



Office Use Only	2019
Club ID Number:	_____
Membership Date:	_____
Received By:	_____
Referred By:	_____

ALL SPACES MUST BE COMPLETED TO PROCESS APPLICATION

Youth's Information

Full Name: _____ **SSN #:** _____
First Name Middle Name Last Name

Address: _____ **Student ID #:** _____
Street Address Apt./Unit #

City State Zip

Home Phone: (____) _____ **Age:** ____ **Birthdate:** ____ / ____ / ____ **Nickname:** _____ **Gender:** Male Female
(Circle one)

Ethnicity (Circle one): African American Arab-American Asian-American Latino Multi-Racial Native American White Other _____

Status (Circle one): New Member Renewing Member

Referred By:

Member/Parent	School	Juvenile Courts
Law Enforcement	Migrant Ed	Other

School Name: _____ **Grade:** _____

Will your child be attending: Year round Summer and school breaks mainly

Are you a City Resident? Yes No

Parent/Guardian Information

Father/Step Father's Name (Circle One): _____ **Employer:** _____

Address (If not the same): _____
_____ Authorized to Pick up

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Mother/Step Mother's Name (Circle One): _____ **Employer:** _____

Address (If not the same): _____
_____ Authorized to Pick up

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Guardian's Name (If applicable): _____ **Employer:** _____

Address (If not the same): _____
_____ Authorized to Pick up

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Relationship to Child: _____

Pick Up Information

Is your child allowed to walk home? Yes No

The following other people are authorized to pick up my child:

Name: _____ **Relationship to Child:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Name: _____ **Relationship to Child:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Name: _____ **Relationship to Child:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Name: _____ **Relationship to Child:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Medical Information

Primary Physician's Name: _____ Phone: (____) _____

Medical Problems/Physical Disabilities? Yes No If Yes, Explain _____

Allergies? Yes No If Yes, Explain _____

Mental/Behavioral Problems? Yes No If Yes, Explain _____

List all Medications Your Child is Taking: _____

Do You Have Insurance? Yes No Insurance Company: _____

Do You Have Medicaid? Yes No

The following information is necessary for our records and funding. The answers you provide will be kept safe and secure within our Boys & Girls Club. Your cooperation in providing this information is both appreciated and necessary. Please fill out completely.

Current Single Parent: _____ Yes _____ No
Member Lives With: Mother Step Mother Father Step Father
(Check all that apply) Grandparent Other Relative Guardian Other _____

Annual Household Income:
 \$0 - \$21,000 \$21,001 - \$29,000 \$29,001 - \$36,000 \$36,001 - \$45,000 \$45,000+

Total Number in Household: _____ Number in Household under the age of 18: _____
Are there any other Club Members in the HOUSEHOLD? _____ Yes _____ No
If yes, please list names: _____

By signing below I give consent to the Boys and Girls Club to:

- Transport my child to activities/field trips.
 - Obtain my child's academic report from his/her school, including grades, attendance, discipline reports, standardized state tests and reading grade levels, and share with BGCA (confidentially) for assessment purposes to improve program effectiveness.
 - Complete club surveys, questionnaires, interviews and focus groups with members (all confidentially) to help assess and improve program effectiveness.
 - Have my child participate in age-appropriate programs designed to help youth practice positive, personal decision-making and avoid anti-social behaviors such as drugs, alcohol, tobacco and premature sexual activity with an abstinence-first approach.
 - Use photographs/videos in which my child or I may appear for BGC publicity, press releases, news stories, reports, and other such purposes.
- ♦ **PARENTS AND/OR GUARDIANS WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF A SERIOUS INJURY OR SERIOUS ILLNESS. If parents/guardians cannot be contacted before treatment is deemed necessary, then the Boys & Girls Club is hereby authorized to seek any medical treatment, which may be advised or recommended by physicians, and parents/guardians will accept responsibility to pay for such treatment.**

By signing below I acknowledge that I have read and understand the expectations listed here:

- I have read and understand the Membership Handbook. I will explain club rules to my child. (See Membership Handbook)
- I will ensure my child(ren) follows the dress code policy. (See Membership Handbook)
- Cell phones, electronic games, trading cards, collections or other valuables should be kept at home. Lost, stolen or damaged items are not the responsibility of the Club; confiscated items may be claimed at the front desk by parents.
- I will accept responsibility for any damages created by inappropriate behaviors by my child.
- Precautions are taken to block inappropriate sites on the internet, but it is possible your child may access sites. The club has consequences for such behavior; however, we will not be responsible for the consequences of such access.
- I will instruct my child(ren) to attend daily Power Hour, Smart Moves, and all other scheduled programs.
- I agree to pay all late fees charged to me if I fail to pick up my child(ren) on time. **\$10.00 the first minute per family.** \$2.00 every 5 minutes per child for the first 30 minutes. After 30 minutes, \$5.00 per child every five minutes.

Parent or Guardian Signature: _____ Date: _____



BOYS & GIRLS CLUB
of Henderson County

PERMISSION FORM

For the release of information from Henderson County Public Schools
to the Boys & Girls Clubs of Henderson County

I, _____,
(Parent/Guardian's Full Name)

Parent/Guardian of, _____, _____,
(Child's Full Name) (Student ID Number)

a student at _____ (Name of School) _____ (Grade)

hereby, give my permission for the records specified below to be released from Henderson County Public Schools to the Boys & Girls Club of Henderson County on a quarterly basis:

- Attendance
- Grades/Marks
- In School Suspensions
- Out of School Suspensions
- Reading Grade Levels

In addition, I hereby give my permission for the release of the percentiles and levels (as specified by the Accountability and Testing Division of the North Carolina Department of Public Instruction) of end of grade (EOG) or end of course (EOC) English/Reading and Math test scores.

Parent/Guardian Signature: _____ Date: _____

Witness by _____, staff member of Boys & Girls Club.

School Copy