



Club membership is open to grades 4 to 12 free of charge from 2:30 to 6:00pm. 4th to 6th graders are recommended to stay until at least 5pm. Each child must have their own individual form completed. Contact us at 802-870-7199 with any questions.

MEMBER

Child's Name: _____ Goes by: _____

Child's Home Address: _____

Grade (as of Sept 2021): _____ School: _____ Date of Birth: ___/___/___

PARENT GUARDIAN

Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian Address (if different): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email address: _____ Primary resident of child: Yes ___ No ___

Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian Address (if different): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email address: _____ Primary resident of child: Yes ___ No ___

EMERGENCY CONTACTS

Contact Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Permission to pick up: Yes ___ No ___

Contact Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Permission to pick up: Yes ___ No ___

IMPORTANT INFORMATION

Allergies/Dietary Requirements: _____

Child's Physician: _____ Physician Phone Number: _____

Child's Dentist: _____ Dentist Phone Number: _____

Current Medications: _____ Preferred Hospital: _____

Other than the above listed parent/guardians and/or emergency contacts, the following people have permission to pick my child up any given day:

1. Name: _____ Daytime Number: _____
2. Name: _____ Daytime Number: _____
3. Name: _____ Daytime Number: _____

***NOT authorized to pick up*:** 1. _____ 2. _____

DEMOGRAPHIC & CONFIDENTIAL INFORMATION:

As a non-profit we rely on outside funding sources to continue to offer our services at no cost. The information collected in this section is required to secure that funding. This information is never reported with you/your child's name. **This information is strictly confidential and does not in any way affect eligibility for Club membership.**

Member Name: _____ **Gender:** _____ **# of people in Household:** _____

Ethnicity

___ American Indian/Alaska

___ Native

___ Asian

___ Black or African American

___ Hispanic, Latino, Spanish

___ Origin

___ White

___ Mixed Ethnicity

___ Other

___ Unknown

Household Income:

___ \$0-\$24,999

___ \$25,000-\$34,999

___ \$35,000-\$44,999

___ \$45,000-\$54,999

___ \$55,000-\$64,999

___ \$65,000 & UP

Is a Parent/Guardian

Incarcerated:

___ Yes ___ No

Is a Parent/Guardian an active/retired member of the military?

Yes ___ No ___

Member's household receives the following services:

___ Food Stamps

___ Free/Reduced Lunch

___ General Assistance

___ Unemployment

I give my permission for:

- My child to walk home: Yes___ No___
- My child to use their school email for group contact and updates from Staff: Yes___ No___
- My child to participate in its mentoring program and to survey my child for use in reports and general knowledge: Yes___ No___
- My child to use the internet/electronics for academics and age appropriate games: Yes___ No___
- My child to go on walking trips or field trips by contracted transportation: Yes___ No___
- BGCGV to take photographs/videos for Club use: Yes___ No___
- BGCGV to speak with my child's school regarding their development, behavior and education: Yes___ No___

The Boys & Girls Club of Greater Vergennes maintains an **Open Door Policy**. It is the responsibility of the Parent/Guardian to set and enforce their expectations regarding how and when their child/teen may leave the Club and communicate with the Club. The Club is not a licensed child care center and cannot be responsible for the supervision of children beyond closing time. Parents/Guardians are responsible for their children/teens' transportation to and from the Club.

I understand that I will assume full responsibility for any accident incurred, thereby releasing the Boys & Girls Club of Greater Vergennes and its staff and its directors, of all liabilities. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the staff of the Boys & Girls Club of Greater Vergennes to transport my child to a hospital or medical facility nearby, and to secure for my child the necessary medical treatment.

I have read, understand, and agree to the policies and procedures outlined in the Family Handbook. I have explained the rules, policies, and expectations outlined in the Family Handbook to my child.

Parent/Guardian signature: _____ **Date:** _____

As the Club member, I will:

- Use appropriate language refraining from profanity or any language that is disrespectful of others.
- Be kind and respectful to myself and others with my thoughts, words, and actions.
- Follow the rules of the BGC by being a caring, productive and responsible member.
- Respect the personal space and property of others.
- Use the Club's property as intended
- Refrain from gossip or any type of bullying behavior
- Respect boundaries between myself and staff

Member Signature: _____ **Date:** _____