



**BOYS & GIRLS CLUB
OF WEST CHESTER/LIBERTY**

2018/19 Membership Application

8749 Cincinnati Dayton Road,
West Chester, OH 45069

Contact Information

www.bgcwcl.org
513-860-1923
info@bgcwcl.org

Student Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Birth Date: _____ Age: _____ Gender: Male Female

***The following information is necessary for us to assist your child academically. The answers you provide are completely confidential. ***

School: _____ Grade: _____ Student ID#: _____

Does your child have an IEP/504: Yes No

Is your child enrolled in special education classes: Yes No

Must provide a copy of IEP/504 plan before member will be accepted.

Demographics

***The following information is necessary for the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. ***

Ethnicity

- Black
- White
- Hispanic
- Latino
- Asian
- Native-American
- Multi-Racial
- Other

Household Income

- \$0-\$4,999
- \$5,000-\$9,999
- \$10,000-\$12,499
- \$12,500-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- +\$35,000

Member Lives With

- Both Parents
- Mother
- Father
- Grandparents
- Guardian
- Foster Family
- Other

Number of individuals living in household: _____

Member qualifies for free/reduced lunch: Yes No

If yes, **circle one**: Free / Reduced

Parent/guardian is a military member (active or veteran): Yes No

If yes, which branch:

Member is a U.S. citizen: Yes No

Is there an individual not authorized to pick up your child:

Yes No If yes, name: _____

Emergency Contacts (please include yourself)

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Additional Contact: _____ Phone: _____ Relationship: _____

Additional Contact: _____ Phone: _____ Relationship: _____

Additional Contact: _____ Phone: _____ Relationship: _____

Please note: All emergency contacts and additional contacts are automatically authorized to pick up the member from the Club.

FOR OFFICE USE ONLY

KidTrax ID _____ Date Entered _____ Staff Name _____



Office Use Only
Member Name _____ KidTrax ID _____

Medical Information

Please list all allergies, medications, inhalers, etc. Please note: If your child needs an emergency allergy kit (i.e. EpiPen or inhaler, etc.), you must supply medication labeled with child's name and detailed instructions on storage.

Allergies Yes No Please specify _____

Medications Yes No Please specify _____

Medical Conditions Yes No Please Specify _____

Other: _____

Insurance Company: _____

Policy: _____

Group: _____

I give permission to the BGCWCL 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. **Initials:** _____

Authorization

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 West Chester/Liberty (BGCWCL), their representatives, successors, insurers, 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, and any claim of damages resulting from use of facilities owned or controlled by BGCWCL, or participation in activities of said organization either at or away from the Club. I also give my permission to the BGCWCL to transport my child to and from the Club, for Club-sponsored activities.

I give my permission to BGCWCL and my child's school district to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations more effectively aid the student's academic pursuits.

I give my permission to BGCWCL to collect information via online or written surveys, questionnaires, member assessments, staff assessments, and focus groups from the minor child listed on this application. 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 BGCA, Club staff, BGCWCL funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I give permission for my child's picture, video, or any other graphic depiction, or likeness, to be used by BGCWCL and its partners.

I understand BGCWCL is not responsible for lost or stolen items. I give my permission to the BGCWCL to search my child's belongings in cases where theft, illegal drugs, weapons and any other illegal contraband are suspected. As a drop-in facility, we are not responsible for Club members' whereabouts. BGCWCL is not a licensed day care facility or a custodial care service. I understand that the Club is not, nor does it claim to be, a licensed day care center.

I understand Club staff are not trained medical professionals, nor are they trained professionals in dealing with mental and social disorders. If the attending staff do not feel that they can provide adequate supervision to ensure the safety of the member, other members, or staff, the member may be asked to make alternate arrangements.

I understand that I am to make arrangements for my child to depart the Club by closing time. The BGCWCL reserves the right to contact the appropriate authorities for assistance when members are not picked up in a reasonable time and after all emergency contact alternatives have been exhausted. The BGCWCL also reserves the right to take disciplinary action, up to and including membership revocation, of members who are picked up 15 minutes or more after closing time in excess of five times over one calendar year.

I understand that the BGCWCL may refuse to allow my child to be transported home by anyone (including myself) that they feel may have their driving ability impaired due to drugs, alcohol, or other circumstances. I understand that this is for safety reasons only and that the BGCWCL will contact another authorized individual included on this application to pick up my child. I further agree that any late fees incurred because of the situation will be my responsibility.

I have read the completed application and this form, understand the BGCWCL Member/Parent Handbook, and request that my child be admitted into membership.

Signature of Parent/Guardian _____ **Date** _____



TRANSPORTATION/CHILD CARE INFORMATION
2ND – 6TH GRADES

Your child's school needs the following information for transportation and other important records. If your child will be served by a child care provider at an address other than your home **OR** you live in the exclusion zone, please complete and return this form to your child's assigned school. **This form will be a permanent record at your child's school and the Transportation Department. A new form must be completed if there are any changes in transportation plans.**

Child's Name _____ School _____

Teacher _____ Grade _____

Address _____ Home Phone _____

Mother's Name _____ Employer _____ Wk. Ph. _____ Cell Ph. _____

Father's Name _____ Employer _____ Wk. Ph. _____ Cell Ph. _____

<p><u>To School</u> Please pick up my child at: (Check for each day)</p> <p>Monday Home _____ Child Care _____ Tuesday Home _____ Child Care _____ Wednesday Home _____ Child Care _____ Thursday Home _____ Child Care _____ Friday Home _____ Child Care _____</p> <p><u>From School</u></p> <p>Monday Home _____ Child Care _____ Tuesday Home _____ Child Care _____ Wednesday Home _____ Child Care _____ Thursday Home _____ Child Care _____ Friday Home _____ Child Care _____</p> <p>Child Care Provider will transport a.m./p.m. (Circle)</p> <p>Child Care Provider _____ Provider's Address _____ Provider's Phone _____ Date Effective _____</p>	<p>My child attends the YMCA Latchkey program at my school:(Check for each day)</p> <p><u>Before School:</u></p> <p>Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____</p> <p><u>After School:</u></p> <p>Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____</p> <p><i>Use this box only if your child attends the YMCA Latchkey program (if available). This means your Child will NOT ride the bus on the days checked.</i></p>	<p>My address is in the exclusion zone and my child will do the following: (Circle for each day)</p> <p><u>To School:</u></p> <p>Monday Walk/Car Tuesday Walk/Car Wednesday Walk/Car Thursday Walk/Car Friday Walk/Car</p> <p><u>From School:</u></p> <p>Monday Walk/Car Tuesday Walk/Car Wednesday Walk/Car Thursday Walk/Car Friday Walk/Car</p> <p><i>This section may also be completed if you are choosing to transport your child and your child will NOT ride the bus.</i></p>
<p>Additional Information _____</p>		
<p>Parent's Signature _____ Date _____</p>		

<p><u>For School Office Use Only</u></p>	<p align="right">20__-20__ School Year</p>
<p>Grade _____ Room # _____ Teacher _____ Family # for Car Riders _____</p>	
<p>Child Care Provider Bus # _____ Home Bus # _____ Date Faxed to Transportation _____</p>	