

Member Registration Form



BOYS & GIRLS CLUBS
OF ST. HELENA AND CALISTOGA

OFFICE USE ONLY

- School Year
 Summer

Member Information			
First Name:		Last Name:	
Member/Lunch Number:			
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	Birth Date: ____/____/____ School: _____ Grade: _____
Allergies:		<input type="checkbox"/> Severe <input type="checkbox"/> Mild	Known symptoms or Reactions to Allergies:
Physical, Medical, Behavioral Conditions:		<input type="checkbox"/> Severe <input type="checkbox"/> Mild	Please specify behaviors or needs associated with this condition:
Member Information (Additional Child)			
First Name:		Last Name:	
Member/Lunch Number:			
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	Birth Date: ____/____/____ School: _____ Grade: _____
Allergies:		<input type="checkbox"/> Severe <input type="checkbox"/> Mild	Known symptoms or Reactions to Allergies:
Physical, Medical, Behavioral Conditions:		<input type="checkbox"/> Severe <input type="checkbox"/> Mild	Please specify behaviors or needs associated with this condition:
Member Information (Additional Child)			
First Name:		Last Name:	
Member/Lunch Number:			
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	Birth Date: ____/____/____ School: _____ Grade: _____
Allergies:		<input type="checkbox"/> Severe <input type="checkbox"/> Mild	Known symptoms or Reactions to Allergies:
Physical, Medical, Behavioral Conditions:		<input type="checkbox"/> Severe <input type="checkbox"/> Mild	Please specify behaviors or needs associated with this condition:
Household Information			
Primary Residence Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced (Live with Dad) <input type="checkbox"/> Divorced (Live with Mom) <input type="checkbox"/> Other: _____	Does your child(ren) receive: <input type="checkbox"/> Regular School Lunch <input type="checkbox"/> Reduced Fee for School Lunch <input type="checkbox"/> Free School Lunch	Gross Annual Income (Used For Grants) <input type="checkbox"/> 25k or less <input type="checkbox"/> 76k-100k <input type="checkbox"/> 26k-50k <input type="checkbox"/> 101k-125k <input type="checkbox"/> 51k-75k <input type="checkbox"/> 126k-beyond	Primary language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
Home Address		City	State Zip
Mailing Address		City	State Zip
Father/Guardian Information			
Full Name:		Employer:	Title:
Email Address:		Cell Phone Number: ()	Alternate Phone Number: <input type="checkbox"/> Work () <input type="checkbox"/> Home
Mother/Guardian Information			
Full Name:		Employer:	Title:
Email Address:		Cell Phone Number: ()	Alternate Phone Number: <input type="checkbox"/> Work () <input type="checkbox"/> Home

Emergency Contacts:

Contact Name	Relationship	Phone Number	Contact Name	Relationship	Phone Number
1.		()	5.		()
2.		()	6.		()
3.		()	7.		()
4.		()	8.		()

The following people are **NOT** allowed to pick up my child: *Court documentation is required to bar any parent from picking up their child.

Name	Relationship	Age
1.		
2.		

Early Release Policy

Due to State and Federal grant guidelines, members of the Boys & Girls Clubs of St. Helena and Calistoga are required to attend every school day from school release until 5:50pm in order to ensure that the program is utilized effectively and consistently. Students may leave the Club early under the following circumstances (please check all that apply):

- Member attends a parallel program. (i.e. Intervention, community sports leagues, or community group)
- Student receives district sponsored transportation and must leave at a designated time.
- Family schedule makes it difficult for child to leave or be picked up at 6:00pm.
- Student has other non-program obligations.
- Student has a medical appointment
- Weather conditions make it difficult for child to leave or be picked up at 6:00pm.

Please Read Carefully

By signing below I hereby give my permission to my child to become a member of Boys & Girls Clubs of St. Helena and Calistoga. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Clubs of St. Helena and Calistoga and its property are not responsible for personal injury or loss of property.

By signing below I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a Boys & Girls Clubs of St. Helena and Calistoga program. It is understood that the cost thereof will be at my expense. To protect the safety of staff and our members and reduce liability, Boys & Girls Clubs of St. Helena and Calistoga staff does not dispense or store medication of any kind for our members.

By signing below I hereby give my permission for my child's grades, free/reduced lunch status and state test results to be released to Boys & Girls Clubs of St. Helena and Calistoga only in conjunction with programs related to education and case management (ASES Program). I understand that individual student test scores will NOT be shown or used outside of Boys & Girls Clubs of St. Helena and Calistoga.

By signing below I hereby give my permission for my child to be photographed, videotaped and/or interviewed for use by Boys & Girls Clubs of St. Helena and Calistoga and Boys & Girls Clubs of America in promotional materials.

By signing below I hereby give my permission for my son/daughter to participate in routinely scheduled activities that occur off-site at nearby facilities; i.e., park, swimming pool, library and other youth agencies. I understand that in these cases my child will be accompanied with a staff when walking or using public transportation. For certain special events or field trips, you will receive a separate permission slip.

By signing below I understand that attendance is contingent upon members following Club expectations and exhibiting positive behavior. Club staff reserve the right to suspend or terminate attendance and/or membership at any time if those guidelines are not followed.

For Office Use Only

Paid in Full: Cash Check Credit Card
(Staple Copy of Receipt to Form)

Payment Plan: \$ _____ per Month

Scholarship: 100% 75% 50% 25%

Notes:

Parent/Guardian Signature

Date