



2021 - 2022 After School Extension Program Application

Grant D. Morse Mt Marion Riccardi _____
Grade

Child's Name Age DOB Gender Race/ethnicity

Street Address City Zip Home Phone

Mother's Name Cell Phone Work Phone Email

Father's Name Cell Phone Work Phone Email

Emergency Contact (not-parent) Phone # 1 Phone # 2

Please describe any special health needs, allergies or other conditions: (i.e.: bees, asthma, ADHD)

Do the above conditions require us to give your child medication or special care?
ADDITIONAL PAPERWORK WILL BE REQUIRED!

Release of Care

Please list the names of people that are authorized to pick up your child from our Program.
Please remember to include yourself on this list.

All persons that will pick up your child must show a driver's license or other picture ID.

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

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Household

Note: Household information is collected for Grant Writing purposes ONLY

Member lives with: (please check all that apply) Mom Step Mom Dad Step Dad Grandparents Other _____

Single Parent Household: Yes No Number in Household: _____ Annual Household Income Level: _____

Program Rules

The Boys & Girls Club After School program...

- Follows the school rules.
- Will not be held responsible for lost, stolen, or damaged items. We ask that members leave their prized belongings at home. (IE: NO iPad, phone, Legos, sports equip. etc.)
- Will not allow any running inside other than in the gymnasium. Sneakers must be worn in the gym. School Play Ground rules are to be followed as well.
- Will not tolerate disrespectful behavior towards staff, other kids or property. Keep your hands to yourself!
- Will also not tolerate any name-calling, bullying or other violent behavior.
- Will not tolerate inappropriate language or behavior.
- Provides caring and experienced staff. Kids must follow their directions and guidance without question.
- Wants to help your child achieve their educational goals and assist with their social development.
- Wants your child to have the best time possible!

I, _____, _____ have read, understand and
Parent's Signature Date

explained the rules to my child and will do my best to support the Boys & Girls Club in providing a safe, fun and enjoyable school year.

Consent

Please check those that apply:

- I give the Boys & Girls Club permission to approve, choose, and secure medical treatment if I cannot be reached in case of any emergency.
- I give permission for the Boys & Girls Club Staff to apply sunblock and topical ointments to my child as needed.
- I give permission for my child to be photographed for display in club programs, on club bulletin boards and for the purpose of promotional materials distributed by the Boys & Girls Club.

I have read and understood the above and acknowledge that the Boys & Girls Club reserves the right to terminate enrollment of any child based upon disciplinary difficulties or lack of payment.

Parent's Name (Printed)

Parent's Signature

Date