

CAMP GROSVENOR

APPLICATION 2026



BOYS & GIRLS CLUBS
OF NEWPORT COUNTY



CAMP GROSVENOR

APPLICATION CHECKLIST



BOYS & GIRLS CLUBS
OF NEWPORT COUNTY

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

Please select one:



For office use only:

- Camp Grosvenor (ages 5-12)
- R3 Program (Newport only)
- Teen Camp (ages 13-16)

BOYS & GIRLS CLUBS
OF NEWPORT COUNTY

Membership Application
\$30 Youth Membership fee required

Processed by: _____

Date entered: _____

INFORMATION

Member's Name: _____ Gender: M ___ F ___

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

Home Phone: (___) _____ Date of Birth: ___/___/___ Age: ___ E-mail: _____

(Youth only) School: _____ Grade: _____

On time grade progression? Yes No

Teacher's Name (*elementary school only*): _____

School lunch eligibility: Free Reduced Price School Lunch

PRIMARY & EMERGENCY CONTACT INFORMATION

Primary Contact: _____ Relationship to member: _____

Cell _____ Other _____ Email _____

Authorized to pick-up member Yes No

Secondary Contact: _____ Relationship to member: _____

Cell _____ Other _____ Email _____

Authorized to pick-up member Yes No

Emergency Contact: _____ Phone/Cell: (___) _____ Relationship: _____
(*other than parent/guardian & over 18 years old*) Authorized to pick-up member Yes No

Emergency Contact: _____ Phone/Cell: (___) _____ Relationship: _____
(*other than parent/guardian & over 18 years old*) Authorized to pick-up member Yes No

Youth lives with Both Parents Mother Father Guardian/Foster Stepmother Stepfather Grandparents

MEDICAL INFORMATION

Please list any medical restrictions, allergies, or dietary restrictions: _____

Any restriction of activity for physical, emotional or psychological reasons? Yes No _____

Explain: Any condition now requiring regular medication? Yes No Name of medication: _____

Does your member use an EpiPen? Yes No

Does your member use insulin? Yes No

Does your member use an inhaler? Yes No

Can your member self-administer their own medication? Yes No

Does your family have health and/or accident insurance: Yes No

Insurance Plan Name: _____ Policy #: _____ Group #: _____

Permission for Treatment by Physician/Hospital: Yes No

Physician's Name: _____ Physician's Phone: (_____) _____

**HOUSEHOLD INFORMATION-
youth only**

NOTE: This information is collected for grant writing purposes ONLY

Ethnic/Racial Origin: Caucasian African American Hispanic Asian Native American
 Multi-Racial Other: _____ (please specify)

INCOME INFORMATION

What is your household's total annual income (before taxes)?

Under \$25,000 \$25,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000 or more

PLEASE READ AND SIGN THE FOLLOWING:

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 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 Clubs of Newport, its officers, directors, trustees, agents, servants and employees might have and agree that said Boys & Girls Clubs of Newport County, 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 Boys & Girls Clubs of Newport County; 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 Boys & Girls Clubs of Newport County.

The medical information 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.

Boys & Girls Clubs of Newport County – Camp Grosvenor

Monday – Friday 8:00 a.m. to 4:30 p.m.

Extended Care 4:30 pm to 5:30 pm

Members will be held accountable for their actions to ensure a safe and fun environment for all. Additionally, I will not send toys, CD players, MP3 players, jewelry, cell phones, handheld games or other valuables to the Club. I understand the Boys & Girls Club of Newport is not responsible for lost, damaged or stolen items.

(Youth only) I give my permission to the Boys & Girls Clubs of Newport County to share information about my child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA 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 Clubs of Newport County, including but not limited to data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

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

(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 Boys & Girls Clubs of Newport County would like to collect the report cards, NECAP scores 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.** This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Clubs of Newport County in writing.

(Youth Only) I hereby consent and authorize the Boys & Girls Clubs of Newport County 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, busses 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 with the front desk.**

I hereby consent and authorize the Boys & Girls Clubs of Newport County 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 Clubs of Newport County. Additionally, I consent to my child participating in all Club activities in or adjacent to the Club property.

Parent/Guardian Signature: _____ Date: _____

2026 Camp Grosvenor Summer Camp Application

Camper's Name: _____ Age: ____ Date of Birth: _____

Primary Contact's Name: _____ Phone Number: _____

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 plans available)

DHS

Applying for financial assistance

DHS Number _____

Sessions (please check

sessions requested):

Session Dates:

Cost:

Payment Due By:

<input type="checkbox"/> Session 1	June 29 – July 2 NO CAMP JULY 3	\$250.00	June 15, 2026
<input type="checkbox"/> Session 2	July 6 – July 10	\$250.00	June 22, 2026
<input type="checkbox"/> Session 3	July 13 – July 17	\$250.00	June 29, 2026
<input type="checkbox"/> Session 4	July 20 – July 24	\$250.00	July 6, 2026
<input type="checkbox"/> Session 5	July 27 – July 31	\$250.00	July 13, 2026
<input type="checkbox"/> Session 6	August 3 – August 7	\$250.00	July 20, 2026
<input type="checkbox"/> Session 7	August 11 – August 14 NO CAMP AUGUST 10	\$250.00	July 27, 2026
<input type="checkbox"/> Session 8	August 17 – August 21	\$250.00	August 3, 2026

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.

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.

Aftercare

Aftercare is offered at Camp Grosvenor for an additional fee of \$25 per week. Aftercare runs from 4:30pm – 5:30pm, with last pickup from Camp Grosvenor property at 5:30pm. Newport campers will be transported to Florence Gray Center with last pickup at 6:00pm.

- I need aftercare for my camper
 I DO NOT need aftercare for my camper

Transportation

Please select **one** of the options below:

- I will transport my camper to and from Camp Grosvenor
 My camper 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)
 North End
 South Kingstown

Please note that buses may meet capacity and will be available on a first come, first serve 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. History of fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. History of surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. History of passing out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. History of recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. History of mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. History of recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, history of problems with periods/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. History of recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. History of problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. History of asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. History of back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. History of diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Require medication be administered at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. History of seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. History with diarrhea/constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. History of headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. History of skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear contacts or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

21. Ever been treated attention deficit/hyperactivity disorder (ADHD)? 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: _____

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 Questions:

Does your child have any program restrictions? (i.e. cannot swim, fear of heights, etc.) Yes No

If yes, please explain:

Is your camper comfortable changing in/out of their own bathing suit? Yes No

Has your camper participated in a full-day (8 hours or more) program? Yes No

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).

Camp Application Checklist:

- 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: _____



BOYS & GIRLS CLUBS
OF NEWPORT COUNTY

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)

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

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)

Family Member Name	Employer	Employer Phone	Hours Worked Weekly	Hourly Wage if Applicable	Monthly Gross Income
Total Earned Income					\$

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

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:

Total Monthly Income: \$ _____	Annual Income: \$ _____	Weekly Rate: \$ _____
Total Monthly Expenses: \$ _____	Family Size _____	Financial Aid: \$ _____
Monthly Net: \$ _____		Final Rate: \$ _____
Comments: _____		

Approved by: _____

Date: _____