



2015/2016 Membership Application/ Emergency Form

Family # _____

Parents and/or Guardians are responsible to notify the Boys & Girls Club of any changes



Parent/Guardian Information (Please Print)

Parent/Guardian _____
Last First

Address _____ City _____ State _____ Zip _____

County Stearns Benton Sherburne Other
(Circle one) Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Relationship to Child(ren) _____

Military currently enlisted or have served (Circle one) Yes No Email Address _____

Parent/Guardian _____
Last First

Address _____ City _____ State _____ Zip _____

County Stearns Benton Sherburne Other
(Circle one) Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Relationship to Child(ren) _____

Military currently enlisted or have served (Circle one) Yes No Email Address _____

Emergency Contact Information (please list contact other than parents/guardians)

Names listed are assumed to be authorized to pick up the child(ren)

Name _____ Day Phone _____

Name _____ Day Phone _____

List anyone not allowed to pick up member by court order _____

Medical Information

Health Clinic _____

Office Phone _____

Dental Clinic _____

Office Phone _____

Insurance Company _____

Policy # _____

The following information is required for membership at the Boys & Girls Club.

This information will not be used individually but grouped for fundraising and grant writing. All information is held strictly confidential.

Number of people in your household _____

Check a range for Annual Household Income:

Below \$22,980 \$22,981 - \$31,020 \$31,021 - \$39,060 \$39,061 - \$47,100 \$47,101 - \$55,140
\$55,141 - \$63,180 \$63,181 - \$71,220 \$71,221 - \$76,260 \$76,261 - \$87,300 Above \$87,304

Does your child receive free or reduced lunch? Free Lunch Reduced Lunch Either Free or Reduced Lunch Neither Free or Reduced Lunch

MEDIA CONSENT (PARENTS - PLEASE FILL OUT)

Yes I give my permission for the Boys & Girls Clubs /KIDSTOP® organization to use photographs of my child(ren) for promotional purposes (including print, web and social media) and to waive any claims I may have against the Boys & Girls Club for all thereof.

No I do not give permission for the Boys & Girls Clubs/KIDSTOP® organization to use photographs of my child(ren).

Member Information

	Member One	Member Two	Member Three	Member Four
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Birthdate	____/____/____	____/____/____	____/____/____	____/____/____
School Attending	_____	_____	_____	_____
Teacher	_____	_____	_____	_____
Grade (Current)	_____	_____	_____	_____
Gender (Circle one)	Male / Female _____	Male / Female _____	Male / Female _____	Male / Female _____
Ethnicity (please check one)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (please check one)	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other (please specify) _____
Living with (please check one)	<input type="checkbox"/> Mother _____ Father _____ <input type="checkbox"/> Both _____ Joint Custody _____ <input type="checkbox"/> Foster Family _____ <input type="checkbox"/> Grandparents _____ <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Mother _____ Father _____ <input type="checkbox"/> Both _____ Joint Custody _____ <input type="checkbox"/> Foster Family _____ <input type="checkbox"/> Grandparents _____ <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Mother _____ Father _____ <input type="checkbox"/> Both _____ Joint Custody _____ <input type="checkbox"/> Foster Family _____ <input type="checkbox"/> Grandparents _____ <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Mother _____ Father _____ <input type="checkbox"/> Both _____ Joint Custody _____ <input type="checkbox"/> Foster Family _____ <input type="checkbox"/> Grandparents _____ <input type="checkbox"/> Other (please specify) _____

The questions below are designed to help us understand and work effectively with your child. You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.

Describe any unusual health conditions _____

If your child has an allergy or has special diet needs, please ask BGC/Kidstop staff for the following forms for you to complete: Special Diet Statement without Disability -- Can be completed by medical authority (Registered Dietitian, Certified Nurse Practitioner, etc.) Special Diet Statement with Disability -- Must be completed by a licensed physician _____

Does your child have any physical or mental disabilities, developmental delays or emotional/ behavioral disorders that we should be aware of to help your child be successful in KIDSTOP/ BGC?

Yes No

Has your child experienced any emotional trauma?

Yes No

Is your child receiving any services through special education?

Yes No

Note: If you answered yes to either of the above two questions, an intake questionnaire will be provided for you to detail your child's specific need to insure success for your child.

Circle the days that your child is expected to attend. Days can be added or changed by notifying the Program Manager in advance. See Parent Handbook for the Attendance Policy.

Summer 2015 (Morning & Afternoon snacks are served.)
 Hours: 6:30 am - 6:00 pm
KIDSTOP Site

Days Attending M T W H F M T W H F M T W H F
 Start Date / / / / / / / / / / / /

School Year 2015/2016 - Before School Program (Morning snack is served.)
 Hours: 6:30 am - school start time
KIDSTOP Site

Days Attending M T W H F M T W H F M T W H F
 Start Date / / / / / / / / / / / /

School Year 2015/2016 - After School Program (Afternoon snack is served.)
 Hours: After school - 6:00 pm
KIDSTOP Site

Days Attending M T W H F M T W H F M T W H F
 Start Date / / / / / / / / / / / /

Social Media Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Photo Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Website Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Staff Initials	_____		School Year Fee 14/15	\$20.00/ Child	Office - White				
Notes	_____		Summer Fee 2014	\$10.00/ Child	Fall - Pink				
	_____		Jr Volunteer Fee	\$10.00/ Child	Summer - Yellow				
	_____		Other Fees	\$ _____	Check #				
	_____		Total Amount Due	\$ _____	Cash Receipt #				
	_____		Cash/ Check Amt	\$ _____					

Permission and Release Form

Parent Handbook and Fee Payment Policy

I agree to abide by the terms and conditions of the Boys & Girls Club Parent Handbook (a copy of which I have received) governing the enrollment of the child(ren) named on this Membership Application/Emergency form. I understand that payment of KIDSTOP® program fees is made on the first day of the week that child(ren) attend(s). I agree to abide by the terms and conditions of the Boys & Girls Clubs/KIDSTOP® fee policies.

Field Trip Transportation and Supervision

I agree to permit the child(ren) named above to participate in walking trips, field trips or other activities sponsored by The Boys & Girls Club. This permission is given with the understanding that transportation, if needed, will be provided by private vehicles driven by Boys & Girls Club staff members or volunteers, school buses and/or public transportation. I also understand that the child(ren) will be under Boys & Girls Club supervision throughout the duration of any field trip.

Safety

Knowing there is a certain amount of risk involved in even the simplest of child(ren)'s games, sports and activities, I give my permission for my child(ren) to participate in Club activities and programs. I accept responsibility in the unlikely event that an accident might take place. I hereby certify that I carry health and/or accident insurance for my child(ren) and that I am solely responsible for the cost of health care for my child(ren), even as a result of my child(ren)'s participation in Club programs or activities.

Insurance Coverage

I further certify that my child(ren) is covered by medical insurance as listed on the above Membership/Emergency form. I understand that insurance coverage is required in order for my child(ren) to participate in Club programs and that I am solely responsible to provide such coverage. I understand that I am solely responsible for any consequences of my failure to provide adequate insurance coverage. I agree to abide by all of the rules of the Boys & Girls Clubs of Central Minnesota pertaining to the health and safety of the members and to inform the Club immediately of any changes in my child(ren)'s health, health care insurance or medical provider. I also agree to inform the Boys & Girls Clubs of Central Minnesota immediately if my child(ren) contracts a serious communicable disease.

I agree that the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), Board of Directors and affiliated agencies, shall not be liable for any claims, demands, actions or causes of action, whatsoever for any injury caused to me or to my child(ren) as a result of my child(ren)'s involvement in Boys & Girls Club programs or activities. I hereby expressly forever relieve and discharge said Boys & Girls Clubs of Central Minnesota from all acts of negligence on the part of the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), the corporation, its servants, agents, officers, shareholders and affiliated agencies.

Exchange of Information

I give my consent to any exchange of information between my child(ren)'s Boys & Girls Club/KIDSTOP® staff and school professional staff whenever it would be beneficial to my child(ren).

Authorization for Medical Care

In case of serious accident or illness to my child(ren) or in the event that the injury/illness involves my child(ren)'s mouth or teeth, I hereby authorize the staff of the Boys & Girls Clubs of Central Minnesota, my child(ren)'s physician, dentist and those individuals named on the above Membership/Emergency form to give any necessary treatment to my child(ren). You may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to the Boys & Girls Clubs of Central Minnesota.

National Youth Outcome Initiative Survey

The Boys & Girls Clubs of Central Minnesota is taking part in an annual survey that will be used to track the well being of members in Boys & Girls Clubs nationally. Our Club is one of a group of Clubs across the country participating in this survey that asks how members feel about the activities and time they spend in Boys & Girls Club programs, education plans, and involvement in community service and work.

Additionally, the survey asks about the attitudes and health behaviors of members, including questions about nutrition and physical activity. Members will not put their names on the survey. No site or member will ever be mentioned by name in a report of the results.

We would like all members at our sites to take part in the survey, but the survey is voluntary. Survey participants can skip any questions they do not wish to answer.

If you would like to see the survey, a copy is available upon request. Please contact the program manager or unit director. You may review the survey during regular hours.

If you do NOT want your child to take part in the survey, we have a form for you to sign. The form is available from your program manager or unit director.

If you have any questions about the survey, please contact the Boys & Girls Clubs of Central Minnesota at (320) 252-7616.

I understand the implication of this Permission and Statement of Release. I certify that I am legally capable of executing this agreement, and that I have done so of my own free will on the date indicated below, on behalf of myself, my spouse, if not signed separately, and our child(ren) named above.

Signature of Parent/ Legal Guardian

Date

Signature of Parent/ Legal Guardian

Date
