



BOYS & GIRLS CLUB OF THE TRI-COUNTY AREA

Boys & Girls Club of the Tri-County Area 2018-2019 Membership Application

344 Broadway Street PO Box 254 Berlin, WI 54923

(920)361-2717 www.bgctric.org

Office Use Card KidTrax ID# Reg. Fee Paid \$ CLC LS ASC Staff Date

Boys & Girls Club of the Tri-County Area (BGC) & Sparks Club Community Learning Center (CLC) Authorization: I understand the rules of BGC and I request that my child be admitted into membership. I have explained the rules to my child. I understand the hours of operation of BGC and that additional charges may be assessed if I pick up my child after these hours. I hereby give permission for the participant listed on this application to take part in BGC and CLC activities, which may include off-site events, academic assistance, continuing education and recreational programs. BGC may freely transport my child within the confines of the Berlin Area School District without further permission. If a medical emergency arises, we will take all steps necessary to ensure the safety of the participant. If necessary, we will call a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. Additionally, I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. I give my consent to BGC and CLC to take the participant's photograph during program activities, to be used for education, public relations and marketing purposes. I further give my consent to the school, BGC and CLC to share the participant's student records with each other for purpose of providing educational support and assistance. In addition, I understand that the school district, BGC and CLC will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program. BGC and CLC require full participation in both: Academic Enrichment (Math & Literacy Activities) and Academic Support (Homework Help). While we will provide homework help, it will not be the main focus of our program. Please make sure to check with your child nightly to see if homework is completed. Parent / Guardian Signature Date

1) CHILD INFORMATION

Form for child information including fields for First Name, Nickname, Middle Name, Last Name, Home Address, City, State, Zip, Birth Date, Age, Gender, Race, Child's Phone, My child may NOT be photographed, School, Grade, Free/Reduced lunch?, Child's Email, Who does child live with?, I do NOT want my child transported by the Club, Other, First Day of Attendance, Total in Household.

2) PARENT / GUARDIAN INFORMATION-All parents/guardians listed are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

Name of Primary Parent / Guardian: Ms. / Mrs. / Mr.

Form for primary parent/guardian information including Home Address, City, State, Zip, Cell Phone, Home Phone, Email, Employer, Employer Phone, Employer Address, City, State, Zip Code, and eligibility questions.

Name of Other Parent / Guardian Ms. / Mrs. / Mr. :

Form for other parent/guardian information including Home Address, City, State, Zip, Cell Phone, Home Phone, Email, Employer, Employer Phone, Employer Address, City, State, Zip, and eligibility questions.

Is a parent/guardian registered with the military or live on a military base? Yes No Continued on reverse

3) MEDICAL INFORMATION

List if your child has any allergies:

List any medications your child is taking.

Do you have health insurance?

Physician's Name

Address/Medical Facility

Telephone Number

4) EMERGENCY CONTACT INFORMATION-Provide information for the person to contact when parents/guardians cannot be reached.

EMERGENCY CONTACT #1 (This person must be someone other than the parent / legal guardian) (required).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone(required) _____ Home Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT #2 (This person must be someone other than the parent / legal guardian).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone(required) _____ Home Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

5) PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD - Provide information requested for each person. If no one, write "None."

AUTHORIZED PICK UP PERSON (This person must be someone other than the parent / legal guardian) (required).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone(required) _____ Home Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

6) AUTHORIZATION

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Yes No I have had an opportunity to review the policies in the Parent Handbook.

Yes No I give permission for my child to participate in walking field trips and other activities during operating hours.

Yes No I give my permission for the Club to apply sunscreen and/or bug spray as needed.

Yes No I understand that it is my responsibility to update my contact information in writing to the Club if it changes.

My child and I understand the policies listed above and to the best of my knowledge, this information is complete and accurate.

SIGNATURE-Parent/Guardian/Legal Custodian

Date Signed