

McGivney Community Center
338 Stillman Street, P. O. Box 5220 Bridgeport, CT 06610-0220

Summer Membership Applications
2012

Summer Camp Tee-Shirt Size: _____

CHILD'S FIRST NAME: _____ CHILD'S LAST NAME: _____ SEX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____ SCHOOL: _____ GRADE IN SEPT 11: _____

PRIMARY TELEPHONE#: _____ PRIMARY LANGUAGE SPOKEN AT HOME: _____

E-MAIL ADDRESS: _____

CHILD'S E-MAIL ADDRESS: _____

DOES THIS CHILD RECEIVE FREE/REDUCE PRICE MEALS AT SCHOOL? YES / NO

IS YOUR CHILD ENROLLED IN ANY SPECIAL EDUCATION SERVICES? YES / NO

<p>ETHNIC ORIGIN: <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-LATINO</p> <p><u>PLEASE MARK ALL ETHNIC ORIGINS THAT APPLY:</u></p> <p><input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</p> <p><input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER</p> <p><input type="checkbox"/> BLACK/ AFRICAN AMERICAN & WHITE</p> <p><input type="checkbox"/> ASIAN & WHITE</p>	<p>WHOM IS THE CHILD'S PRIMARY GUARDIAN(S):</p> <p><input type="checkbox"/> MOTHER & FATHER</p> <p><input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY</p> <p><input type="checkbox"/> MOTHER & STEPFATHER <input type="checkbox"/> FATHER & STEPMOTHER</p> <p><input type="checkbox"/> FOSTER PARENTS <input type="checkbox"/> OTHER RELATIVES</p>
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HOW MANY PEOPLE LIVE IN THE HOUSEHOLD INCLUDING ALL ADULTS AND CHILDREN? _____

<p>Please check the total yearly income range for the household (all income): AFDC: YES <input type="checkbox"/> / NO <input type="checkbox"/></p> <p><input type="checkbox"/> \$0 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - 13,999 <input type="checkbox"/> \$14,000 - 16,999 <input type="checkbox"/> \$17,000 - \$19,999</p> <p><input type="checkbox"/> \$20,000 - \$23,999 <input type="checkbox"/> \$24,000 - \$26,999 <input type="checkbox"/> \$27,000 - 29,999 <input type="checkbox"/> \$30,000 - \$33,999 <input type="checkbox"/> \$34,000 - \$36,999 </p> <p><input type="checkbox"/> \$37,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$43,999 <input type="checkbox"/> \$44,000 - 46,999 <input type="checkbox"/> \$47,000 - \$49,999 <input type="checkbox"/> \$50,000 - 53,999</p> <p><input type="checkbox"/> \$54,000 - 56,999 <input type="checkbox"/> \$57,000 - \$59,999 <input type="checkbox"/> \$60,000 - 63,999 <input type="checkbox"/> \$64,000 - 66,999 <input type="checkbox"/> Over \$67,000</p>

FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S EMPLOYMENT: _____ MOTHER'S EMPLOYMENT: _____

WORK PHONE: _____ WORK PHONE: _____

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PLEASE READ AGREEMENT ON THE REVERSE SIDE BEFORE SIGNING

PARENT'S SIGNATURE: _____ DATE: _____

YOUTH'S SIGNATURE: _____ DATE: _____

Parental Membership Agreement

I/we hereby certify that my/our child is physically able to participate in all programs offered by the McGivney Community Center, Inc.

In consideration of this application being accepted by the Center, I/we do hereby waive and release, for myself/ourselves, my/our heirs, executors, administrators or representatives and for my/our child and his/her heirs, executors, administrators, or representatives, any and all rights or claims for damages or other relief that I/we or he/she may have against the McGivney Community Center, Inc. or its authorized agents, for any and all injuries that may be suffered by my/our child as a result of his/her participation in any or all of the Center's programs.

I/we further agree that our child shall accept and abide by the direction, instruction and authority of the Center's appointees, staff and coaches. I/we further agree that our child shall respect the right and privileges of others and abide by the rules and courtesies of fair play and sportsmanship.

I/we further agree to accept full responsibility for all Center equipment or uniforms as may be issued or lent to my/our child pursuant to his/her participation in the above and I/we shall compensate the Center for any loss, destruction or damage to such equipment or uniforms.

I/we understand that the violation of any of the terms and provision of this application may result in suspension or expulsion from participation.

I/we hereby certify that we have read, fully understand and agree to the terms and provision contained in the membership agreement.

PARENT/GUARDIAN AUTHORIZATION

The information provided is correct as far as I know and the person named above has my permission to participate in all activities scheduled by the McGivney Community Center staff except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the McGivney Community Center to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery, for the person named above. I also understand that I will forfeit my child's rights to participate if any of the provided information is found to be false.

Child's Membership Agreement

As a member of the McGivney Community Center:

I will treat all staff, members, and parents with respect.

I will care for all equipment as if it were my own.

I understand that if I am caught swearing, stealing, fighting, disrespecting other members or staff, damaging equipment or property, lying, or involved in any other action that the Center staff deems inappropriate, I can be removed from the Center for the day or evening, and depending on the seriousness of the offense, I may be suspended for a period of time.

Release Form

I hereby irrevocably consent to and authorize the use and reproduction by The McGivney Community Center, of any and all videotape footage, still photos and quotations taken, for any purpose whatsoever without further compensation to me. All videotape, photo, slides and copies shall constitute their property solely and completely. Compensation to me will be in the form of promotional exposure if this footage is used in program form (broadcast, cable, print articles or presentation).
I also hereby irrevocably consent to and authorize any full-time McGivney staff to obtain any school records for the person named above.

FOR OFFICE USE ONLY:

PROGRAM(S)	COST	CHECK/ CASH	EMPLOYEE INITIALS	DATE

2012 McGivney Summer Day Camp

Dear Parents and Guardians,

To ensure all members safety and to make dismissal a smooth transition at the end of program, we need you to fill out the following information below.

Child/ Children's name _____

PICK-UP INFORMATION

My child is not allowed to walk home. The following individuals are hereby authorized to pick up my child:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Parent/Guardian signature _____ Date _____

WALKERS' RELEASE

I hereby give my permission to permit my child to walk home at the end of the program day. I fully approve of this dismissal procedure and, by signing this release, I hereby release and hold harmless The McGivney Community Center, Inc. of any and all responsibility associated with my child walking home.

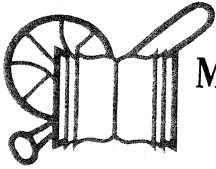
Parent/Guardian signature _____ Date _____

LATE PICK-UP POLICY

McGivney Summer Day Camp hours are from 8:30am – 3:00pm and extended Day hours are from 3:15pm to 5:00pm. Any child picked-up more than 15 minutes late will be charged \$15.00 per 15 minutes or part thereof...i.e. if your child is to be picked-up at 5:00 and you arrive at 5:16 you will be charged \$15.00 if your child is picked up at 5:31 you will be charged \$30.00 and so on... All payments must be paid in full prior to your child returning to camp.

I hereby certify that I have read, fully understand and agree to the terms and provisions contained in the Late Pick-Up Policy.

Parent signature _____ Date _____



McGivney Community Center, Inc.

Recreation, Education, Cultural Arts

**McGIVNEY SUMMER DAY CAMP
PARENT/GUARDIAN AUTHORIZATION**

CHILD'S NAME: _____

The information provided is correct as far as I know and the person named above has my permission to participate in all camp activities including field trips and field days as scheduled by the McGivney Community Center staff except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the person named above.

I also understand that I will forfeit my child's rights to participate if any of the provided information is found to be false.

Parent/Guardian

Printed Name

Date

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Household Information Sheet

This information is required in order to determine eligibility for assistance under a federally assisted program. The responses on this form will be used for eligibility decisions and statistical purposes only and will otherwise be held strictly confidential. PLEASE ANSWER ALL QUESTIONS.

Name of Head of Household:	
Street Address (No P.O. Boxes)	
Head of Household's Age:	[] Under 62 years [] Over 62 years
Number of persons in household, including head of household:	
Gender of Head of Household:	[] Male [] Female
Is Head of Household Handicapped? If yes, please note type of disability:	[] Yes [] No
ETHNICITY AND RACE OF HEAD OF HOUSEHOLD:	RACE:
ETHNICITY:	[] Black [] White
[] Latino/a	[] Asian [] Other
[] Non-Latino/a	[] Native Hawaiian/Pacific Islander
	[] American Indian/Alaskan Native

ANNUAL HOUSEHOLD INCOME

Please list gross annual income and source of income for all persons living in the household who are over the age of 16 and not in school.

Source of Income	Annual Income
(Employer, Agency, Public Assistance or Individual Who Pays Member of Household)	

CERTIFICATIONS: I hereby certify that the information on this form is complete and correct to the best of my knowledge.

Signature, Head of Household: _____ Date: _____

**McGivney Community Center
Emergency Card**

Child's Name _____ Birthdate: _____

Home Address: _____

Mother/Guardian's Name: _____

Work# _____ Home# _____ Cell/pager _____

Father/Guardian's Name: _____

Work# _____ Home# _____ Cell/pager _____

Emergency Contact Name: _____

Work# _____ Home# _____ Cell/pager _____

Address: _____

Physician's Name: _____ Number: _____

Medical Conditions: _____

Medications: _____

Allergies (especially to food or drugs) _____

Hospital parents/guardians would like child transported to in case of emergency:

Insurance provider: _____ Policy number: _____

Signature of parent/guardian

Date