



**VARIETY BOYS & GIRLS CLUB OF QUEENS, INC.**

**SUMMER PROGRAM 2011 APPLICATION FORM**

Ages 6 to 13

Membership Period: July 5, 2011-August 26, 2011

Applicant's Name (Child): First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: Male / Female School: \_\_\_\_\_, Grade: \_\_\_\_\_  
 Member Ethnicity: African American \_\_, Asian \_\_, Hispanic /Latino \_\_, Caucasian \_\_, Native American \_\_, Other \_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Cell Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_, Business Phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_, Business Phone: \_\_\_\_\_  
 Household Type (Check one): Single \_\_, Two parents \_\_, Other (Grandparent, etc.) \_\_.  
 Parent / Guardian-email address: \_\_\_\_\_

PLEASE CHECK ONE OF THE SESSIONS FOR WHICH YOU ARE APPLYING (DAILY / WEEKLY/ FULL SUMMER)

**Daily Program Options: Cost \$20 / Day - (8:00am-6:00pm)**

<b>CLOSED</b>	July 5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

<b>August 1</b>	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

**For Office Use Only**  
 S.B.D: \_\_\_\_\_  
 F.A %: \_\_\_\_\_  
 F.A \$: \_\_\_\_\_  
 # Days x \$20: \_\_\_\_\_  
**TOTAL COST:** \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

**Weekly Program Option: \$80.00 / Week - (8:00am-6:00pm)**

- Week-1 July 5-8-----○      Week-5 August 1- 5-----○  
 Week-2 July 11-15-----○      Week-6 August 8-12 -----○  
 Week-3 July 18-22-----○      Week-7 August 15-19-----○  
 Week-4 July 25-29-----○      Week-8 August 22-26-----○

**For Office Use Only**  
 S.B.D: \_\_\_\_\_  
 F.A %: \_\_\_\_\_  
 F.A \$: \_\_\_\_\_  
 # Weeks x \$80: \_\_\_\_\_  
 # Weeks x \$ \_\_\_\_\_  
**TOTAL COST:** \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

**Full Summer Registration: \$ 550 / 8 Weeks - (8:00am-6:00pm)**

July 5 – August 26, 2011-----○

**For Office Use Only**  
 S.B.D: \_\_\_\_\_  
 F.A %: \_\_\_\_\_  
 F.A \$: \_\_\_\_\_  
**TOTAL COST:** \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

EMERGENCY CONTACTS (PLEASE LIST PEOPLE WHO CAN COME TO THE CLUB IN AN EMERGENCY):

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any health problems, dietary restrictions, or allergies: \_\_\_\_\_  
 Medications your child is taking: \_\_\_\_\_

**By signing below, I declare that all information in this application is true and correct to the best of my knowledge.**

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_\_