

**2020 Day Program Application**

9-Week Program Starting 8/17/20



**BOYS & GIRLS CLUB**

OF THE RAPPAHANNOCK REGION  
FREDERICKSBURG BRANCH

**Youth/Household Information & Permissions**

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of application date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

**BGCRR Enrollment**

1.) Current Member:  Yes  No

If no Membership fee is due IMMEDIATELY

2.) Has your child been tested for COVID-19:  Yes  No

If yes, please provide test results

If no, test must be administered before enrollment in program

3.) Is transportation needed (to program only):  Yes  No

If yes, what is the desired bus stop location: \_\_\_\_\_

4.) Has disclaimer form been signed:  Yes  No

5.) Has payment for first 2 weeks of \$100 been paid:  Yes  No

**Main Point of Contact**

*(Typically, Mom or Dad)*

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Medical Information**

Allergies? Yes No

If yes, please list: \_\_\_\_\_

Epi-Pen? No Yes, child may self-administer

Please describe other any medical or mental-health problems, diagnoses, conditions, or special concerns regarding your child:

\_\_\_\_\_

Please list all medication your child is taking:

\_\_\_\_\_

**\*Note: No space can be held for students/members who have Not paid their weekly fee.**

**By signing below, I acknowledge that I have read, understand and am in agreement with the expectations listed above.**

Parent/Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_