



**BOYS & GIRLS CLUB
OF LAKE SHORE**

**2026/2027 School Year Child Care Application for
Morning Program (PK - 8th grade)
and/or Afternoon Junior's Program (PK and K Only)**

CHILD INFORMATION

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

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
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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 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 Lake Shore Safety Policies found at https://bgcedenlakeshore.org/safety-policy

 (Signature of Parent)

 Date

 (Print Name)