



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

**2019/20 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.**

**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-\$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 \_\_\_\_\_



<b>Office Use Only</b>
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** \_\_\_\_\_



**2019/20 TRANSPORTATION/CHILD CARE INFORMATION (BGCWCL ONLY)**  
**3rd-12th GRADES** (\*\*2nd grade members do not receive busing \*\*)

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><b><u>To School</u></b>                  Please pick up my child at: (Check for each day)                  Monday Home _____ Child Care _____                  Tuesday Home _____ Child Care _____                  Wednesday Home _____ Child Care _____                  Thursday Home _____ Child Care _____                  Friday Home _____ Child Care _____</p> <p><b><u>From School</u></b>                  Monday Home _____ Child Care _____                  Tuesday Home _____ Child Care _____                  Wednesday Home _____ Child Care _____                  Thursday Home _____ Child Care _____                  Friday Home _____ Child Care _____</p> <p><b>Child Care Provider will transport a.m./p.m. (Circle)</b>                  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)  <b><u>Before School:</u></b>                  Monday _____                  Tuesday _____                  Wednesday _____                  Thursday _____                  Friday _____</p> <p><b><u>After School:</u></b>                  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)  <b><u>To School:</u></b>                  Monday Walk/Car                  Tuesday Walk/Car                  Wednesday Walk/Car                  Thursday Walk/Car                  Friday Walk/Car</p> <p><b><u>From School:</u></b>                  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>
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Additional Information \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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