



**BOYS & GIRLS CLUBS
OF YORK COUNTY**

FOR STAFF USE ONLY

Location: _____

Date: _____

Time: _____

Staff Initials: _____

Guardian contacted for approval

Entered in Kidtrax

Start Date: _____

Club Membership Application

Confidentiality: Any confidential information requested is for our records and for funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk (*). All required fields must be completed in order for your child to be enrolled in the Club. A separate application must be completed for each additional sibling.

MEMBER INFORMATION

| | | |
|---|----------------------------------|------------------|
| First Name:* _____ | Middle Initial:* _____ | Nick Name: _____ |
| Last Name:* _____ | Gender:* Male _____ Female _____ | |
| Date of Birth:* _____ | School:* _____ | Grade:* _____ |
| <small>(Grade your child will be going into this school year)</small> | | |
| Address:* _____ | Apt/Suite#: _____ | City:* _____ |
| State:* _____ | Zip: * _____ | Phone: * _____ |

Race:*

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-racial | <input type="checkbox"/> Other |

Medications *(please complete Medication consent form if medication is to be given at the Club):*

Allergies/Disabilities/Learning Disabilities/Medical Problems/Special Notes Related to the Care of My Child:

PARENT/GUARDIAN INFORMATION

| Head of Household/Parent/Guardian #1 | Parent/Guardian #2 |
|--------------------------------------|--------------------------------|
| First Name:* _____ | First Name:* _____ |
| Last Name:* _____ | Last Name:* _____ |
| Relationship to member:* _____ | Relationship to member:* _____ |
| Gender:* _____ | Gender:* _____ |
| Email Address: _____ | Email Address: _____ |
| Address:* _____ | Address:* _____ |
| Apt/Suite#: _____ City:* _____ | Apt/Suite#: _____ City:* _____ |
| State:* _____ Zip: * _____ | State:* _____ Zip: * _____ |
| Home Phone: * _____ | Home Phone: * _____ |
| Work Phone: * _____ | Work Phone: * _____ |
| Mobile Phone: * _____ | Mobile Phone: * _____ |
| Employer: _____ | Employer: _____ |

HOUSEHOLD INFORMATION

Number of people living in household:* _____

Family Setting/Household Type:*

| | |
|---|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> Single Parent (female) | <input type="checkbox"/> Relative/Guardian |
| <input type="checkbox"/> Single Parent (male) | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foster Parent | |
| <input type="checkbox"/> Joint Custody | |

Check all that apply: *

| | |
|---|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Veterans Compensation |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Day Care Voucher |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Free School Lunch |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Reduced School Lunch |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Regular School Lunch |
| <input type="checkbox"/> SSI | |

Income Status:*

| |
|--|
| <input type="checkbox"/> Under 15,000 |
| <input type="checkbox"/> 15,001-25,000 |
| <input type="checkbox"/> 25,001-35,000 |
| <input type="checkbox"/> 35,001-50,000 |
| <input type="checkbox"/> 50,001-75,000 |
| <input type="checkbox"/> Over 75,001 |

PICK UP INFORMATION

Two people authorized to pick up member (other than parent/guardian). To add additional names, please see Club director for additional form.

| Authorized Pick Up Person #1 | Authorized Pick Up Person #1 |
|--------------------------------|--------------------------------|
| First Name:* _____ | First Name:* _____ |
| Last Name:* _____ | Last Name:* _____ |
| Relationship to member:* _____ | Relationship to member:* _____ |
| Home Phone: * _____ | Home Phone: * _____ |
| Work Phone: * _____ | Work Phone: * _____ |
| Mobile Phone: * _____ | Mobile Phone: * _____ |

TRANSPORTATION

Please indicate if your child will require transportation home from the afterschool program:

| | |
|---|--|
| <input type="checkbox"/> Will require transportation home | <input type="checkbox"/> Will NOT require transportation home |
| <ul style="list-style-type: none"> Application must be received and approved by noon on Wednesday to participate in the afterschool program and receive transportation the following Monday. Please complete the attached YSDQ Afterschool Bus Transportation Registration form and return with this completed application. | |

CLUB MEMBERSHIP WAIVER - PLEASE READ CAREFULLY:

Parental Release Form

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 Club of York County, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I understand that the Boys & Girls Club is not responsible for lost or stolen items.

Medical Treatment

If in the event that I cannot be reached in an emergency, I hereby give permission to staff to hospitalize, secure proper treatments for, to order injection, anesthesia or surgery for my child as named herein. In the event that my child, as named herein, should require basic first aid and/or minor treatments, as ordered by staff, I give permission for the health care professional to administer such aid or treatment for my child.

Photo Release

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeness of any kind made of the child are and shall remain the property of the Boys & Girls Clubs of York County. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by the Boys & Girls Clubs of York County, Inc. with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

School Information

I also grant permission for Boys & Girls Club personnel to access my child's school records and speak to school personnel for the purpose of planning for and tracking behavioral and scholastic advancement.

Surveys & Questionnaires

Boys & Girls Club frequently ask for members to complete surveys/evaluations. I give consent for my child to participate in any and all surveys/evaluations conducted by Boys & Girls Club staff.

Technology

I understand that Boys and Girls Club of York County will take all necessary and reasonable precautions to ensure that my child will not have access to inappropriate materials on the internet. I further understand that not only will Boys & Girls Club of York County discuss internet safety with my child but that I, as the parent/ guardian, must discuss this with my child as well.

I have read the completed application and this form, understand the policies/expectations of the Boys & Girls Club and request that my child be admitted into membership. I certify that the above information I have supplied is true and correct and that I have provided the Boys & Girls Clubs of York County all necessary information related to the care and safety of my child. I will receive a copy of the Membership Handbook and will read/review the handbook with my child.

Parent/ Guardian Signature * _____
Date ____ / ____ / ____

Club Member's Signature * _____

YSD1 After School Bus Transportation Registration

Form required only for students requesting bus transportation. Car riders need not complete the form.

School Your Child Attends

- JES
- CBES
- HCJES

Student Name _____

Parent/ Guardian Name _____

Emergency Contact Name and Phone Number _____

Alternate Emergency Contact Name and phone number _____

Address for Student Bus Drop Off (please note that the drop off address MUST be within the school attendance zone _____

__ Yes, this is my home address.

__ No, this is not my home address.

YSD1 After School Bus Transportation Policy

1. Parent/Guardian must be visible at **Student Bus Drop Off Address** listed above for students who are in grades K-2. Students in grades 3+ may be dropped off at **Student Bus Drop Off Address** without the Parent/Guardian being visible. **Parents/Guardians not visible at Student Bus Drop Off for students in grades K-2 can result in loss of bus transportation privilege.**
2. Bus Departure from school is 5:30 PM. Students may be on the bus up to 90 minutes before arriving home.
3. Student bus misbehavior will result in loss of riding privilege.
4. New students must register by noon on Wednesday to begin the program the following Monday.

*Students opting for bus transportation are expected to consistently ride the bus home.

Parent/Guardian Signature _____