



2021 Day Program Application

Weekly Charge of
\$50.00



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:
