



**BOYS & GIRLS CLUB
OF NEWARK**

Office Use Only	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Initials: _____ Site: _____ Comments: _____
Rec'd: _____ Date Ent'd: _____ Staff initials: _____	

BGCN Staff will place
a photo here

2019-2020 ANNUAL MEMBERSHIP FORM
(TO BE COMPLETED BY PARENT OR GUARDIAN)

Type of Membership: New _____ Renewal _____

Member Information: *(Please print and complete all questions)*

Member First Name: _____ Middle: _____ Last: _____

Nickname: _____ Gender: Female __ Male __ Birthdate: ____ / ____ / ____ Age ____

Grade Level for the 2019-2020 School Year _____ School: _____

Ethnicity: *(check one)*

<input type="checkbox"/> African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Bi-Racial
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian (white)	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Native Amer.	

Home phone _____ Cell or work phone _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Does child receive: Free or Reduced lunch _____ Fully pays school lunch _____

Mother / Stepmother / Guardian *(circle one)*

Name _____
 Home phone _____
 Place of work _____
 Work or cell phone _____
 E-mail _____

Father / Stepfather / Guardian *(circle one)*

Name _____
 Home phone _____
 Place of work _____
 Work or cell phone _____
 E-mail _____

Emergency contacts that have permission to pick up child from Club/contact in case of emergency: *(required)*

Name _____ Cell _____ Relationship to child: _____

Name _____ Cell _____ Relationship to child: _____

Name _____ Cell _____ Relationship to child: _____

Use separate sheet if necessary

Signature of Parent or Guardian _____

Date _____

Household Information: *(This information will be treated confidentially and is critical for the Club's grant applications.)*

Child lives with: Both parents _____ Mother _____ Stepmother _____ Father _____ Stepfather _____

Grandparents _____ Foster Parent(s) _____ Other: _____

#Of Adults in Household: _____ #of Children in Household: _____ #of Siblings: _____

Current Single Parent: Yes _____ No _____ Live in income-based housing: Yes _____ No _____

Household Income: _____ (weekly, monthly or annual please circle one)

Is your child from a military family? Yes _____ No _____

If yes, select any that applies: Army _____ Navy _____ Air Force _____ Marines _____ National Guard _____ Reserves _____

Parent Information: *(Please read, complete and initial every statement and sign below.)*

1) I hereby approve my son's/daughter's application for membership in the Boys & Girls Club of Newark (BGCN). I will notify the Club of any changes in address & telephone numbers listed on the application. **Initials:** _____

2) I grant consent to the BGCN for my child to be photographed and video taped during BGCN activities and for his/her first name to be used for public purposes. Furthermore, I authorize my child's photos and first name to be used for social media purposes including but not limited to BGCN's social media pages. **Initials:** _____

3) I grant consent to the BGCN to collect information for my 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. **Initials:** _____

4) Please mark **ONE** of the options below:

My child is free to walk home after the end of the program each day. **Initials:** _____

OR

I or another authorized person will pick up my child from Club programs. **Initials:** _____

5) The BGCN is a youth guidance organization, providing a variety of activities supervised by Club staff. I understand that my child must be in Kindergarten – 12th grade
(Please note: 5-year old youth will be accepted **only** at the discretion of the Director) **Initials:** _____

6) Cell phones, I-Pods, MP3 players, etc, and any other electronic device should be put away, and secured while at the Club. I will also not hold BGCN responsible if any items are stolen or damaged at the Club. **Initials:** _____

7) I understand that my child's membership standing is based upon his/her ability to obey the rules of the Club, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior without a refund. **Initials:** _____

8) I understand that BGCN is a nit free facility. If a member has nits or live lice, they will need to be picked up immediately and will be unable to return to the Club until they are treated and cleared by Club staff. **Initials:** _____

9) I understand that BGCN is a bedbug free facility. If a member has bedbugs on their personal belongings or self, they will need to be picked up immediately and will be unable to return to the Club until treatment is completed. **Initials:** _____

Signature of Parent or Guardian

Date



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HEALTH & PERSONAL INFORMATION

Is child covered by health insurance? Yes _____ No _____

If yes, name of carrier _____

Insurance ID number _____ Group number _____

Physician name: _____ Phone #: _____

Health History:

Does your child have: Asthma _____ No _____ Yes _____ Convulsions _____ No _____ Yes _____

Diabetes _____ No _____ Yes _____

Other physical, mental or behavioral health conditions (ex: ADHD) _____ No _____ Yes _____
(If so, explain) _____

Medications _____

Does your child have an IEP? _____ No _____ Yes _____ If yes, explain _____

Would you be willing to share a copy of your child's IEP with the Boys & Girls Club staff to assist us in serving your child better? _____ No _____ Yes _____

Progress Book ID _____ Password _____

Member information will remain strictly confidential and will be used only by the Club and its staff. Strict guidelines are in place to ensure confidentiality, and each party has received appropriate training. At no point will individual student data be publicly released.

Allergic Reactions: *(Please list and explain any reactions to)*

Does your child have a food allergy/intolerance? _____ No _____ Yes (please specify which foods below)

- | | | |
|---|---|---|
| <input type="checkbox"/> Drugs/ Medications
(describe below) | <input type="checkbox"/> Plants (describe below) | <input type="checkbox"/> Other
_____ |
| <input type="checkbox"/> Insects (describe below) | <input type="checkbox"/> Animals (describe below) | |
| | <input type="checkbox"/> Hay Fever | |

Describe any allergies marked above _____

Restrictions While Participating in Club Events:

Any restrictions in activities (circle) Yes or No (If yes, please share details below)

Special diet or dietary restrictions _____

Special activity restrictions _____

Past history of serious injuries or illnesses _____

More About _____ (Member Name)

Special considerations the Boys & Girls Club staff should know _____

Please provide any strengths we should know about your son or daughter.

Please provide any challenges for your son or daughter.

Additional Information: Has your child or your family been involved with any of the following?

Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Y.E.S. Club | <input type="checkbox"/> Licking County Board of DD |
| <input type="checkbox"/> Job and Family Services | <input type="checkbox"/> Big Brothers Big Sisters | <input type="checkbox"/> Court System/ Juvenile Court |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> SNAP (food stamps) | <input type="checkbox"/> Counseling Services |
| <input type="checkbox"/> WIC or Help Me Grow | <input type="checkbox"/> TANF (financial assistance) | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Licking County Family YMCA | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other _____ |

	Sibling Name	Age	Member of Boys & Girls Club Yes or No (circle one)
1.	_____	_____	Yes or No
2.	_____	_____	Yes or No
3.	_____	_____	Yes or No
4.	_____	_____	Yes or No
5.	_____	_____	Yes or No

IMPORTANT:

If your child has been involved in any sexually inappropriate behavior with another minor Boys & Girls Club of Newark must be notified immediately.

In accordance with regulations, you are required to notify the BGCN if your child has been exposed to any communicable diseases in the past six months.

Parents Authorization: I give permission for my member to walk/ride supervised by BGCN staff to field trip locations.

I hereby grant permission for my child to become a member of the Boys & Girls Club of Newark, Ohio, and to participate in the Club's programs I agree not to hold the Boys & Girls Club of Newark, Ohio or any affiliates responsible for any accident, injury or property damage incurred while using BGC facilities or engaged in off-site activities, and further agree to indemnify and save them harmless from any loss, cost, or expenses arising out of accident or injury sustain on their premises or engaged in off-site Club activities, or from the use of any of their equipment.

In case of emergency I understand every effort will be made to contact me or the person(s) listed under the Emergency Contact section. In the event I or my contact(s) cannot be reached, I give permission to the Boys & Girls Club of Newark to transport and or secure proper medical treatment, including hospitalization and any required surgery, for my child. I give permission for my child to participate in the activities of the Boys & Girls Club of Newark. I understand that I am responsible for payment of any medical bills created by injury to the member during Club activities. I understand the Club does not provide accident insurance for members and participants and does not accept financial responsibility for expense related to accidents and injuries sustained by members.

Signature of Parent or Guardian

Date