

CAMP GROSVENOR

APPLICATION 2025



BOYS & GIRLS CLUBS
OF NEWPORT COUNTY



CAMP GROSVENOR

APPLICATION CHECKLIST



For Camp:

- ☐ MEMBERSHIP FORM
- ☐ CAMP APPLICATION
- ☐ IMMUNIZATION FORM
- ☐ DEPOSIT

For Reading Reaps Rewards:

- ☐ NECESSARY PAPERWORK

If Applying for Financial Aid:

- ☐ PAPERWORK COMPLETE
- ☐ PROOF OF INCOME INCLUDED

Choose a Location: Camp Grosvenor**Member and Address Information**

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Gender: _____ Race: _____ Ethnicity: _____

Address: _____ City: _____ State: _____ Zip: _____

School Information

Teacher's Name (Elementary School Only): _____

School: _____ Grade: _____

Eligible for Free or Reduced Lunch:

Medical Information

Social Information (please describe: withdrawn, shy, reactive, ADD, easily discouraged...):

Do you have any medical or dietary restrictions?: YES ☐ NO ☐

If yes, please list, If not answer NO or NA:

Do you have any condition now requiring regular medication? : YES ☐ NO ☐

If yes, please list medications: _____

Please list any allergy restrictions: _____

Does your family have health-accident insurance? : YES ☐ NO ☐

Family Health Plan Name: _____

Policy #: _____ Group #: _____

Permission for treatment by Doctor/Hospital? : YES ☐ NO ☐

Physician Name: _____ Physician Phone: _____

Choose a Location:

General Information

Member has permissions to be used in public relation materials: YES ☐ NO ☐

Member may participate in all Club activities in or adjacent the Club building: YES ☐ NO ☐

Household Information

NOTE: This information is collected for Grant writing purposes ONLY

Number in Household: _____ Current Head of Household: Both Current Single Parent? YES ☐ NO ☐
Currently utilizing SNAP benefits? YES ☐ NO ☐

Are you interested in learning how to access SNAP or DHS Benefits? YES ☐ NO ☐

Primary & Emergency Contact Information

Contact 1 Information

First Name: _____ Last Name: _____

Relationship to Member: _____ Parent or Guardian? YES ☐ NO ☐

Emergency Contact?: YES ☐ NO ☐ Contact 1 Authorized to pick up Member? YES ☐ NO ☐

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 1 Type: Business

Phone 2: _____ Phone 2 Type: Business

Email: _____

Contact 2 Information

First Name: _____ Last Name: _____

Relationship to Member: _____ Parent or Guardian? YES ☐ NO ☐

Emergency Contact?: YES ☐ NO ☐ Contact 2 Authorized to pick up Member? YES ☐ NO ☐

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 1 Type: Business

Phone 2: _____ Phone 2 Type: Business

Email: _____

PLEASE READ AND SIGN BELOW

I understand that the Club and its personnel are not responsible for personal injury or loss of property. I agree to observe whatever rules are decided upon as best for the welfare of all. The Boys & Girls Clubs of Newport County (BGCNC) reserves the right to dismiss a Member from the Club. Refunds will not be made due to dismissal.

In accordance with Section 7-6-9 of the RI General Laws entitled "Exemption from Liability", I hereby waive any liability that the Boys & Girls Club of Newport, its officers, directors, trustees, agents, servants and employees might have and agree that said Boys & Girls Club of Newport, shall not be liable for any and all bodily injury to the participant incurred while such participant is engaged in programs or services. This includes practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the BGCNC; and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the BGCNC.

The health history on the reverse of this form is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery.

Members will be held accountable for their actions to ensure a safe and fun environment for all. As a drop-in facility, I understand that the Club is not responsible for Club members' whereabouts. Additionally, I will not send toys, CD players, MP3 players, jewelry, cell phones, handheld games or other valuables to the Club. I understand the BGCNC is not responsible for lost, damaged or stolen items.

(Youth only) I give my permission to the BGCNC to share information about my child listed on this application with the Boys & Girls Clubs of America (Boys & Girls Clubs of America) for research purposes and/or to evaluate the program's effectiveness. Information disclosed to Boys & Girls Clubs of America may include: the information provided on this membership application form; information provided by the minor child's school or school district; and any other information collected by the Boys & Girls Club of Newport, including but not limited to data collected via surveys or questionnaires. All information provided to Boys & Girls Clubs of America will be kept confidential.

(Youth Only) I understand that as a member of the Boys & Girls Club of Newport, my child will have access to the Internet. While precautions are taken, it is possible s/he may access inappropriate sites. The BGCNC has rules and consequences for such behavior. All children must abide by the Club Member Technology Rules & Regulations. Detailed information on our technology, safety and behavior policies

PLEASE READ AND SIGN BELOW CONT.

can be found on our website or at the front office. Signing this application indicates that you have read and agree to abide by these policies.

(Youth Only) Among the many services available during the after-school program, the Club provides a wide variety of homework help, academic support programs and social/ emotional competency programs. In order for us to assess and monitor the needs of our members and provide appropriate services, the BGCNC will collect the report cards, test scores, absenteeism and any behavioral information for your child in addition to having them participate in a diagnostic online survey. I authorize the Club to access this information from the Newport/Middletown/North Kingston or other applicable Public Schools and grant permission for the public school to give this data. This release is valid for one year and may be revoked at any time by contacting the BGCNC in writing.

(Youth Only) I hereby consent and authorize the BGCNC to survey my child about their Club experience, behaviors, skills and attitudes using a variety of survey instruments.

I hereby consent for my child to utilize Club transportation including club vans, buses or walk to/from home. In order to opt out of the transportation release, please complete a letter requesting the opt out and leave it at the front desk.

I hereby consent and authorize the BGCNC to use and reproduce photographs and video taken of myself or my child for publicity, advertising and marketing purposes of every description. In order to opt out of the photo release, please complete a letter requesting they opt out option and leave it with the Front Desk. I also consent to my child utilizing the transportation offered by the Boys & Girls Club of Newport. Additionally, I consent to my child participating in all Club activities in or adjacent to the Club building.

Parent Guardian Electronic Signature _____

2025 Camp Grosvenor Summer Camp Application

Per American Camp Association (ACA) requirements, applications will not be accepted without all necessary paperwork and payments. Please refer to the registration checklist to avoid any delay in enrollment. The primary contact's phone number will be added to our camp's instant contact message service to notify parents of any updates. Registration is first-come/first-served – when enrollment has reached capacity, campers will be placed on a waiting list.

Please select your payment method:

☐ Private Pay (payment plan available)

☐ DHS, DHS NUMBER _____

Applying for Financial Assistance ☐

Sessions (please check sessions requested):	Session Dates:	Cost:	Payment Due By:
<input type="checkbox"/> Session 1	June 30th – July 3rd NO CAMP JULY 4TH	Full cost: \$200.00	June 16, 2025
<input type="checkbox"/> Session 2	July 7th – July 11th	Full cost: \$250.00	June 23, 2025
<input type="checkbox"/> Session 3	July 14th – July 18th	Full cost: \$250.00	June 30, 2025
<input type="checkbox"/> Session 4	July 21st – July 24th NO CAMP JULY 25th	Full cost: \$200.00	July 7, 2025
<input type="checkbox"/> Session 5	July 28th – August 1st	Full cost: \$250.00	July 14, 2025
<input type="checkbox"/> Session 6	August 4th – August 8th	Full cost: \$250.00	July 21, 2025
<input type="checkbox"/> Session 7	August 11th – August 15th	Full cost: \$250.00	July 28, 2025
<input type="checkbox"/> Session 8	August 18th – August 22nd	Full cost: \$250.00	August 4, 2025

Scholarships & Financial Aid

Scholarships & financial aid are available for those who qualify. Scholarships are awarded on a sliding scale and costs are determined based on information submitted through our financial assistance paperwork. Please complete the attached form to determine your cost. Please note that we require proof of income. Camp applications will be deemed incomplete until proof of income is provided. Applications without proof of income may not be eligible for financial assistance.

General Information

Camp days run from 8:00 AM - 4:30 PM, Monday – Friday.

Newport & Middletown members entering grades 1-4 will be automatically be placed in our Reading Reaps Rewards (R3) Program. This program runs from July 7th – August 18th, please let us know in advance if you will not be able to attend for the entire summer.

Fees and Payments Information

Session Camp Fee: \$250.00 per session. **Session payments must be paid in full 2 weeks prior to camper attendance.** \$25 of this fee is non - refundable) Refunds are granted with 7 days written notice. We accept all forms of payment.

Transportation Permission (based on traditional Club programming)

Please select one of the options below:

☐ I will transport my child to and from Camp Grosvenor

☐ My child needs bus service

Please note that we reserve the right to cancel a bus stop if it does not reach minimum enrollment. Bus stop drop-off starts as early as 8am and return no later than 4:30pm. Supervision is provided on all buses. Parents/Guardians are responsible for supervision at the bus stop.

Once registered, changes to the bus stop cannot be made unless explicitly approved by Camp Director.

☐ Thompson Middle School (55 Broadway, Newport)

☐ CCRI Newport (1 John H. Chaffee Blvd, Newport)

☐ Curtis Corner Middle School (301 Curtis Corner Rd, Wakefield)

Please note that buses may meet capacity and will be available on a first come, first served basis. *****

Children are not allowed to walk home on their own without a parent or designated contact being present and signing them out at the bus stop, and **MUST** meet age requirements. All other children must have their parents/authorized adult show their ID & check-out with the bus monitor/staff member on duty.

To be eligible for transportation and/or participation in the Camp program, you agree to the following statements:

- I agree to have an authorized adult (as indicated on the club membership form) meet my child at the designated stop. Identification will be required for release of campers to all authorized persons. Any temporary changes to the authorized persons list are to be directed to Camp Director and must be made by the primary contact listed on the membership form. Permanent changes must be in writing.
- I agree that if the person(s) that I have designated to meet my child is not there, my child will be returned to CCRI Newport located at 1 John H Chaffee Blvd, Newport. I will then be charged \$10.00 every 10 minutes up to 5:00p.m. BGCNC staff will contact all listed Emergency Contacts. If no contact is made, I understand the police will be notified and my child will be brought to the police station.
- No camper may leave camp at any time without prior written authorization from the primary contact on the membership form. The child **must sign out with front office administrator at Camp Office.**
- **No Changes to Pick up/Drop off location(s) will be permitted.**
- Campers will be checked in and out each day by program staff. Parents are asked to notify the camp if a child is ill or will not be attending. Camp personnel will attempt to call parents/guardians and/or emergency contacts if campers are not signed in as expected.
- Parents must sign in at the camp office. Parents are required to be escorted with staff on camp grounds.

Meals are available to campers at no charge through our participation in the Summer Food Service Program. **This institution is an equal opportunity provider.** The full USDA non-discrimination statement is available in our welcome packet and at www.bgcnewport.org

Parent/Guardian Signature: _____ **Date:** _____

General Health History: Please check "Yes" or "No". Explain "Yes" below.

Has or does the camper:

1. History of been hospitalized? ☐ YES NO ☐
2. History of surgery? ☐ YES NO ☐
3. History of recurrent/chronic illnesses? ☐ YES NO ☐
4. History of recent infectious disease? ☐ YES NO ☐
5. History of recent injury? ☐ YES NO ☐
6. History of asthma/wheezing/shortness of breath? ☐ YES NO ☐
7. History of diabetes? ☐ YES NO ☐
8. History of seizures? ☐ YES NO ☐
9. History of headaches? ☐ YES NO ☐
10. Wear contacts or protective eyewear? ☐ YES NO ☐
11. History of fainting or dizziness? ☐ YES NO ☐
12. History of passing out/had chest pain during exercise? ☐ YES NO ☐
13. History of mononucleosis ("mono") during the past 12 months? ☐ YES NO ☐
14. If female, history of problems with periods/menstruation? ☐ YES NO ☐
15. History of problems with falling asleep/sleepwalking? ☐ YES NO ☐
16. History of back/joint problems? ☐ YES NO ☐
17. Require medication be administered at camp? ☐ YES NO ☐
18. History with diarrhea/constipation? ☐ YES NO ☐
19. History of skin problems? ☐ YES NO ☐
20. Traveled outside the country in the past 9 months? ☐ YES NO ☐

Mental, Emotional and Social Health: Check "Yes" or "No" for each statement. Has the camper:

21. Ever been treated attention deficit/hyperactivity disorder (AD/HD) ☐ YES NO ☐

22. Ever been treated for emotional or behavioral difficulties or an eating disorder: ☐ YES NO ☐

23. Had a significant life event that continues to affect the camper's life ☐ YES NO (History of abuse, death of a loved one, etc...) ☐

24. Does your child have any behavioral challenges that you would like to share ☐ YES NO ☐

a. If yes, please explain: _____

☐ I give permission for the Camp Director to dispense Tylenol and Benadryl, Tums, etc. to my child as needed.

☐ I wish to be called before my child is given Tylenol or Benadryl

Please explain "Yes" answers in the space below, noting the number of the questions. Please note that all medications must be supplied in original pharmacy containers with label, which show the camper's name and how the medication should be given.

Program

Restrictions:

Does your child have any program restrictions? (i.e. cannot swim) ☐ Yes NO ☐

If yes, please explain:

Camp Application Checklist:

Health information will not be complete until Camp receives a copy of your child's most recent (within one year) Pediatric Health Form or vaccination record. This form must include: proof and date of immunizations (MMR, Polio, DTaP/DTP/DT/Td, Hepatitis B).

☐ **DEPOSIT: \$25 non-refundable**

☐ **FINANCIAL AID FORM**

☐ **MEMBERSHIP FORM - \$30 annual membership fee required if not already purchased**

☐ **IMMUNIZATION FORM REQUIRED FROM DOCTOR**

Parent/Guardian PRINTED NAME: _____ RELATIONSHIP TO CHILD: _____

Parent/Guardian SIGNATURE: _____ DATE: _____

Financial Aid Application

**PLEASE NOTE: IF YOU ARE AWARDED A SESSION SCHOLARSHIP AND DO NOT ATTEND AT
LEAST 3 DAYS OF THE SESSION, YOU WILL BE REQUIRED TO PAY FEES IN FULL.**

(Parent/Guardian Full Name)

(Home Address)

() / / () / /

(Mailing Address if Different) (Home Phone) (Cell Phone)

@

(Email)

Marital Status:

Married ☐ Single ☐ Living w/Partner ☐ Separated ☐ Divorced ☐ Widowed ☐

Family Members Living in Household (include all children & adults including yourself)

<u>Name</u>	<u>Relationship to You</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Gender M/F</u>	<u>Attending School Y/N</u>	<u>Employed Y/N</u>
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-

Are you eligible or do you receive DHS Child Care Assistance? Yes ☐ No ☐

If yes, what is your DHS Certificate # _____

For which Club Programs will you require financial assistance?

Before School Care ☐ After School Care ☐ Before & After School Care ☐

Aquatics/Swim Team ☐ Feb. Vacation Week ☐

Summer Camp ☐ April Vacation Week ☐

How much can you afford to pay each week? \$ _____

(This is for informational purposes only & will not determine your financial aid)

Household Financial Information:

Earned Income (includes all jobs, self-employment, etc. for all adults in household)

<u>Family Member Name</u>	<u>Employer</u>	<u>Employer Phone</u>	<u>Hours Worked Weekly</u>	<u>Hourly Wage if Applicable</u>	<u>Monthly Gross Income</u>
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
<u>Total Earned Income</u>	-	-	-	-	<u>\$</u>

<u>Monthly Expenses</u>	<u>Amount</u>	
<u>Mortgage or rent</u>	\$	-
<u>Utilities</u>	\$	-
<u>Car Expenses / Insurance</u>	\$	-
<u>Groceries</u>	\$	-
<u>Phone</u>	\$	-
<u>Childcare</u>	\$	-
<u>Other</u>	\$	-
<u>Other</u>	\$	-
<u>Total Monthly Expenses</u>	\$	-
-	-	-

Are there any other circumstances you would like us to consider?

I agree that I have filled out the above fields to the best of my knowledge:

(Signature of Applicant).(Date)

For office use only:

Approved by: _____ **Date:** _____