



BOYS & GIRLS CLUB OF EDEN-LAKE SHORE

Two Communities | One GREAT Mission

bgcedenlakeshore.org

2025/2026 School Year Child Care Application for Morning Program and/or Afternoon Junior's Program

(Afternoon Program for 1st grade and up go <https://bgcedenlakeshore.org/25-26-registrations> for more info)

CHILD INFORMATION

First Name	_____	Last Name	_____
Suffix	_____	Informal Name	_____
	_____		_____
Foster Care	Circle YES OR NO	Racial/Ethnic Identity	_____
Gender	_____	Birthdate	_____
School Name	_____	Grade	_____
Address	_____	City	_____
State	_____	Zip	_____

ALLERGIES

Does your child have any known allergies:	Circle YES OR NO	If so, explain:	_____
Does the child use an EpiPen?	Circle YES OR NO		_____

MEDICAL INFORMATION

Diagnosed Medical Conditions	Circle YES OR NO	If so, explain:	_____
Other Physical, Mental or Medical Limitations	Circle YES OR NO	If so, explain:	_____
Does the Member Receive Additional Support in School/Community?	Circle YES OR NO	If so, explain:	_____
Does the Member use an Inhaler?	Circle YES OR NO	Does the Member Self-Administer Medication?	Circle YES OR NO
Does the Member use Insulin?	Circle YES OR NO		_____

Per OCFS Regulations, If your child has ANY doctor diagnosed allergies, special need, medical condition and/or has a need for an EpiPen or Inhaler while in the program, then an **Individual Health Care Plan** is required to be **completed by a doctor**. This medical form will need to be submitted and approved prior to the start of the program. The Individual Health Care Plan is page 4 of this application.

Does the member require an Individual Health Care Plan as required by OCFS? Circle YES OR NO

INSURANCE INFORMATION

Insurance Carrier _____ Member/Policy Number _____
Group Number _____

PRIMARY GUARDIAN CONTACT INFORMATION

First Name _____ Last Name _____
Relationship to Child _____ Mobile Phone _____
Alternate Phone _____ Email _____

ADDITIONAL GUARDIAN CONTACT INFORMATION

First Name _____ Last Name _____
Relationship to Child _____ Mobile Phone _____
Alternate Phone _____ Email Address _____

EMERGENCY CONTACTS

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

First Name	_____	First Name	_____
Last Name	_____	Last Name	_____
Mobile Phone	_____	Mobile Phone	_____
Alternate Phone	_____	Alternate Phone	_____
Relationship	_____	Relationship	_____
Authorized for Pickup	Circle YES OR NO	Authorized for Pickup	Circle YES OR NO

HOUSEHOLD SUPPORT INFORMATION

Primary Language Spoken in the Home _____ Member Lives With: _____
Number of Adults in Household _____ Number of Youth in Household _____
Other Relatives in Household _____ Circle YES OR NO _____ If so, explain: _____
Approx Annual Household Income _____

NOT AUTHORIZED TO PICK UP
 (list any individuals who are not authorized to pick up your child)

First Name	_____	First Name	_____
Last Name	_____	Last Name	_____
Relationship	_____	Relationship	_____

<input type="checkbox"/>	I agree that the operator may administer emergency care and/or authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.
<input type="checkbox"/>	I agree that the operator may administer topical ointments to my child including sunscreen and antibacterial ointment
<input type="checkbox"/>	I agree my child's picture may be used in Boys & Girls Club publications, and marketing materials
<input type="checkbox"/>	I agree my child may participate in our healthy snack program (allergies permitting).
<input type="checkbox"/>	At the Boys & Girls Club of Eden-Lake Shore, Child Safety is always our number one priority. Ensuring child safety is fundamental to the mission of our organization I have read and understand the Boys & Girls of Eden-Lake Shore Safety Policies found at https://bgcedenlakeshore.org/safety-policy
<input type="checkbox"/>	At holiday time The Boys & Girls Club is fortunate to have donors adopt families who are in need. Check this box if your family would be interested in becoming adopted if the opportunity presents itself. ALL information will remain confidential.

 (Signature of Parent)

 Date

 (Print Name)