



**VACAVILLE NEIGHBORHOOD
BOYS & GIRLS CLUB**

Date Received:	_____		
Received By:	_____		
Payment Received:			
Cash	Check	CC	\$ _____

2025 SUMMER DAY CAMP

CLUB MEMBER INFORMATION			
Last Name:	First Name:	MI:	Date of Birth:
Home Address:	City:	Zip:	Gender: M ale Female
Grade Level Upcoming School Year:	School Attending:	Desired Summer Location: TROWER JEPSON(Teens)	
GUARDIAN INFORMATION			
Mother/Guardian Last Name:	Mother/Guardian First Name:	Main Phone:	Work Phone:
Employer:	Title:	Cell Phone:	Current Email:
Father/Guardian Last Name:	Father/Guardian First Name:	Main Phone:	Work Phone:
Employer:	Title:	Main Phone:	Current Email:
CLUB MEMBER SIGN OUT AUTHORIZATION			
Authorized:		Unauthorized: (Please note, certain circumstances may warrant corroborating documentation)	
1.)		1.)	
2.)		2.)	
3.)		3.)	
It will be required that all Individuals show proof of identification upon signing Club Member out of programming.			
WALKER AUTHORIZATION			
Because our Centers are located within neighborhoods of many children, the Vacaville Neighborhood Boys & Girls Club allows members to walk home. Members may walk home although they are advised to stay at the Centers, and we cannot legally require them to stay. It is the responsibility of the child AND parent/guardian to determine if walking home is an appropriate departure method.			
<input type="checkbox"/> Member may walk home <input type="checkbox"/> Member requires pick up			
EMERGENCY CONTACT INFORMATION			
Emergency Contact #1	Phone	Emergency Contact #2	Phone
MEDICAL INFORMATION			
Please list medical conditions:		List any medications taken:	
Allergies:		Learning Impairments:	
Physician Name/Phone:		Health Insurance Group #:	

Weekly member's fees are based on family size and income

PLEASE SELECT YOUR WEEK: Circle Fee

- Week 1, June 16th – 20th
- Week 2, June 23rd – 27th
- Week 3, June 30th – July 4th
- Week 4, July 7th – 11th
- Week 5: July 14th – 18th
- Week 6: July 21st – July 25th
- Week 7: July 28th – August 1st
- Week 8: August 4th – 8th

PARENT OR GUARDIAN APPROVAL OF MEMBERSHIP (Please read and sign below):

_____ An "Active Member" attends 4 days per week to maintain active membership. Members who are not active and do not fulfill this requirement could be in jeopardy of losing their membership.

_____ I understand my child is free to come anytime the Club is open and is required to check in and check out of the Club. If my child chooses to leave, they will not be permitted to return. It is the responsibility of me and my child to determine whatever arrival and departure method is the best for us.

_____ I hereby agree to give my child permission to participate in activities at The Vacaville Neighborhood Boys & Girls Club (VNBGC). Activities will mainly occur onsite but may occasionally be offsite. I understand that this is not a licensed childcare facility. I will not hold the VNBGC responsible for any actions, accidents, injuries, or losses which may occur as a result of my child's participation in this program. I agree to indemnify and hold harmless the VNBGC, Its Board of Directors, officers, staff and its agents, the City of Vacaville, and the Vacaville Unified School District from all liability which may occur as a result of my child's participation.

_____ I authorize Club personnel, EMT, physician, or hospital to administer emergency medical treatment in the event of an accident or sudden illness.

_____ I understand my child will be required to do academics (Summer Brain Gain) while at the club.

_____ I hereby give permission to my child to utilize computer equipment and the internet at the VNBGC. I understand that my child must follow Club computer rules in order to maintain this privilege. I also am liable for replacing equipment or software if my child damages and/or makes the equipment useless.

_____ I give my consent and allow my child to be photographed and or video'ed and their picture, without identification, may be used for promotional purposes in publications and social media.

_____ I voluntarily submit my child in programs, and I understand that prevention-based programming is available for my child at the Club. A trained staff member has my permission to discuss, at a level determined to be age appropriate, the following subject matters: drugs and alcohol, chemical abuse, human anatomy, mental health issues, interpersonal relationships, and values clarification.

_____ I understand that if my child is picked up after closing time, I will be charged a late pick-up fee of \$1 per minute. Any child left 30 minutes after the Club is closed is by law considered abandoned and must be reported to the authorities, who will then pick up your child.

_____ I agree to notify the VNBGC if there are changes in the members' contact information.

_____ I have received and read a copy of the parent/member handbook.

_____ **Travel & Transportation:** I authorize travel on the city transit system, in the Club van, or on a chartered bus during the summer program for the purpose of a field trip. I understand that the VNBGC can revoke my child's ride privileges at any time due to negative behavior and that VNBGC is not liable for any injuries that may occur while traveling.

Parent/Guardian: I have read the information above and give my consent and authorization for my child to join The Vacaville Neighborhood Boys & Girls Club.

Parent/Guardian Signature _____ Date: _____

Full refunds will only be granted if requested prior to the start of camp.
Refunds will not be processed once the enrollment week has started.



Registration must be completed and payment provided prior to the start of camp.

Community Development Block Grant Program 2025

The information being requested is not meant for public dissemination but only for monitoring or audit purposes as required by HUD. Thank you for your cooperation. **This information is also used to qualify families for scholarships. Parents/guardians interested in scholarship assistance must also provide past 30 days of wage statements and a copy of the 2024 tax return.**

1. Is Parent/Guardian Active Military: Yes No
2. Is The Child Living On Base: Yes No
3. Name of military parent: _____
4. Branch of Service and Rank: _____
5. Total Annual Household Income: _____
6. Number Of People In Household: _____
7. Head of household: Male Female
8. Disabled: Yes No
9. Race and Ethnicity (please check the ethnicity of the child enrolled):

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> American Indian or Alaska Native & White	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Am. Indian or Alaska Native & Black or African Am.	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> African American & Asian
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American & White
10. Did your child qualify for the Free or Reduced Lunch Program? Yes No
- 11.

 Note: Applicants from Eden Housing, Foster Youth, or Active Military are eligible for a fee waiver.
 Proof of eligibility is required (e.g., housing verification, foster placement letter, or active-duty military ID).

Household Size	\$20/weekly	\$45/weekly	\$75/weekly	\$100/weekly
1	___ \$0-\$24,050	___ \$24,051-\$40,050	___ \$40,051-\$48,060	___ \$48,061-\$64,050
2	___ \$0-\$27,450	___ \$27,451-\$45,800	___ \$45,801-\$54,960	___ \$54,961-\$73,200
3	___ \$0-\$30,900	___ \$30,901-\$51,500	___ \$51,501-\$61,800	___ \$61,801-\$82,350
4	___ \$0-\$34,300	___ \$34,301-\$57,200	___ \$57,201-\$68,640	___ \$68,641-\$91,500
5	___ \$0-\$37,050	___ \$37,051-\$61,800	___ \$61,801-\$74,160	___ \$74,161-\$98,850
6	___ \$0-\$39,800	___ \$39,801-\$66,400	___ \$66,401-\$79,680	___ \$79,681-\$106,150
7	___ \$0-\$42,550	___ \$42,551-\$70,950	___ \$70,951-\$85,140	___ \$85,141-\$113,500
8	___ \$0-\$45,300	___ \$45,301-\$75,550	___ \$75,551-\$90,660	___ \$90,661-\$120,800