

**Boys & Girls Club of Clifton  
2018 Extended Hours Camp Application**

For Office Use Only

Date: \_\_\_\_\_ Group: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Amt Pd: \_\_\_\_\_

**Child's Information**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Age:** 6    7    8    9    10    11    12    13    14    15    16

(If your child is six years old – they must have completed the first grade)

**Special Conditions that we should be aware of:**

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

**Parent/Guardian Information**

**Mothers First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Fathers First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please indicate what extended hours you may need**  
(\$15.00 per am/pm session or \$30.00 for both am & pm session)

**7:30 – 8:30 AM**

**5:30 – 6:30 PM**

**Both AM & PM**

**Mon.** \_\_\_\_\_

**Mon.** \_\_\_\_\_

**Mon.** \_\_\_\_\_

**Tues.** \_\_\_\_\_

**Tues.** \_\_\_\_\_

**Tues.** \_\_\_\_\_

**Wed.** \_\_\_\_\_

**Wed.** \_\_\_\_\_

**Wed.** \_\_\_\_\_

**Thur.** \_\_\_\_\_

**Thur.** \_\_\_\_\_

**Thur.** \_\_\_\_\_

**Fri.** \_\_\_\_\_

**Fri.** \_\_\_\_\_

**Fri.** \_\_\_\_\_

**Please indicate the camp weeks that you will utilize the extended session**

1    2    3    4    5    6    7    8

