



2016- 2017 Club Member Membership Form

Member Information (Please fill in all blanks)

First Name: _____ Last Name: _____ Date of Birth (mm/dd/yyyy): _____ Gender: _____
 School: _____ Grade: _____ Shirt Size _____ **START DATE:** _____
Child lives with ___ Both parents ___ Mother only ___ Father only ___ Other (Please Specify) _____
 Does your child receive: Reduced Price Lunch Free Lunch Neither

Program Registration Check here for **School Break Club**(Located in Orange County)

Elementary Morning Programs (Orange County Only) <input type="checkbox"/>	After School Program: <input type="checkbox"/>
Elementary Programs:	Middle School/High School Programs:
<input type="checkbox"/> Pine Bush Programs (Includes Crispell and E.J. Russell Elementary)	<input type="checkbox"/> Liberty Middle School
<input type="checkbox"/> Circleville Programs (Includes Circleville Middle and Pakanasink Elementary)	<input type="checkbox"/> Monticello High School F.A.C.E.S
<input type="checkbox"/> Liberty Elementary	<input type="checkbox"/> Roscoe Central School
<input type="checkbox"/> Robert J. Kaiser Middle School	
<input type="checkbox"/> Livingston Manor Central School	
<input type="checkbox"/> Fallsburg Teen Center	
Attending: <input type="checkbox"/> 5 Days a Week <input type="checkbox"/> 3 Days a Week (Specify)	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

Parent/Guardian Information: Must be completely filled out.

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
<input type="checkbox"/> Check if this person is the primary contact for billing.	<input type="checkbox"/> Check if this person is the primary contact for billing.

Emergency Contact Information: Who can be contacted if the parent/guardian cannot be reached.

Name: _____	Name: _____
Relationship to member: _____	Relationship to member: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Cell Phone: _____	Cell Phone: _____

Custody Information

Are there any custody issues the staff should be made aware of? **Yes** **No**

Any official court documents regarding custody that require the Clubs to limit a child's contact with a parent, custodial or non-custodial, MUST be provided to the Clubs.

Medical Information: Including Allergies, Medications and Special Needs

Please list any and all Allergies we should be aware of - Please check all that apply:

- None Asthma
 Allergies: _____

Please list all medical concerns & medications.

- None
 Medications _____

 Other Medical Concerns (Please be specific):

Please list AND describe any special needs or special classifications (504, IEP, etc) your child may have.

Transportation

How is your child transported home at the end of program?

- Walk Home School bussing (where available) Pick-Up from Program

Are there any persons you would like to authorize to pick up your child, other than the parents and emergency contacts? If so, please list them here:

Demographic Information: Optional (*but encouraged! The information is used to secure grants!*)

Ethnicity:

- Hispanic
 Black
 Caribbean Islands
 Caucasian
 Asian
 Multi-Racial
 Native American
 Other _____

Housing:

- Rent
 Own
 Public Housing
 Shelter
 Foster Care
 Other: _____

Annual Household Income:

- Below \$15,000 \$34,001-\$41,000
 \$15,001-\$20,000 \$41,001-\$48,000
 \$20,001-\$27,000 \$48,000-\$55,000
 \$27,001-\$34,000 Above \$55,001

Number of Individuals Who Live in the Household: _____

Liability Clause: I understand that the Town of Wallkill Boys & Girls Club, Inc. (hereafter known as BGC) shall not be responsible or legally liable for any bodily injuries or the result thereof incurred and suffered by my child on any property of the BGC, or while engaged in any activity away from the club, unless such loss or injury results directly from negligence or willful act or any employee of the BGC acting within the scope of his/her employment.

Medical Consent: I consent that my child be transported and given medical treatment if it becomes needed. I give the BGC permission to use over-the-counter topical ointments, sunscreen and topically applied insect repellent.

Other: I give permission for my child to be transported between school programs and/or BGC programs. I give consent for my child to have his/her photo, video or other media published in BGC advertisements, publications, or press releases. I give permission to Boys & Girls Club to provide mentor program opportunities through Boys & Girls Clubs of America if available.

By checking this box I agree to uphold the rules and regulations of the Town of Wallkill Boys & Girls Clubs, Inc. as outlined in the Parent/Guardian Handbook, which was made available to me at the time of registration, and is always available at www.bgcorange.org.



Signature of Parent/Guardian Date

Funding for our Boys & Girls Clubs is provided by: US Office of Juvenile Justice and Delinquency Prevention, Boys & Girls Clubs of America, NYS Office of Children and Family Services, Orange County Youth Bureau, Sullivan County Legislature, Corporate Sponsors and Individual Donors.