

2019-2020 Participant Registration Form

Early Learning – Gardiner Clubhouse

- Infant
- Toddler
- Early Preschool
- Preschool

School Age Programming – Gardiner Clubhouse

- Grades Kindergarten through 5th Grade
- Before School
 - After School
 - Before & After School



OFFICE USE

DATE: _____

Food Form _____

Intl. Processed: ____/____/____

Payment: _____

Program: _____

Member ID: _____

End Date: _____

Teen Center – Gardiner Clubhouse

6th Grade through 12th Grade

- Teen Center & CLC (Tutoring 6th-8th)
- Teen Center

Chelsea Clubhouse – Kindergarten – 8th Grade

- Before School
- After School
- Before & After School
- Other _____

MEMBERS INFORMATION

First Name: _____ Middle: _____ Last: _____

Age: _____ DOB (mm/dd/yyyy): ____/____/____ Gender: Male Female Shirt Size: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Name of School: _____ Grade Fall 19' _____ Teacher/Team: _____

IS THIS CHILD A SWIMMER? YES NO If Yes, what level: BEGINNER INTERMEIATE ADVANCED

THE INFORMATION BELOW IS USED FOR GRANTS & BGCKV FUNDING

How many people are in Household? _____ **State Programs:**

<p>Is Member US Citizen? Race-Nationality:</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> African-American <input type="checkbox"/> NO <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial 	<ul style="list-style-type: none"> <input type="checkbox"/> SSDI <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Free School Lunch <input type="checkbox"/> Reduced School Lunch <input type="checkbox"/> Day Care Voucher 	<p>Household Income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Under \$30,000 <input type="checkbox"/> \$30,001-\$40,000 <input type="checkbox"/> \$40,001-\$50,000 <input type="checkbox"/> \$50,001-\$60,000 <input type="checkbox"/> \$60,001-\$70,000 <input type="checkbox"/> \$70,001-\$80,000 <input type="checkbox"/> \$80,001-\$90,000 <input type="checkbox"/> \$90,001 +
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Participant Lives with:

- Mother ONLY
- Father ONLY
- Both Parents
- Shared/Joint Custody
- Parent/Step Parents
- Other Relatives
- Foster Care
- Grandparent

PARENT/GUARDIAN'S INFORMATION: Please Print

Parent/Guardian Name: _____ Cell Phone: _____

Same Address as Member: Yes or No

If No, address: _____

City/Town: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Email: _____ Active Military? Y / N If Yes Branch _____ Year Active _____

Parent/Guardian Name: _____ Cell Phone: _____

Same Address as Member: Yes or No

If No, address: _____

City/Town: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Email: _____ Active Military? Y / N If Yes Branch _____ Year Active _____

EMERGENCY CONTACTS/PICK UP LIST

This is someone who can assume temporary care of your child if we cannot reach you.

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies: Please List Medications: Please List

<input type="checkbox"/> FOOD: _____	<input type="checkbox"/> AT HOME: _____
<input type="checkbox"/> MEDICATIONS: _____	<input type="checkbox"/> AT THE CLUB: _____
<input type="checkbox"/> ENVIROMENT: _____	Reason for Medication? _____

Does this child receive any services? (OT, PT, Case Management etc.) If Yes, what? _____



2019-2020 Participant Registration Form RELEASE INFORMATION

MEDICAL TREATMENT

____ I give permission to the Boys & Girls Clubs of Kennebec Valley to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. That includes emergency transportation.

SURVEYS AND QUESTIONNAIRES

____ I, the parent/guardian of the minor child listed on this application, give permission for the Boys & Girls Clubs of Kennebec Valley to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kits surveys or other survey instruments.

SCHOOL INFORMATION

____ I give my permission to the Boys & Girls Clubs of Kennebec Valley and my child's School to exchange information (such as standard test scores, grades, MEDMSID'S and Free/Reduced status) regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Clubs and in life. This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Clubs of Kennebec Valley in writing.

EQUIPMENT USAGE

____ My child has permission to use any/all age appropriate equipment while they are attending the Boys & Girls Clubs of Kennebec Valley.

MISCELLANEOUS

____ I understand the Boys & Girls Clubs of Kennebec Valley is not responsible for lost or stolen items.

____ I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs of Kennebec Valley and its activities.

____ I give the Boys & Girls Clubs of Kennebec Valley permission to take my child on scheduled field trips such as or including swimming and or wading activities.

____ I have read this form and completed it to my full potential. I have also read and understand the Boys & Girls Clubs of Kennebec Valley program handbook.

____ I understand that all BGCKV programs are powered by Project Learn a BGCA program. Project Learn reinforces the academic enrichment and school engagement of young people during the time they spend at the Club

PAYMENT POLICY

____ As stated in our handbook **all payments are due by 9:00 am every Friday to the Gardiner Clubhouse.** This payment is for the upcoming week of service. Payments are processed on Friday.

- ✓ **If fees are not received on Friday services will not be available to you on Monday.**
- ✓ Payments accepted are cash, ACH Debit Authorization or check or money order. We do not accept visa/debit cards. Checks or ACH returned non-sufficient funds (NSF) will be charged a \$25.00 fee and must be paid by cash or money order within 5 business days. Personal checks will no longer be accepted after 2 NSF checks.
- ✓ Thank you for adhering to this policy. We appreciate your understanding of the need for payments to be made in full and on time.

MENTORING – SCHOOL AGE ONLY

____ I understand that my school age child will participate in the OJP mentoring program onsite at the Club during the school year.

____ I understand that the staff of the Club will provide ongoing monitoring during mentor activities.

COMPUTER USE- TEEN CENTER ONLY

____ I have read the computer use policy which is located in the handbook. I agreed to let my Teen Center child use the wireless internet at the Club for social and school purposes.

OPEN DOOR /CLOSED DOOR - TEEN CENTER ONLY

____ Closed Door Policy; after arrival at the Club, your child must remain at the Club unless picked up by a parent or guardian

____ Open Door Policy; members may arrive and depart from the Club on their own; however, child must sign in and out. The Club will not be responsible once the child has signed out.

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Kennebec Valley, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organization such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organizations either at or away from the Club.

Parent/Guardian Signature: _____ Date _____

PLEASE PRINT NAME: _____

ALL FORMS NEED TO BE RETURNED TO THE CLUB WITH 1ST WEEK PAYMENT TO COMPLETE MEMBER REGISTRATION