

**McGivney Community Center**  
338 Stillman Street, P. O. Box 5220 Bridgeport, CT 06610-0220

**Summer Camp  
2026**

Summer Camp Tee-Shirt Size: _____
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CHILD'S FIRST NAME: \_\_\_\_\_ CHILD'S LAST NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE IN SEPT 26: \_\_\_\_\_

PRIMARY TELEPHONE#: \_\_\_\_\_ PRIMARY LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CHILD'S E-MAIL ADDRESS: \_\_\_\_\_

DOES THIS CHILD RECEIVE FREE/REDUCE PRICE MEALS AT SCHOOL?  YES /  NO

IS YOUR CHILD ENROLLED IN ANY SPECIAL EDUCATION SERVICES?  YES /  NO

<b>ETHNIC ORIGIN:</b> <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-LATINO  <b>PLEASE MARK ALL ETHNIC ORIGINS THAT APPLY:</b> <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> BLACK/ AFRICAN AMERICAN & WHITE <input type="checkbox"/> ASIAN & WHITE	<b>WHOM IS THE CHILD'S PRIMARY GUARDIAN(S):</b> <input type="checkbox"/> MOTHER & FATHER <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> MOTHER & STEPFATHER <input type="checkbox"/> FATHER & STEPMOTHER <input type="checkbox"/> FOSTER PARENTS <input type="checkbox"/> OTHER RELATIVES
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**HOW MANY PEOPLE LIVE IN THE HOUSEHOLD INCLUDING ALL ADULTS AND CHILDREN?** \_\_\_\_\_

<b>Please check the total yearly income range for the household (all income):</b> AFDC: YES <input type="checkbox"/> / NO <input type="checkbox"/>  <input type="checkbox"/> \$0 - \$4,999   <input type="checkbox"/> \$5,000 - \$9,999   <input type="checkbox"/> \$10,000 - 13,999   <input type="checkbox"/> \$14,000 - 16,999   <input type="checkbox"/> \$17,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$23,999   <input type="checkbox"/> \$24,000 - \$26,999   <input type="checkbox"/> \$27,000 - 29,999   <input type="checkbox"/> \$30,000 - \$33,999   <input type="checkbox"/> \$34,000 - \$36,999   <input type="checkbox"/> \$37,000 - \$39,999   <input type="checkbox"/> \$40,000 - \$43,999   <input type="checkbox"/> \$44,000 - 46,999   <input type="checkbox"/> \$47,000 - \$49,999   <input type="checkbox"/> \$50,000 - 53,999 <input type="checkbox"/> \$54,000 - 56,999   <input type="checkbox"/> \$57,000 - \$59,999   <input type="checkbox"/> \$60,000 - 63,999   <input type="checkbox"/> \$64,000 - 66,999   <input type="checkbox"/> Over \$67,000
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FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

FATHER'S EMPLOYMENT: \_\_\_\_\_ MOTHER'S EMPLOYMENT: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

.....  
**PLEASE READ AGREEMENT ON THE REVERSE SIDE BEFORE SIGNING**

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUTH'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Parental Membership Agreement

I/we hereby certify that my/our child is physically able to participate in all programs offered by the McGivney Community Center, Inc.

In consideration of this application being accepted by the Center, I/we do hereby waive and release, for myself/ourselves, my/our heirs, executors, administrators or representatives and for my/our child and his/her heirs, executors, administrators, or representatives, any and all rights or claims for damages or other relief that I/we or he/she may have against the McGivney Community Center, Inc. or its authorized agents, for any and all injuries that may be suffered by my/our child as a result of his/her participation in any or all of the Center's programs.

I/we further agree that our child shall accept and abide by the direction, instruction and authority of the Center's appointees, staff and coaches. I/we further agree that our child shall respect the right and privileges of others and abide by the rules and courtesies of fair play and sportsmanship.

I/we further agree to accept full responsibility for all Center equipment or uniforms as may be issued or lent to my/our child pursuant to his/her participation in the above and I/we shall compensate the Center for any loss, destruction or damage to such equipment or uniforms.

I/we understand that the violation of any of the terms and provision of this application may result in suspension or expulsion from participation.

I/we hereby certify that we have read, fully understand and agree to the terms and provision contained in the membership agreement.

### PARENT/GUARDIAN AUTHORIZATION

The information provided is correct as far as I know and the person named above has my permission to participate in all activities scheduled by the McGivney Community Center staff except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the McGivney Community Center to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery, for the person named above. I also understand that I will forfeit my child's rights to participate if any of the provided information is found to be false.

### Child's Membership Agreement

As a member of the McGivney Community Center:

I will treat all staff, members, and parents with respect.

I will care for all equipment as if it were my own.

I understand that if I am caught swearing, stealing, fighting, disrespecting other members or staff, damaging equipment or property, lying, or involved in any other action that the Center staff deems inappropriate, I can be removed from the Center for the day or evening, and depending on the seriousness of the offense, I may be suspended for a period of time.

### Release Form

I hereby irrevocably consent to and authorize the use and reproduction by The McGivney Community Center, of any and all videotape footage, still photos and quotations taken, for any purpose whatsoever without further compensation to me. All videotape, photo, slides and copies shall constitute their property solely and completely. Compensation to me will be in the form of promotional exposure if this footage is used in program form (broadcast, cable, print articles or presentation).

I also hereby irrevocably consent to and authorize any full-time McGivney staff to obtain any school records for the person named above.

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#### FOR OFFICE USE ONLY:

PROGRAM(S)	COST	CHECK/ CASH	EMPLOYEE INITIALS	DATE



## MCGIVNEY SUMMER DAY CAMP 2026

### Parental/Guardian Authorization/Release Permission Form

**CHILD'S NAME** \_\_\_\_\_

I hereby give full permission for the person named above to attend all McGivney Summer Day Camp field trips and to participate in all activities.

I hereby authorize permission for the person named above to receive medical treatment, in the event of an emergency and in the case that a Parent/Guardian cannot be reached or contacted. I also understand that I am fully responsible for all medical cost and cannot hold no one liable for those costs.

I understand that the McGivney Center, its staff and volunteers are not responsible for the loss, damage or care of personal property.

I agree that the person named above will adhere to all the rules and regulations set forth by the McGivney Center.

I understand that all field trip/activity fees, dues or cost must be paid in full prior to attending or participating and is nonrefundable.

I authorize the McGivney Center to use photographs, videos and/or work of the person named above for the purpose of telling the McGivney Center's story and promoting the interest of its movement.

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

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

## 2026 McGivney Summer Day Camp

Dear Parents and Guardians,

To ensure all members safety and to make dismissal a smooth transition at the end of program, we need you to fill out the following information below.

Child/ Children's name \_\_\_\_\_

### PICK-UP INFORMATION

My child is not allowed to walk home. The following individuals are hereby authorized to pick up my child:

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

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

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

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### WALKERS' RELEASE

I hereby give my permission to permit my child to walk home at the end of the program day. I fully approve of this dismissal procedure and, by signing this release, I hereby release and hold harmless The McGivney Community Center, Inc. of any and all responsibility associated with my child walking home.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### LATE PICK-UP POLICY

McGivney Summer Day Camp hours are from 8:30am – 3:00pm and extended Day hours are from 3:15pm to 5:00pm. Any child picked-up more than 15 minutes late will be charged \$15.00 per 15 minutes or part thereof...i.e. if your child is to be picked-up at 5:00 and you arrive at 5:16 you will be charged \$15.00 if your child is picked up at 5:31 you will be charged \$30.00 and so on... All payments must be paid in full prior to your child returning to camp.

I hereby certify that I have read, fully understand and agree to the terms and provisions contained in the Late Pick-Up Policy.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**McGivney Community Center  
Emergency Card**

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mother/Guardian's Name: \_\_\_\_\_  
Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Father/Guardian's Name: \_\_\_\_\_  
Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Address: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Number: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies (especially to food or drugs) \_\_\_\_\_  
\_\_\_\_\_  
Hospital parents/guardians would like child transported to in case of emergency:  
\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_