

Snack & Lunch included
ages 6-13, CIT's ages 14-15

7:30 AM - 5:00 PM

Camp shirts MUST be worn every
day. First shirt is free.



**BOYS & GIRLS CLUB
OF PLYMOUTH**

Smarter Fun Summer Camp 2025 Registration

BOYS & GIRLS CLUB OF PLYMOUTH, INC.

9 Resnik Road PLYMOUTH, MA 02360 508.746.6070

Camper Name: _____ Age in years: _____

Address _____

City _____ State _____ Zip Code: _____

Telephone _____ Prior Club Member (Circle) Yes No

Date of Birth -----'-----'----- Gender Identity: _____

Name of School Attending _____ Entering Grade in Fall: __

Camper lives with _____

Parent/Guardian Name: _____ Works at: _____

Parent/Guardian
Email: _____

Home Address: _____ City _____ State & Zip Code _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Parent/Guardian Name: _____ Works at: _____

Parent/Guardian
Email: _____

Home Address: _____ City _____ ST ____ Zip ____

Home Phone: _____ Work Phone _____ Mobile Phone: _____

NAME OF LEGAL GUARDIAN _____

IN A MEDICAL EMERGENCY, AND PARENT/GUARDIAN CANNOT BE REACHED

I authorize The Boys & Girls Club of Plymouth's First Aid certified staff to perform First Aid and transport my child to the closest hospital for emergency medical treatment. I do not hold the Boys & Girls Club of Plymouth liable for any injury incurred during medical treatment. I agree to provide a list of known allergies or any medication(s) currently being administered to my child.

Parent /Guardian Signature _____ Date _____

NOTA BENE:

The following must be received prior to child being admitted to "Smarter Fun" Camp:

- a) Certificate of Immunizations & most recent physical exam (within 24 months, copy)
- b) Authorization to administer medication (medication must be secured by staff)
- c) Medical history (signed by family member) of the camper

Child's Physician / Health Care Provider's Name _____ Phone _____

Address: _____ City _____ ST ____ Zip ____

Please list any MEDICAL CONDITIONS or MEDICAL RESTRICTIONS or FOOD ALLERGIES your child may have: _____

My child is currently on the following prescribed medications (if this list changes at any point during the summer, please immediately provide updated information): _____

Health Policy, Medical Log Book and First Aid Kit located in Program office.

ABSENT CAMPER NOTIFICATION:
If your camper will be absent on a scheduled day, we **MUST BE NOTIFIED** first thing in the morning, otherwise we will begin searching for the "lost" camper.

I give permission to The Boys & Girls Club of Plymouth to release my child to the following list of persons who I authorize to pick up my child either at the Club directly or at a specific location. I also give permission to contact in order of (1-4 if applicable) for pickup in case of non-medical emergency.

- 1) Phone _____ Cell _____
- 2) Phone _____ Cell _____
- 3) _____ Phone _____ Cell _____

I hereby give permission to my child to become a member of the Boys & Girls Club of Plymouth's Smarter Fun in Summer Camp Program. I understand that the Club is not responsible for personal injury or loss of property. I agree to provide a certificate of Immunization for MMR, Polio, and DTP as well as an Authorization to Administer Medication to my child in compliance with Department of Public Health and Town of Plymouth Board of Health regulations.

Authorized Signature _____ Date _____

Late pick-up charges begin after Camp closes at 5:00 PM, \$1 per minute charge after 5:15 PM
Parents may request copies of policies relating to employee background check, health care, and progressive discipline.

Smarter Fun Parent Handbook available at front desk.

Opening ceremonies each day at 8:30 AM - Closing ceremonies at 4:00 PM

LIMITED FINANCIAL ASSISTANCE AVAILABLE

This "SMARTER FUN in SUMMER" camp must comply with regulations of the Massachusetts Department of Public Health and be licensed annually by the Town of Plymouth's Board of Health.

Permit in front lobby.

If you receive a voucher through Child Care Network, we must have a current and updated voucher before your camper can attend. The Director of Operations must sign a new Confirmation of Provider form before your camper is enrolled. We will not enroll your camper if you submit an incomplete application.

Please indicate your campers t shirt size and if they wear a youth size or adult size
(if enrolling multiple campers, please list their names and sizes as well)

Camper Name: _____

Circle one: YOUTH ADULT Quantity: _____

Circle One: XSMALL SMALL MEDIUM LARGE X-LARGE

Camper Name: _____

Circle one: YOUTH ADULT Quantity: _____

Circle One: XSMALL SMALL MEDIUM LARGE X-LARGE

Camper Name: _____

Circle one: YOUTH ADULT Quantity: _____

Circle One: XSMALL SMALL MEDIUM LARGE X-LARGE

Indicate how many t-shirts you would like to purchase. The first camp shirt is free. Additional shirts are \$15 each. Quantities may be limited. Payment for extra shirts are due when ordering.

PAYMENT POLICY:

Payments are due every Thursday for the following week. Please observe the payment due dates on the calendar page. **For example, if your camper is attending the week of 7/14, your payment is due on Thursday, 7/10 in order for them to attend and secure their spot.** A non-refundable deposit fee of \$25 per child PER WEEK you are signing them up for is required at the time of registration. This deposit is applied toward your total camp fee. Families with child care vouchers must provide a copy of the voucher to reserve a child's place at camp. Families on a child care voucher do not need to pay the membership fee or deposits. There is a \$10 late fee charged for payments received after Thursday. Six-year-olds will incur an additional \$10 charge to their weekly fee. Children will not be allowed to participate in camp activities until their weekly fee is paid. **There will be no credit for missed days.** To cancel a week or make changes, please see Director of Operations for options. The club accepts cash, check, credit/debit cards and uses Procure for online payments. Please see Christine for more information on setting up online payments.

If you have an overdue balance of more than one week, your child will be unenrolled in camp until the balance is paid in full.

Please sign here to indicate you have read and understood Boys & Girls Club of Plymouth's payment policy:

Parent/Guardian Signature:

\$50 membership
per camper paid:
for each camper:

**Sign Up
Date:**

Camper Name:

My camper is six years old for which I will be charged an additional \$10 per week-Initial Here: ---

My camper has a: ___ CCN voucher or ___ private scholarship

PAYMENT POLICY: Payments are due every Thursday for the following week. Please observe the payment calendar below.

For example, if your camper is attending the week of 7/14, your payment is due on Thursday, 7/10 in order for them to attend. A deposit fee of \$25 per child per week you are signing up for is required at the time of registration. The deposit fee is not refundable and cannot be transferred to other programs, persons or sessions. This deposit is applied toward your total camp fee. Families with child care vouchers must provide a copy of the voucher to reserve a child's place at camp. There is a \$10 late fee charged for payments received after Thursday. Children will not be allowed to participate in camp activities until this fee is paid. Any requests for week changes must be submitted by the Thursday before. Dates and rates are subject to change.

If you have an overdue balance of more than 1 week, your child will be unenrolled in camp until the balance is paid in full. Start and end dates for summer camp are subject to change. A non-refundable deposit of \$25 per camper, per week you would like them to attend is due at time of sign up. The deposit will be deducted from the first week's payment. Parents/Caregivers are responsible for payment for each week that is signed up for. The club accepts cash, check, money order, debit/credit card. We do offer online payments via Procure. Please see Christine for more information if you would like to sign up for online payments. Please be sure to fill out the days below you would like your child to attend camp.

WEEKLY FEES:	
5 day-\$275/sibling	\$250
4 day-\$255/sibling	\$240
3 day-\$225/sibling	\$210
CIT's-5 days-	\$135,
3 days-	\$115
We do not offer 2 or 1 day rates.	

**DATES AND RATES ARE SUBJECT TO CHANGE. PLEASE BE SURE TO LOOK OUT FOR UPDATES.

Summer Camp 2025 Please check each day your camper will be attending		Quantity of days (5, 4 or 3 days)	Payment Due Date:	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	6/16-6/20		6/12	CLOSED	CLOSED	First Day of Camp		
Week 2	6/23-6/27		6/19					
Week 3	6/30-7/4		6/26					CLOSED
Week 4	7/7-7/11		7/3					
Week 5	7/14-7/18		7/10					
Week 6	7/21-7/25		7/17					
Week 7	7/28-8/1		7/24					
Week 8	8/4-8/8		7/31					
Week 9	8/11-8/15		8/7					
Week 10	8/18-8/22		8/14					

Boys & Girls Club of Plymouth Inc.

9 Resnik Rd. --- Plymouth --- MA --- 02360

Telephone: 508-746-6070

Boys & Girls Club of Plymouth's Smarter Fun Summer Camp
FIELD TRIP PERMISSION FORM

Your child's camp will be attending weekly field trips. Please check with staff for field trip updates. Staff will notify families if there is a cost associated with a field trip.

We encourage having your camper here by 9:00 a.m. If your camper will be arriving after 9:00 a.m. or will be absent, please notify us.

Cost:	Free, unless specified
Transportation:	Boys & Girls Club of Plymouth vans or First Student buses
Notes:	This permission slip covers field trips for the entire summer.

I give permission for my child, _____ to attend field trips.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

(Name)

(Phone Number)

(Parent/Guardian Signature)

(Date)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- PARENT DROP OFF
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE/VAN
- PROGRAM BUS/VAN
- CONTRACT VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

- PARENT PICK UP
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE VAN
- PROGRAM BUS/VAN
- CONTRACT VAN
- PRIVATE TRANSPORTATION ARRANGED BY PARENT
- OTHER

CHILD'S NAME.: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- PARENT DROP OFF
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE BUS/VAN
- PROGRAM BUS/VAN
- CONTRACT VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

- PARENT PICK UP
- SUPERVISED WALK
- UNSUPERVISED WALK
- PUBLIC/PRIVATE VAN
- PROGRAM BUS/VAN
- CONTRACT/VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



BOYS & GIRLS CLUB OF PLYMOUTH
9 Resnik Road, Plymouth, MA 02360
CONSENT FORM TO ADMINISTER MEDICATION



Name of Child: _____

Name of Medications: _____

Prescription: _____ Non-Prescription: _____

Dosage:

Date(s) medication to be given: _____

Times medication to be given: _____

Reason for medication: _____

Note: If child has asthma, please complete the Special Care Plan form

Possible side effects: _____

Name and phone number of prescribing physician: _____

Directions for storage: _____

I, _____, (parent or guardian) give permission to authorize
 First Aid trained staff member(s) to administer medication to my child as indicated above.

In case of emergency, or if I cannot be immediately located, I authorize a representative of the Boys & Girls
 Club of Plymouth to secure medical care for my child.

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

Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes

Check all that apply...

Plan was created by:

Plan is maintained by:

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+ yrs. of age)
- Other: _____

- Director
- Assistant Director
- Child's Educator
- Other: _____

Name of child:	Date:
Any change to the child's Health Care Plan?	
If yes, please indicate changes below: If no, please provide physician/parental signatures below:	
All medications must have the following: a completed Medication Consent Form, a completed Individual Health Care Plan, and a doctor's order.	
Name of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Name of educators that received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent/guardian, program's Health Care Consultant):	

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

For Older Children ONLY (9+ years of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of birth: _____ Back-up medication received? YES NO

Parent signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Boys & Girls Club of Plymouth

HEALTH HISTORY AND MEDICAL EXAMINATION FORM FOR CLUB MEMBERS AND STAFF

Information on this form is not part of the member or staff acceptance policy, but is gathered to assist us in identifying appropriate care.

All information provided on this form will be kept confidential unless needed by health practitioner to administer health care. This side is to be filled out by parents/guardians of minors or by the adult staff members themselves.

Child First Name:	Child Last Name:	Child Date of Birth:	Age:
Parent/Guardian Name:	Parent/Guardian Cell Phone Number:	Home Phone:	Email:
Home Address:	City:	State:	Zip Code:
Employer Name & Address:	City:	State:	Zip Code:
Second Parent/Guardian Name:	Parent/Guardian Cell Phone Number:	Home Phone:	Email:
Employer Name & Address:	City:	State:	Zip Code:
Emergency Contact Name:	Cell Phone Number:		
Emergency Contact Name:	Cell Phone Number:		

Health History (Check & give approx. dates:

Frequent ear infections	
Heart defect/disease	
Convulsions	
Diabetes	
Bleeding/clotting disorder	
Hypertension	
Mononucleosis	
German measles	
Mumps	
Allergies (specify):	
Hay Fever	
Ivy poisoning	
Insect stings	
Penicillin	
Other drugs:	
Peanut butter	
Asthma	
Other (specify):	

Operations or serious injuries (include dates): _____

Chronic or recurring illness or medical condition: _____

Dietary Restrictions: _____

Current Medications: (if needed at the club, send in original bottle with instructions, doctors note, medication consent form and Individual Health Care Plan): _____

Other Medications: _____

Doctor Name & Phone Number: _____

Dentist Name & Phone Number: _____

Health Insurance Name & Policy Number: _____

Is there any other health information: _____

Important- This box must be completed for attendance and/or employment

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed club activities. Authorization of treatment: I hereby give permission to the medical personnel selected by the program director or the chief professional officer of the club to order treatment, x-rays, routine tests and necessary related transportation for my child (or me in case of staff member). Parents/guardians agree to the following: in the event I (or my emergency contacts) cannot be reached in an emergency, I hereby give permission to the physician selected by the program director or chief professional officer to secure treatment, including hospitalization, the for the person named above. This completed form may be copies for trips off club property.

Parent/Guardian Signature or adult staff member: _____

Date: _____

If for religious reasons, you cannot sign this form, please notify the program director for a legal waiver to sign. This form, or a legal waiver, must be signed for attendance in club programs and/or employment at the Boys & Girls Club of Plymouth.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last) School Name Grade Food Stamp or TANF case# (if any). **Skip to Part 5** if you list a Food Stamp or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$. Skip to Part 5.

Part 4. Total Household Gross Income-You must tell us how much and how often

1. Name **2. Gross income and how often it was received**
 Example: \$100/monthly \$100/twice a month \$100/every/other week \$100/weekly ^{3.}

(List everyone in household) (Example) Jane Smith	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	Check if NO income
	\$200/weekly	\$150/weekly	\$100/monthly	\$ /	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ /	\$ ____ /	\$ ____ /	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X Print name: Date: Address: Phone Number: Social Security Number: - - I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities: Asian American Indian or Alaska Native White Native Hawaiian or Other Pacific Islander Black or African American Other

Mark one ethnic identities: Hispanic or Latino Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Non-Discrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English.

Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20PCComplaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

- 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov This institution is an equal opportunity provider

**REQUEST FOR FINANCIAL AID
CONFIDENTIAL**

The Boys & Girls Club of Plymouth's mission is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. Holding true to our mission and values, we offer financial assistance to families who qualify based on need. We do this because it is our commitment to serve all young people regardless of age, race, ethnicity, ability or socio-economic status. Funding for this program is provided by our campership campaign, annual fundraising events, and private donors. The goal of our financial assistance is to ensure as many children as possible have an opportunity to participate in our licensed program, Compass Zone or our Smarter Fun Summer Camp. To meet this goal, we need your help as you apply. Remember, no two families are alike financially.

Financial assistance applications and all required paperwork are due prior to your child attending any club program.

Please provide: this completed financial aid request form and supporting proof of household income and related financial documents. This includes: copies of 4 most recent paystubs, or the first two pages of your most recent 1040 Federal Income Tax Form or W-2 or any supporting documents if you receive government assistance.

Please be aware that the non-refundable deposit is required with your enrollment request. This deposit is refundable if we cannot provide assistance.

Date: Club Member _____ Age _____

Club Member _____ Age _____

Approved/Denied Address _____

City _____ State _____ Zip _____

Income Tax Form Martial Status of Guardian (you): Single Married

Free/Reduced Lunch Child lives with: _____

Amount to be paid
\$ _____ /week

Explanation for Approval or Denial: Household Total__ Adult__ Boys__ Girls__

_____ Parent/Guardian last 4 of SS# Relationship

_____ Total Family Income (including Child Support, AFDC, all other sources of income; prior to taxes & health care):
\$ _____ per week month year

_____ Less than \$12,901 \$26,501-31,800
_____ \$12,901-20,600 \$31,801-40,000
_____ \$20,601-26,500 over \$40,000

Approved By: _____ Are you currently receiving any Government Support? Yes No
If so, explain: _____

Is your child receiving free or reduced lunch? _____

Grade:..... School:.....
Grade:_____ School:_____

***Did you remember to include last years IRS return and Free
Reduced Lunc/, form (if applicable) and 4 most recent pay stubs?
*Have you applied for a child care voucher from Child Care Network?**

Date:

NOTE: We reserve the right to request additional proof of income.
Parents/Guardians unwilling to provide requested documentation are
not eligible for financial aid until all documentation is complete.
Number of exemptions on **IRS** form must equal household size.

Review Date:

I attest the above information to be true to the best of my knowledge.

Signature..... Date.....



Summer Camp 2025 Info

WHAT TO BRING:

PLEASE LABEL ALL ITEMS!

WHAT TO BRING TO CAMP DAILY:

- Swimsuit (bonus points if they come to camp already in their suit!)
- Change of clothes
- Towel
- Spray sunblock
- Water bottle
- SNEAKERS/CLOSED TOE SHOES MUST BE WORN DAILY

BEHAVIOR PLAN

The Boys & Girls Club of Plymouth will not tolerate inappropriate language, bullying, violence, possession of an illegal substance or weapon of any sort. Parent/Caregiver communication is key to the success of our campers. The following steps will be followed if a behavior issue becomes a concern:

- 1.) Discussion with camper to explain the issue and possible consequences. Consequences may include a time out, switching activities, loss of privileges, loss of field trips, etc.
- 2.) Follow up phone call by camp leadership to discuss the situation.
- 3.) If behavior persists, camp leadership may ask parent/caregiver to pick up camper from camp. A meeting may also be scheduled with parent/caregiver.
- 4.) If behavior does not improve on next visit to camp, it may result in expulsion from camp.

Parent Handbook is available in front lobby.

WHAT NOT TO BRING:

PLEASE LEAVE THESE ITEMS AT HOME:

- Excessive money (vending machines are available at afternoon snack-most items cost \$2)
- Toys, including Pokémon cards
- Cell phones (except 12 and older, please see F.A.Q.'s for more info), gaming devices, etc. Please leave Nintendo Switches, iPad, etc. at home.
- Undocumented medications
- Anything of value!
- The club is not responsible for any lost, stolen, broken, or damaged, personal items.

LOST & FOUND

Please label all items that your camper will bring to camp. All unclaimed items will be put in the bin the front lobby or on the table outside. At the end of each month, all items will be donated.

REFUNDS & WITHDRAWALS

There is a non-refundable deposit of \$25 for each camper per week you are signing up for due at sign up.

This is what holds your child's spot in camp. Payments for each camp week that you sign up.

Payments are due the Thursday prior. You must still pay for the week if your camper is a no call/no show.

FIELD TRIP INFO

Field trip info will be emailed and posted at the club the week prior. Field trips are subject to change.

REPORTING IF A CAMPER WILL BE ABSENT

Please email Christine at cyoung@bgcplymouth.org or call the club at 508-746-6070 if your camper will be absent.



BOYS & GIRLS CLUB
PLYMOUTH

Parent Information

For SMARTER FUN SUMMER CAMP

Our mission is to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible, and caring citizens.

What are camp dates and hours? How is the camp licensed?

We expect to start camp on June 18th and end on August 22nd. **The club will be closed on July 4th.** Camp hours are from 7:30 a.m.-5:00 p.m. There is a late pick-up fee of \$1 per minute after 5:15 p.m. Dates and rates are subject to change. Smarter Fun Summer Camp is licensed by the Plymouth Board of the Health.

How do I enroll my camper?

Membership forms and the summer camp application can be found at the club, on our website, www.bgccplymouth.org or you can email the Camp Director, Christine Murray, at cyoung@bgccplymouth.org. All campers must be enrolled as members. Memberships are \$50 and are good for the year. All fees are non-refundable and there is a deposit due at time of registration. Please see brochure and application for pricing. Please refer to the Payment Policy for more information. Payments overdue by one week result in being unenrolled from camp until the balance is paid.

What type of training does the youth development counselors have?

All staff and volunteers are required to undergo at minimum a three-day intense training that covers a variety of topics ranging from child safety, youth development, and programming. The majority of our staff consists of college graduates and college students. All staff are required to undergo a criminal, sex offender, and Department of Children & Families background check as well as get their fingerprints done. Staff also hold certificates in C.P.R. and First Aid.

What is the staff to camper ratio?

Per Massachusetts state law, six-year olds require two staff for every 10 campers. For ages 7 and up, the ratio is one staff to every ten campers.

What should my child bring to camp? Do I need to pack my camper a lunch?

We advise each camper to bring in a water bottle, spray sunblock, hat (to be worn outdoors only) and sneakers or closed toe shoes.

All campers MUST bring in: camp shirt (first one is free, additional ones are \$15 each) and badge and closed toe shoes or sneakers.

What Not To Bring: For campers ages 11 and under, please leave all electronics and toys at home. This includes cell phones and game devices. Campers ages 12-13 may bring in their cell phones to be used during designated times and in designated program areas. We reserve the right to revoke cell phone privileges at any time. Please do not bring in stuffed animals or cloth toys or trading cards. Please do not bring in excessive amounts of money for the vending machines. The vending machines are only open during lunch and afternoon snack. The club is not responsible for lost or stolen items. Flip flops and open toed shoes are NOT ALLOWED at camp.

The club provides morning and afternoon snack as well as a five-part lunch. However, you are free to bring in your own snacks and lunch. Please note we cannot heat up your child's lunch. The lunch menu will be posted on our website and at the front desk when it becomes available.

What medical information do I need to provide?

Each camper must bring in an updated physical and immunization record. Failure to bring a copy of the record in when registering will result in a delay of registering your child. If your child is on a medication that is to be administered at camp, you must fill out the required medication forms in the packet. Medications must be in the original prescription bottle.

Our Youth Development Strategy

We assure that all members have positive experiences that contribute to an increased sense of self-esteem. We pursue the strategy with purpose, passion, and patience. We do this by instilling a sense of:

• **BELONGING**

A feeling that the child fits in, is valued, and is part of the group.

• **COMPETENCE**

A feeling that the child can do something well and will be respected for that by his or her peers.

• **USEFULNESS**

A feeling that the child has an opportunity to do something of value for other people.

• **and UPWARD INFLUENCE**

A feeling that the child has a chance to speak up, be heard, and influence decisions in the Club.

Is your camp peanut free? Our facility is not peanut free. However, we are "peanut aware". All campers with a peanut or food allergy will sit at a designated peanut free table during mealtimes.

I am on a childcare voucher, what do I need to do?

Before enrolling, you must fill out the membership and summer camp application. Please see Christine for a Confirmation of Provider form to be given to Child Care Network. We only accept vouchers from CCN. Your camper cannot start camp unless we have a current voucher. Please see Christine concerning membership and deposit fees.

Do you provide financial assistance?

We provide limited financial assistance for those families that qualify. Please fill out the Request for Financial Aid form located in the summer camp packet and provide the required forms listed in the summer camp packet; a letter from your child's school if your child(ren) receives free or reduced lunch; or if you receive assistance from OTA or another agency.

What is your payment policy? How do I make a payment?

Payments are due every Thursday for the following week. **For example, if your camper is attending the week of 7/14, your payment is due on Thursday, 7/10 in order for them to attend and secure their spot. A non-refundable deposit fee of \$25 per child per week that you are signing up for is required at the time of registration.** This deposit is applied toward your weekly fee. Families with child care vouchers must provide a copy of the voucher to reserve a child's place at camp. There is a \$10 late fee charged for payments received after Thursday. Children will not be allowed to participate in camp activities until your weekly fee is paid. There will be no credit for missed days. The club accepts cash, check, credit/debit cards and uses Procure for online payments. If you need to withdraw from summer camp or change weeks, please see Christine. Please see Christine for more information on setting up online payments. We encourage families to use Procure.

If you have an overdue balance of more than one week your child will be unenrolled in camp until the balance is paid in full.

How does drop off/pick up work?

Camp opens at 7:30 a.m. We cannot accept your camper in the club before 7:30 a.m. Parents/guardians **MUST** walk their camper inside and campers must check in with their badge at the front desk. Please **DO NOT** drop your camper *off* at the door. They **MUST** be escorted in. Staff are unable to go outside to receive your camper.

Camp closes at 5:00 p.m. Parents/guardians **MUST** check in at the front desk to retrieve their camper. The front desk staff will call your camper to the front desk for dismissal. Parents/guardians **MUST** come inside to the front desk to dismiss their camper. Staff cannot escort your camper outside. Please be sure to put all authorized persons on your child's pick-up list. They will be asked to show an ID. We cannot and will not dismiss your camper to anyone who is not on the pick-up list. Late pick-ups are not permitted.

If your camper is outside, either on our soccer field or for closing ceremonies, they **MUST** come inside the club to scan out with their badge. Please do not have them leave the club without checking out with the front desk and being scanned out. This ensures their safety and maintains correct attendance records. Please report any absences or late arrival (if arriving after 9:00 a.m.) to staff at 508-746-6070 or email Christine at cyoung@bgcplymouth.org.

How does my camper check in/out?

Each camper will receive a badge. If your camper is a previous club member, they can use the same badge. Campers **MUST** scan in with their badge upon entering and scan out at dismissal. This ensures their safety and whereabouts. We ask families to please encourage your camper to remember their badge each day. Replacement badges are \$1.

What does a typical camp day look like?

Campers are divided up by age groups. Depending on your camper's age when they start camp/the grade they will be going into, we may adjust what group they will be placed in for summer camp. The groups are color coded:

Campers will participate in a rotation of activities for 45 minutes that include: physical activities in our gym and our soccer field, art, S.T.E.M., computer lab, social recreation and quiet reading with field trips and special activities throughout the week. Campers are encouraged to bring their favorite book or required reading to camp. We encourage campers to arrive by 9:00 a.m. at the latest. Field trip information and reminders will be emailed weekly and posted at the front desk.

6-year-olds	Orange Group
7-year-olds	Red Group
8-year-olds	Purple Group
9-year-olds	Sky Blue Group

10-year-olds	Blue Group
11- to 13-year-olds	Green Group
14- to 15-year-olds	C.I.T.'s (Counselors-in-Training) Dark Green group

A typical camp day:

7:30 a.m. - 9:00 a.m.	Camper arrival. Campers will go to their designated program areas for quiet morning activities
9:00 a.m. -9:15 a.m.	morning snack, attendance and camp assembly, including opening ceremonies
9:15 a.m. -12:00 a.m.	Rotation Activities
12:00 p.m. - 12:30 p.m.	Lunch for Orange, Red, and Purple groups. Quiet Reading for Sky Blue, Blue, and Green groups
12:30 p.m. -1:00 p.m.	Lunch for Sky Blue, Blue, and Green groups. Lunch for Orange, Red, and Purple Groups
1:00 p.m. - 3:30 p.m.	Rotation Activities
3:30 p.m. - 3:45 p.m.	Afternoon snack and Closing Ceremonies
3:45 p.m. - 5:00 p.m.	Camper departure and quiet afternoon activities

[Please see brochure, website and Parent Handbook for additional information.](#)