

Reynolds School District & Boys & Girls Club SUMMER 2012

What Are YOU Doing This Summer?



BOYS & GIRLS CLUBS
OF PORTLAND METROPOLITAN AREA

Week 1: June 25-June 29
"Adventures on the High Sea"
Event: Pirate Day

Week 2: July 2-July 3
"Out of this World"
We will be closed
July 4,5,6

Week 3: July 9-July 13
"Heroes!"
Event: Super Hero Day

Week 4: July 16-20
"Outdoor Explores"
Event: Outdoor Adventure

Week 5: July 23-July 27
"Sports of All Sorts"
Event: Field Day

Week 6: July 30-August 3
"Around the World"
Event: Treasure Hunt

Week 7: August 6-10
"Fun in the Sun"
Event: Carnival

WHO CAN PARTICIPATE?

Eligible Students: Those completing Kindergarten through 5th grades

REGISTRATION DONE ON A SPACE AVAILABLE BASIS

SUMMER PROGRAM DAILY SCHEDULE

9:00 am — Breakfast and Arrival

9:30 am — Summer Camp Groups

12:30-1:30 pm — Lunch/Recess
Lunch is provided. You may also send a lunch if your child prefers

1:30-5:00 pm — Summer Camp Groups

5:00 pm — Youth depart program.

BE GREAT



Message from Superintendent

I am thrilled to announce the partnership between the Reynolds School District and the Boys & Girls Club that will provide an all day summer program for elementary students.

We look forward to the opportunity for students starting this summer and invite parents to enroll their children soon.

Joyce Henstrand
Superintendent

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
OF PORTLAND METROPOLITAN AREA

Boys & Girls Club

Salish Ponds Elementary School

Located at: 1210 NE 201st Ave., Fairview OR 97230

Mailing Address: PO Box 820127 • Portland, OR 97282

Phone: (503)232-0077*

*Registration questions only. Not an onsite summer location phone number



BOYS & GIRLS CLUBS
OF PORTLAND METROPOLITAN AREA

Membership Information Form

FOR OFFICE USE ONLY

Member # _____
Paid \$ _____
Date Enrolled _____
Program Year _____
Staff Initials _____
Club / Site _____

MEMBER'S NAME (please print) _____

_____/_____/_____
Member's Date of Birth Member's Age ☐ MALE ☐ FEMALE
Member's Gender

Member's School Member's Grade ☐ Yes ☐ No
Can Swim

Confidentiality: Any confidential information requested is for statistical reference only. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk (*)

Parent / Guardian (Please Print)

Name: _____ Gender: Male Female

Household Income:

\$0-\$12,000 _____
\$12,000-\$17,000 _____
\$17,000-\$25,000 _____
\$25,000-\$30,000 _____
\$30,000-\$35,000 _____
\$35,000-\$40,000 _____
\$45,000-\$50,000 _____
\$50,000 + _____

Address:*

(Line 1) _____
(City) _____ (State) _____ (Zip Code) _____

Phone Number:*

() _____ (Home)
() _____ (Work /Cell)

Household Type: _____ Apartment

_____ Group Home
_____ Extended Family Home
_____ Single Family Home

Household Size: _____

E-Mail Address: _____

Member's Ethnicity:

_____ African American
_____ Asian American
_____ Caucasian
_____ Hispanic
_____ Multi-Racial
_____ Native American
_____ Other

Member's Primary Language:

_____ Chinese
_____ English
_____ Korean
_____ Russian
_____ Spanish
_____ Vietnamese
_____ Other

Grade Release:

☐ Yes ☐ No

Photo Release:

☐ Yes ☐ No

I give my child permission to participate in the BGC Youth Development Outcome Measurement Survey. ☐ Yes ☐ No

Family Setting:

_____ Both Parents
_____ Mother Only
_____ Father Only
_____ Foster Home
_____ Grandparents
_____ Group Home
_____ Other

Member Medical Information (Please Print)

Insurance Company: _____ **Insurance Policy Number:** _____

Medications: _____

Medical Problems/Allergies: _____

Physician: _____ **Physician Phone:** () _____ - _____

Disabilities: _____

Emergency Contact Information (Please Print):

Name: _____ Name: _____
Phone: () _____ - _____ Phone: () _____ - _____

_____ Parent
_____ Acquaintance
_____ Aunt/Uncle
_____ Brother/Sister
_____ Cousin
_____ Foster Parent(s)
_____ Grandparent(s)
_____ Emergency Contact
_____ Primary Emergency Contact
_____ Lives With Member

_____ Parent
_____ Acquaintance
_____ Aunt/Uncle
_____ Brother/Sister
_____ Cousin
_____ Foster Parent(s)
_____ Grandparent(s)
_____ Emergency Contact
_____ Primary Emergency Contact
_____ Lives With Member

Please Read and Initial:

_____ I hereby approve my son's/daughter's application for membership in the Boys & Girls Club of Portland Metropolitan Area. I will notify the Club of any changes in address and all telephone numbers listed on the membership application. I understand that the Boys & Girls Club of Portland Metropolitan Area has an "OPEN DOOR POLICY." This means that members are free to enter and leave the Club. It is the responsibility of the parents/guardian to instruct their child as to whether they can leave or not.

_____ I understand that my child must be picked up at or before closing time. The Boys & Girls Club provides no supervision after closing. Members who are not picked up at Club at closing time are the parent's responsibility. The Boys & Girls Club assumes NO responsibility. A Late Fee Policy will be enforced if a child is not picked up by closing time.

_____ I understand that my child's membership standing is based on upon his/her ability to obey the rules of the Club, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior without a refund.

_____ I will not hold the Boys & Girls Club of Portland Metropolitan Area responsible in case of injury resulting from my child's activities in the Club program and I give consent for him/her to be given emergency treatment by a physician or hospital in case of an accident.

Parent or Guardian Signature

Member's Signature

Date