



SUMMER CHILDCARE APPLICATION 2018

Name: _____
 Birth Date: _____ Age: _____ Male: _____ Female: _____
 Address: _____ Apt # _____ Home Phone: _____
 City: _____ State: _____ Zip: _____
 Mother/Guardian: _____ Father/Guardian: _____
 Place of Employment: _____ Place of Employment: _____
 Phone: _____ Cell#: _____ Phone: _____ Cell#: _____

EMERGENCY CONTACT (Other than Parent)

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Other person(s) you permit to pick up your child:
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

PARENTAL PERMISSION

I give my child permission to participate in activities, including trips that may occur as part of the program.

NOTE: A completed and signed Health & Physical Exam Form required to complete registration.

MEDICAL INFORMATION

Medical Insurance Coverage Plan: _____ #: _____
 Allergies: _____ Medication Currently Being Taken: _____
 Special Conditions: _____ Restrictions: _____

IN CASE OF EMERGENCY, I authorize the Boys & Girls Clubs of Providence to arrange for medical examination and/or treatment for my child. I would prefer to have my child, if the need arises, taken to _____ hospital.

Signature of Parent/Guardian: _____ Date: _____

YOU **MUST** CHECK THE WEEKS YOU WISH YOUR CHILD TO ATTEND. Program hours: 8:00am–5:00pm

***Club Closed
 Fourth of July Holiday
 Monday, 7/2
 through
 Wednesday, 7/4***

- | | |
|-------------------------------|---------------------------------|
| Extended AM _____ 6:30-8:00am | Extended PM _____ 5:00-6:00pm |
| ____ Week 1: Monday, June 25 | ____ Week 6: Monday, July 30 |
| ____ Week 2: Thursday, July 5 | ____ Week 7: Monday, August 6 |
| ____ Week 3: Monday, July 9 | ____ Week 8: Tuesday, August 14 |
| ____ Week 4: Monday, July 16 | ____ Week 9: Monday, August 20 |
| ____ Week 5: Monday, July 23 | ____ Week 10: Monday, August 27 |

***Club Closed
 Victory Day Holiday
 Friday, 8/10 & Monday, 8/13***

Please inform staff of changes to your child's schedule. You are responsible for payment for all weeks selected.

OFFICE USE ONLY

PARENT PAY: _____ DHS: _____ CERTIFICATE #: _____
 PARENT PAY AMOUNT: _____ DHS CO-PAY AMOUNT: _____
 NON-REFUNDABLE DEPOSIT: _____ SHIRT SIZE: _____ MEAL FORM: _____
 DATE: _____