



Family # _____

2011/ 2012 Membership Application/ Emergency Form



Parent/ Guardian Information (Please Print)

Parent/ Guardian _____
 Last First

Address _____

City _____ County _____ State _____ Zip _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Email Address _____ Relationship to Child(ren) _____

Office Use Only

Photo Consent
 Yes No

Website Consent
 Yes No

School Year \$20
 Summer \$10
 Annual Unit \$10

Total Amount Due

Cash/ Check Amt

Check# _____

Staff Int _____

Notes _____

Parent/ Guardian _____
 Last First

Address _____

City _____ County _____ State _____ Zip _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Email Address _____ Relationship to Child(ren) _____

Emergency Contact Information (please list contact other than parents/ guardians)

Names listed are assumed to be authorized to pick up the child(ren)

Name _____ Day Phone _____

Name _____ Day Phone _____

List anyone **not** allowed to pick up child(ren) by court order _____

Medical Information

Health Clinic _____ Office Phone _____

Dental Clinic _____ Office Phone _____

Insurance Company _____ Policy # _____

Where did you learn about KIDSTOP or the Boys & Girls Clubs? (Check all that apply)

- _____ Advertisement _____ Family/ Friend Referral _____ School _____ Website
- _____ Other (please describe) _____

Member Information

Member One

First Name _____ Last Name _____
Birthdate ____ / ____ / ____ School Attending _____ Teacher _____
Current Grade _____ Gender _____ Ethnicity (check one) _____ Hispanic or Latino _____ Not Hispanic or Latino
Race (check one) _____ White _____ Black or African American _____ American Indian or Alaskan Native
_____ Native Hawaiian or Other Pacific Islander _____ Asian _____ Bi-Racial _____ Other (please specify) _____
Living with (check one) _____ Mother _____ Father _____ Both _____ Joint Custody _____ Foster Family _____ Grandparents
_____ Other (please specify) _____

The questions below are designed to help us understand and work effectively with your child. You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.

Describe any unusual health conditions _____ Does your child have any physical or mental disabilities, developmental delays or
_____ emotional/ behavioral disorders that we should be aware of to help your child be
_____ successful in KIDSTOP/ BGC? _____ Yes _____ No

Has your child experienced any emotional trauma? _____ Yes _____ No

Note: If you answered yes to either of the above two questions, an intake questionnaire will be provided for you to detail your child's specific need to insure success for your child.

Is your child receiving any services through special education? _____ Yes _____ No

Circle the days that your child is expected to attend. Days can be added or changed by notifying the Program Manager in advance. See Parent Handbook for the Attendance Policy.

Summer 2011 (AM & PM Snacks are served)

Hours: 6:30am-6pm

KIDSTOP Site _____

Days Attending M T W H F

Starting Date _____

School Year 2011/2012 (PM Snack is served)

Hours: Afterschool – 6pm

KIDSTOP Site _____

Days Attending M T W H F

Starting Date _____

Boys & Girls Club Sites _____ Eastside _____ Southside _____ Roosevelt

Member Two

First Name _____ Last Name _____
Birthdate ____ / ____ / ____ School Attending _____ Teacher _____
Current Grade _____ Gender _____ Ethnicity (check one) _____ Hispanic or Latino _____ Not Hispanic or Latino
Race (check one) _____ White _____ Black or African American _____ American Indian or Alaskan Native
_____ Native Hawaiian or Other Pacific Islander _____ Asian _____ Bi-Racial _____ Other (please specify) _____
Living with (check one) _____ Mother _____ Father _____ Both _____ Joint Custody _____ Foster Family _____ Grandparents
_____ Other (please specify) _____

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School Year 2011/2012 (PM Snack is served)

Hours: Afterschool – 6pm

KIDSTOP Site _____

Days Attending M T W H F

Starting Date _____

Boys & Girls Club Sites _____ Eastside _____ Southside _____ Roosevelt

Member Three

First Name _____ Last Name _____
Birthdate ____ / ____ / ____ School Attending _____ Teacher _____
Current Grade _____ Gender _____ Ethnicity (check one) _____ Hispanic or Latino _____ Not Hispanic or Latino
Race (check one) _____ White _____ Black or African American _____ American Indian or Alaskan Native
_____ Native Hawaiian or Other Pacific Islander _____ Asian _____ Bi-Racial _____ Other (please specify) _____
Living with (check one) _____ Mother _____ Father _____ Both _____ Joint Custody _____ Foster Family _____ Grandparents
_____ Other (please specify) _____

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Days Attending M T W H F

Starting Date _____

School Year 2011/2012 (PM Snack is served)

Hours: Afterschool – 6pm

KIDSTOP Site _____

Days Attending M T W H F

Starting Date _____

Boys & Girls Club Sites _____ Eastside _____ Southside _____ Roosevelt

Member Four

First Name _____ Last Name _____
Birthdate ____ / ____ / ____ School Attending _____ Teacher _____
Current Grade _____ Gender _____ Ethnicity (check one) _____ Hispanic or Latino _____ Not Hispanic or Latino
Race (check one) _____ White _____ Black or African American _____ American Indian or Alaskan Native
_____ Native Hawaiian or Other Pacific Islander _____ Asian _____ Bi-Racial _____ Other (please specify) _____
Living with (check one) _____ Mother _____ Father _____ Both _____ Joint Custody _____ Foster Family _____ Grandparents
_____ Other (please specify) _____

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Permission and Release Form

Parent Handbook and Fee Payment Policy

I agree to abide by the terms and conditions of the Boys & Girls Club Parent Handbook (a copy of which I have received) governing the enrollment of the child named on this Membership Application/Emergency form. I understand that payment of KIDSTOP® program fees is made on the first day of the week that child(ren) attend(s). I agree to abide by the terms and conditions of the Boys & Girls Clubs/KIDSTOP® fee policies.

Field Trip Transportation and Supervision

I agree to permit the child named above to participate in walking trips, field trips or other activities sponsored by The Boys & Girls Club. This permission is given with the understanding that transportation, if needed, will be provided by private vehicles driven by Boys & Girls Club staff members or volunteers, school buses and/or public transportation. I also understand that the children will be under Boys & Girls Club supervision throughout the duration of any field trip.

Safety

Knowing there is a certain amount of risk involved in even the simplest of children’s games, sports and activities, I give my permission for my child to participate in Club activities and programs. I accept responsibility in the unlikely event that an accident might take place. I hereby certify that I carry health and/or accident insurance for my child and that I am solely responsible for the cost of health care for my child, even as a result of my child’s participation in Club programs or activities.

Insurance Coverage

I further certify that my child is covered by medical insurance as listed on the above Membership/Emergency form. I understand that insurance coverage is required in order for my child to participate in Club programs and that I am solely responsible to provide such coverage. I understand that I am solely responsible for any consequences of my failure to provide adequate insurance coverage. I agree to abide by all of the rules of the Boys & Girls Clubs of Central Minnesota pertaining to the health and safety of the members and to inform the Club immediately of any changes in my child’s health, health care insurance or medical provider. I also agree to inform the Boys & Girls Clubs of Central Minnesota immediately if my child contracts a serious communicable disease.

I agree that the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), Board of Directors and affiliated agencies, shall not be liable for any claims, demands, actions or causes of action, whatsoever for any injury caused to me or to my child as a result of my child’s involvement in Boys & Girls Club programs or activities.

I hereby expressly forever relieve and discharge said Boys & Girls Clubs of Central Minnesota from all acts of negligence on the part of the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), the corporation, its servants, agents, officers, shareholders and affiliated agencies.

Exchange Of Information

I give my consent to any exchange of information between my child’s Boys & Girls Club/KIDSTOP® staff and school professional staff whenever it would be beneficial to my child.

Authorization for Medical Care

In case of serious accident or illness to my child or in the event that the injury/illness involves my child’s mouth or teeth, I hereby authorize the staff of the Boys & Girls Clubs of Central Minnesota, my child’s physician, dentist and those individuals named on the above Membership/Emergency form to give any necessary treatment to my child. You may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to the Boys & Girls Clubs of Central Minnesota.

The following information is required for membership at the Boys & Girls Club. This information will not be used individually but grouped for fundraising and grant writing. All information is held strictly confidential.				
Number of people in your household _____				
Please check a range for Annual Household Income:				
<input type="checkbox"/> Below \$20,400	<input type="checkbox"/> \$27,401-\$34,300	<input type="checkbox"/> \$41,301-\$48,300	<input type="checkbox"/> \$55,201-\$62,200	<input type="checkbox"/> \$69,101-\$76,100
<input type="checkbox"/> \$20,401-\$27,400	<input type="checkbox"/> \$34,301-\$41,300	<input type="checkbox"/> \$48,301-\$55,200	<input type="checkbox"/> \$62,201-\$69,100	<input type="checkbox"/> \$76,101 & Above

Photo Consent and Release Permission

For Print Media

[] Yes I give my permission for the Boys & Girls Clubs /KIDSTOP® organization to use photographs of my child for promotional purposes and to waive any claims I may have against the Boys & Girls Club for all thereof.

[] No I do not give permission for the Boys & Girls Clubs/KIDSTOP® organization to use photographs of my child.

For Web Media

[] Yes I give permission for the Boys & Girls Clubs /KIDSTOP® organization to use photographs of my child for promotional purposes on the organization’s website www.bgcmn.org.

[] No I do not give permission for the Boys & Girls Clubs/KIDSTOP® organization to use photographs of my child on the website.

I understand the implication of this Permission and Statement of Release. I certify that I am legally capable of executing this agreement, and that I have done so of my own free will on the date indicated below, on behalf of myself, my spouse, if not signed separately, and our child(ren) named above.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Second Parent/Legal Guardian _____ Date _____