis with minimum of 4 days selected over the 2 weeks. Youth on a flex plan must follow the selected days of week for the full duration of summer. Please follow the steps below to calculate your total summer cost based on your total amount of days at the daily rate selected above. See calendar below for reference on dates/weeks.

	Monday	Tuesday	Wednesday	Thursday	Friday	
WEEK 'A'	☐ (5 total)	☐ (5 total)	☐ (5 total)	☐ (6 total)	☐ (6 total)	
WEEK 'B'	☐ (7 total)	☐ (7 total)	☐ (7 total)	☐ (7 total)	☐ (7 total)	
Add up total numbers of days in week 'A' row:						
Add up total r	numbers of days in wee	k 'B' row:	X flex plan rate selecte	ed above:	:	

TOTAL FOR SUMMER:

June '20 S M S 4 5 6 10 11 12 13 15 17 18 19 14 16 20 21 22 23 24 25 26 27 29 30 28

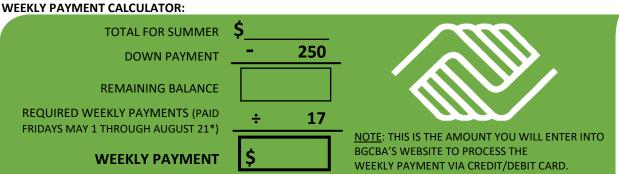
WEEK A

FLEX PLAN BI-WEEKLY CALENDAR

	July '20							
S	M	Т	W	Т	F	S		
			1	2	3	4		
5	6	7	8	9	10	11		
12	13	14	15	16	17	18		
19	20	21	22	23	24	25		
26	27	28	29	30	31			
			_					
WEEK B Club CLOSED								

August '20							
S	M	Т	W	Т	F	S	
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31	1	2	3	4	5	

COLOR CODE KEY:



*If you wish to start your weekly payments earlier to spread out the payments, please contact Sara Collins, member services assistant director at 218.444.4171 ext.107 or via email at sara.collins@bgcbemidji.org