

Enrollment Requirements:

For All Youth Seeking Membership:

* Complete ALL three pages of the BGCPB 2015-2016 School Year Membership Application
* Members must clear up any past balances before enrollment
* Provide at least the **fall semester** enrollment fee of $20.00 per child (2015-2016 school year will be $40.00 per child)
* Provide a copy of child’s shot records (Only if your child is attending Kindergarten)
* Parent/Guardian must attend a Mandatory Orientation every school year your child is enrolled, no exceptions. Forms will only be accepted during orientation times; forms sent by fax cannot be accepted.

OPEN ENROLLMENT Orientations will begin on Monday, August 3rd – Thursday, August 6th at noon and 5:30 at the Hentz Center.

If you have any questions please contact BGCPB at 776-1690.

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**TO BE COMPLETED BY BGCPB STAFF ONLY- PLEASE DO NOT MARK IN THE BOX.**

Date Returned:\_\_\_\_\_\_\_\_\_ Member Number:\_\_\_\_\_\_\_\_ New:\_\_\_\_ Renewal:\_\_\_\_\_

Fall Fee Fully Paid:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Staff Initials:\_\_\_\_\_\_

Called (Contact):\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ Answered / Left Message /No Answer

**Please print or mark appropriate answer to all questions**

**Member Information:**

Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Date of Birth: \_\_\_ /\_\_\_ / \_\_\_ Age:\_\_\_\_\_\_ Male / Female

School:\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_

**Number of years your child has been a member of Boys & Girls Club:\_\_\_\_\_**

**Ethnicity:**  Asian American Indian African American Caucasian/White

Hispanic/Latino Bi-Racial Other

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

(Street) (City) (State) (Zip)

**Parent/Guardian Contact Information:**

Parent / Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_)\_\_\_\_\_\_\_\_\_ Employer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_)\_\_\_\_\_\_\_\_\_ Employer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Lives With:**

Single Mother: \_\_\_\_\_\_\_ Single Father: \_\_\_\_\_\_\_ Both Parents: \_\_\_\_\_\_\_\_\_

Parent & Step-Parent: \_\_\_\_\_ Grandparent: \_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Many Live In Your House? (Family Size):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts & Persons Authorized to Transport**

\*\* If additional persons are allowed to transport member, please provide the required information on another sheet and attach it with your membership form

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

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

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

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**Please Check All That Apply To Your Family**

Qualify for Free Lunch: \_\_\_\_\_\_\_\_ OR Qualify for Reduced Lunch: \_\_\_\_\_\_\_

Parent or Guardian Currently in the Military, if yes which branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Live in Public Housing Area, if yes please provide the name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an IEP (individual education plan) or attend specialized classes for behavior management? Please Circle: YES NO

Does your child have a companion aide at school? YES NO

Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan on bringing your child for Campdays (Collaboration/Vacation Days)? YES NO

**Authorization For Emergency Medical Care**

Name of Family Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies, special medications including asthma inhalers, behavioral disorders, and/or special needs:

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**\*Please Note that the above personal information is vital and necessary for our records and the funding that our organization receives. The answers you provide will be kept completely confidential. Your cooperation for providing this information is both appreciated and vital.**

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**Authorization for School Release**

**I give permission to Poplar Bluff R-1 School District and Sacred Heart School to share all grade reports with the Boys & Girls Club of Poplar Bluff to further enhance my child’s education. I give permission for PB R-1 School District to release any information to BGCPB. I give permission for the BGCPB to communicate with my child’s teacher, view and copy grade, attendance, and discipline reports, and discuss strategies that will help my child to become a successful student.**

**I understand that Boys & Girls Club of Poplar Bluff is not responsible for personal injury or lost or stolen property. By signing this form, I agree to allow my child to be photographed, video taped, or interviewed for Boys & Girls Club media purposes only. Having been informed that Boys and Girls Club of Poplar Bluff provide supervised athletic, recreational, educational, cultural, and guidance programs for boys and girls, I/We, the Parent/Guardian of the child above, named candidate for membership in Boys & Girls Club of Poplar Bluff, do hereby agree and give consent for his/her participation in any and all activities conducted by the club while he/she is a member. In consideration of permission given to my child/children listed below by the Boys & Girls Club of Poplar Bluff, to participate in all**

**activities, I release and discharge the BGCPB, its agents, employees, commissioners, and officers, from all claims, demands, actions, judgments, and executions, which I ever had,**

**or now have, or may have, or which my heirs, personal representatives, or assigns may**

**have or claim to have against the Boys & Girls Club of Poplar Bluff, its successors, or**

**assigns for personal injuries to my child listed below, known or unknown and injuries to property, real or personal, caused by, arising out of, the activity or activities offered by the Boys & Girls Club of Poplar Bluff. I/We likewise release from responsibility any person transporting my/our child to or from all activities sponsored or conducted by Boys & Girls Club of Poplar Bluff.**

**I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Boys & Girls Club of Poplar Bluff to contact the physician or hospital of my choice.**

**I have received a copy of this facility’s policies pertaining to the admission, care and discharge of the children. I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care homes and centers is available at this facility for review.**

**I give permission for Boys & Girls Club of Poplar Bluff to transport my child. I give permission for my child to attend field trips/excursions. I understand that I will be notified in advance when they are planned. I/We agree that the Boys & Girls Club of Poplar Bluff may transport my child off their sites campus (examples other sites, field trips, ect.) I will provide proof of completed age-appropriate immunizations or exceptions from immunizations before the first day of school. When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care. Staff at BGCPB will communicate regarding my child’s development, behavior, and individual needs.**

**I give my permission to the Boys & Girls Club of Poplar Bluff to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.**

**I understand that the Boys & Girls Club of Poplar Bluff may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program’s effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child’s school or school district, and other information collected by Boys & Girls Club of Poplar Bluff, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.**

**I have read this release and understand all its terms. I sign it voluntarily and with full knowledge of its significance. I consent to my child participating in all activities as stated above and assumed all risks.**

**Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**