



**BOYS & GIRLS CLUBS**  
of Topeka

**Adams Club**  
550 SE 27<sup>th</sup> St.  
Topeka, KS 66605  
(785) 234-5601

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# 2012 Adams Summer Enrollment Packet

A large, stylized sunburst graphic in the background, with the text "Join us for summer!" written across it in a bold, orange, 3D-style font. Below the main text, the hours "7:30am-5:30pm" are written in a smaller, blue, 3D-style font.

**Join us for summer!**  
7:30am-5:30pm

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Cary Pressley  
Chief Operations Officer  
[carypressley@bgctopeka.org](mailto:carypressley@bgctopeka.org)  
(785) 234-5601

Julie Phillips  
Membership Services Director  
[juliephillips@bgctopeka.org](mailto:juliephillips@bgctopeka.org)  
(785) 234-5601

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**Payments can be made in person and by mail at:**  
**550 SE 27<sup>th</sup> Street Topeka, KS 66605**  
or online at [www.bgctopeka.org](http://www.bgctopeka.org)



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**ENROLLMENT INFORMATION**

**Thank you for your interest in the 2012 Adams Summer Program!**

This year, our Adams Summer Program is an 8 week program. We are also offering an additional 2 weeks of enrichment at the end of the 8 week program. These two weeks will be focused on academics with limited field trips. They are designed to prepare youth to enter the school year ready to learn. You may choose to sign your child up for either program.

<p><b>Summer Program:</b> Monday, May 21- Friday, August 3, 2012 Fee: \$250 Free/Reduced Rate: \$175</p>
<p><b>Summer Program with Enrichment:</b> Monday, May 21 – Tuesday, August 14, 2012 Fee: \$290 Free/Reduced Rate: \$200</p>

In order to enroll your child in our program, you must fill out this enrollment packet completely and make at least a minimum nonrefundable deposit of \$50 per child. The remainder of the fees should be paid by the start of the program or through an arranged payment plan.

If you are in need of assistance for the deposit or summer fees, scholarship applications are included in this packet and are available at the Adams Unit. Payment plans can be set up by calling Julie Phillips at 234-5601. Once the packet and payment have been received, a letter will be mailed to your home letting you know of your child's enrollment status. **Please keep this letter as a confirmation of your child's enrollment.** If we do not receive a completed membership packet and a payment, your child's enrollment will be delayed.

Due to KDHE licensing limitations, a limited number spots will be available and will be filled on a first come first serve basis. Only those members with confirmation letters have guaranteed spots for the summer program. **Open enrollment dates are from February 1, 2012-May 15, 2012.** Following the open enrollment period, there will be a one week waiting period for application processing. When all available spots have been filled, children will be placed on a waiting list and parents will be notified if additional spots become available.

Completed packets can be turned in at the Adams Club or Indian Creek Extension Location, faxed to (785) 234-4512, or emailed to Julie Phillips, Membership Services Director, at [juliephillips@bgctopeka.org](mailto:juliephillips@bgctopeka.org). Payments can be made online at [www.bgctopeka.org](http://www.bgctopeka.org). You may also pay in-person or by mail to the Adams Unit, 550 SE 27<sup>th</sup> St., Topeka, KS 66605.

**We look forward to a summer of fun enrichment with your child!**



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## 2012 Summer Membership Form

FOR OFFICE USE ONLY

Cash     Check # \_\_\_\_\_  
 CC         Other

Date Rec'd: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_  
Site: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
Vision #: \_\_\_\_\_

### Member Information:

Child's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date\* \_\_\_\_\_ Age \_\_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_\_\_

**\*In order to attend our summer program your child must have completed kindergarten.**

**Gender:** Male \_\_\_\_\_ **Ethnicity:** African American \_\_\_\_\_ Asian American \_\_\_\_\_ Caucasian \_\_\_\_\_  
(circle one) Female \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Other \_\_\_\_\_

**Child Receives** (check one): \_\_\_\_\_ Free Lunch    \_\_\_\_\_ Reduced Lunch    \_\_\_\_\_ Neither

**Site** (check one): \_\_\_\_\_ Adams    \_\_\_\_\_ Indian Creek

**Enrolling in:** \_\_\_\_\_ Summer (\$250/\$175 free/reduced)    \_\_\_\_\_ Summer with enrichment (\$290/\$200 free/reduced)

### Emergency Contact Information:

(It is your responsibility to keep contact information current with working phone numbers at all times.)

**Mother/Stepmother/Guardian** (circle one)

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Place of work: \_\_\_\_\_

Email: \_\_\_\_\_

**Father/Stepfather/Guardian** (circle one)

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Place of work: \_\_\_\_\_

Email: \_\_\_\_\_

**The following people are authorized to pick up your child on a daily basis or when necessary and can assume responsibility of your child in the event of an emergency if parent/guardian cannot be reached. At least TWO non-parent/guardians must be listed with phone numbers.**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## 2012 Summer Membership Form (continued)

Can your child swim?  YES  NO

If selected, can your child participate in our mentoring program?  YES  NO

The Boys & Girls Club may use photographs and/or video of my child for promotional purposes?  YES  NO

Does your child receive para support?  YES  NO **If yes, to what extent?**

Is there any other information you would like to share so that we may better support your child?

### Household Information: (This information will be used for grant purposes and it is important for funding. It will be kept confidential at all times.)

<b>Child lives with:</b> (circle one)	Both parents	Mother	Father	Aunt/Uncle	Grandparent
	Sister/Brother	Foster Parent	Shared Custody	Other	
Number in household: _____	Number under 18 years old: _____				
Total annual household income: _____	0-5,000	5,000-10,000	10,000-15,000	15,000-20,000	
	20,000-30,000	30,000-40,000	40,000-50,000	over 50,000	
Is your child from a military family?	___YES	___NO			
If yes, please select all that apply:	___Army	___Navy	___Marines	___Air Force	___National Guard ___Reserves

### Additional Information:

The Boys & Girls Club phone may be used by members in cases of emergency, illness or injury only.

If your child is ill, they must be fever free and symptom free for at least 24 hours before returning to the club. Documentation from a physician may be required.

Electronic devices, cell phones, and personal items should be left at home. Any items brought to the club are the responsibility of the child. The Boys & Girls Clubs of Topeka are not responsible to any personal items or money lost, stolen or damaged at the club.

**I understand these policies:** \_\_\_\_\_

Parent/Guardian Signature

### Club Member T-shirts:

This summer we are offering Boys & Girls Clubs of Topeka t-shirts to our members! These shirts can be purchased for \$10 each. T-shirt payment can be included with your summer program payment but must be paid in order for the shirt to be ordered.

**YES**, I would like to order a t-shirt for my child.  **No**, thank you.

**If yes, what is your child's shirt size:** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**  
Per KDHE licensing requirements, this form must be completed in its entirety and signed.

I, \_\_\_\_\_ hereby authorize the Boys & Girls Clubs of Topeka to give consent for treatment for my child \_\_\_\_\_ in the event of illness or injury.

This authorization is effective from **May 21st, 2012 through August 15th, 2012.**

My child's doctor is \_\_\_\_\_ Phone # \_\_\_\_\_

- List any current medications and dosages: (If none, write none)

\_\_\_\_\_  
\_\_\_\_\_

- List any allergies, including food allergies: (If none, write none)

\_\_\_\_\_  
\_\_\_\_\_

- Does your child have a cognitive (intellectual disability), social (behavioral) or physical disability that would be important for us to know so that we can accommodate those needs?

YES     NO    If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

- Does your child have asthma?  YES     NO
  - If yes, is it exercise induced?  YES     NO

- Are your child's immunizations up to date?  YES     NO
  - **Date of last tetanus shot:** \_\_\_\_\_

\_\_\_\_\_  
**Name of insurance or medical assistance program:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

.....  
**Signature of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Parent Information

Please read, complete and initial each statement and sign below.

## Licensing Information:

- 1) I understand the Boys & Girls Clubs of Topeka operates as a drop-in program. According to KDHE regulations, this means the youth may come and go at their own volition.

**Initial** \_\_\_\_\_

## Policy information:

- 1) I understand that all membership fees must be paid in advance. All membership monies are non-refundable.

**Initial** \_\_\_\_\_

- 2) I understand that I **MUST** pick up my child on time every day. I understand that if I am late to pick up my child I am subject to a late fee of \$5.00 for every 15 minutes that I am late.

**Initial** \_\_\_\_\_

## Safety:

- 1) Membership at the Boys & Girls Clubs of Topeka is a privilege. I understand that my child is required to follow the rules, as outlined in the parent and member handbooks, at all times. Failure to comply with club rules and staff may result in suspension or cancellation of membership without refund.

**Initial** \_\_\_\_\_

- 2) I give the Boys & Girls Clubs of Topeka permission to transport my child. I understand that my child must follow the rules of the bus and it's driver at all times. If these rules are not followed, my child may not be allowed to ride the bus.

**Initial** \_\_\_\_\_

## Success:

- 1) I give permission for statistical information about my child to be shared with Boys & Girls Clubs of America.

**Initial** \_\_\_\_\_

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I have read and completed the enrollment packet in its entirety. I will notify the Boys & Girls Clubs of Topeka of any changes to this application, including address and phone numbers.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### SCHOLARSHIP APPLICATION

Please fill this form out completely if you are in need of additional assistance beyond the free/reduced rate. Only one form is needed for each family. Payment plans can also be arranged by calling the Membership Services Director at (785) 234-5601.

I have received scholarship support in the past:  NO  YES If yes, when: \_\_\_\_\_

**List child(ren) for whom you are requesting assistance:**

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

There are a total of \_\_\_\_\_ people in my household for which I am financially responsible including myself.

Total Monthly Gross Income: (please include income from employment, child support, alimony, Social Security, unemployment, disability or any other income) \_\_\_\_\_

Reason you are requesting assistance: \_\_\_\_\_

\_\_\_\_\_

Amount you are able to pay: \_\_\_\_\_  
Can we contact you regarding payment options?  YES, please.  NO, thank you.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All scholarship applications must be completed entirely. Incomplete applications will be returned. Additional income verification may be requested.**

**All applications will be reviewed by the scholarship committee and the applicant will be notified within seven days. If a spot is available, completion of the membership packet and the scholarship form will reserve your child's place for the summer program.**