



Summer 2018 Membership Application

Contact Information

8749 Cincinnati Dayton Road,
West Chester, OH 45069

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513-860-1923
info@bgcwcl.org

BOYS & GIRLS CLUB OF WEST CHESTER/LIBERTY

Session 1 (6/11-7/6) Session 2 (7/9-8/3) Session 1&2 Early Drop Off: Yes No

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.

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
- Language Spoken At Home: _____

Household Income

- \$0-\$4,999
- \$5,000-\$9,999
- \$10,000-\$12,499
- \$12,500-\$14,999
- \$15,000-\$11,499
- \$11,500-\$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

Parent/guardian is a BGCA alumni: Yes No

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 _____



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. I understand that any child remaining after the posted Club closing time will accumulate a late fee of \$1.00 per child per minute and will be due at time of pick-up. I agree and understand that I am responsible for picking up any and all notices and/or fliers which will alert me to any changes in scheduling. If someone else is picking up my child, I agree that they are responsible for picking up notices and fliers. **I UNDERSTAND THAT IF I AM FREQUENTLY LATE, MY CHILD'S MEMBERSHIP MAY BE REVOKED WITHOUT REFUND.**

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 _____