



Family # \_\_\_\_\_

## 2014/ 2015 Membership Application/ Emergency Form



### Parent/ Guardian Information (Please Print)

**Parent/ Guardian** \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

**Parent/ Guardian** \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

**Office Use Only**

Photo Consent  
 Yes  No

Website Consent  
 Yes  No

School Year \$20  
 Summer \$10  
 Annual Unit \$10

Total Amount Due  
 \_\_\_\_\_

Cash/ Check Amt  
 \_\_\_\_\_

Check# \_\_\_\_\_

Staff Int \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information** (please list contact other than parents/ guardians)

*\*\*Names listed are assumed to be authorized to pick up the child(ren)\*\**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

List anyone **not** allowed to pick up child(ren) by court order \_\_\_\_\_

### Medical Information

Health Clinic \_\_\_\_\_ Office Phone \_\_\_\_\_

Dental Clinic \_\_\_\_\_ Office Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Media Consent

- Yes I give my permission for the Boys & Girls Clubs /KIDSTOP® organization to use photographs of my child for promotional purposes (including print, web and social media) and to waive any claims I may have against the Boys & Girls Club for all thereof.
- No I do not give permission for the Boys & Girls Clubs/KIDSTOP® organization to use photographs of my child.

**The following information is required for membership at the Boys & Girls Club.**

**This information will not be used individually but grouped for fundraising and grant writing. All information is held strictly confidential.**

**Number of people in your household** \_\_\_\_\_

_____ Below \$22,980	_____ \$22,981 - \$31,020	_____ \$31,021 - \$39,060	_____ \$39,061 - \$47,100	_____ \$47,101 - \$55,140
_____ \$55,141 - \$63,180	_____ \$63,181 - \$71,220	_____ \$71,221 - \$76,260	_____ \$76,261 - \$87,300	_____ Above \$87,304

**Does your child receive free or reduced lunch?**

Free Lunch  Reduced Lunch  Either Free or Reduced Lunch  Neither Free or Reduced Lunch

## Member Information

### Member One

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Attending \_\_\_\_\_ Teacher \_\_\_\_\_  
Current Grade \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity (check one) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino  
Race (check one) \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
Living with (check one) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Joint Custody \_\_\_\_\_ Foster Family \_\_\_\_\_ Grandparents  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**The questions below are designed to help us understand and work effectively with your child. You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.**

Describe any unusual health conditions \_\_\_\_\_ Does your child have any physical or mental disabilities, developmental delays or emotional/ behavioral disorders that we should be aware of to help your child be successful in KIDSTOP/ BGC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child experienced any emotional trauma? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note: If you answered yes to either of the above two questions, an intake questionnaire will be provided for you to detail your child's specific need to insure success for your child.**

Is your child receiving any services through special education? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Circle the days that your child is expected to attend. Days can be added or changed by notifying the Program Manager in advance. See Parent Handbook for the Attendance Policy.**

**Summer 2014** (AM & PM Snacks are served)

Hours: 6:30am-6pm

KIDSTOP Site \_\_\_\_\_

Days Attending M T W H F

Starting Date \_\_\_\_\_

**School Year 2014/2015** (PM Snack is served)

Hours: Afterschool – 6pm

KIDSTOP Site \_\_\_\_\_

Days Attending M T W H F

Starting Date \_\_\_\_\_

Boys & Girls Club Sites \_\_\_\_\_ Eastside \_\_\_\_\_ Southside \_\_\_\_\_ Roosevelt

### Member Two

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Attending \_\_\_\_\_ Teacher \_\_\_\_\_  
Current Grade \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity (check one) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino  
Race (check one) \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
Living with (check one) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Joint Custody \_\_\_\_\_ Foster Family \_\_\_\_\_ Grandparents  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

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Has your child experienced any emotional trauma? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note: If you answered yes to either of the above two questions, an intake questionnaire will be provided for you to detail your child's specific need to insure success for your child.**

Is your child receiving any services through special education? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Circle the days that your child is expected to attend. Days can be added or changed by notifying the Program Manager in advance. See Parent Handbook for the Attendance Policy.**

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Hours: 6:30am-6pm

KIDSTOP Site \_\_\_\_\_

Days Attending M T W H F

Starting Date \_\_\_\_\_

**School Year 2014/2015** (PM Snack is served)

Hours: Afterschool – 6pm

KIDSTOP Site \_\_\_\_\_

Days Attending M T W H F

Starting Date \_\_\_\_\_

Boys & Girls Club Sites \_\_\_\_\_ Eastside \_\_\_\_\_ Southside \_\_\_\_\_ Roosevelt

**Member Three**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Attending \_\_\_\_\_ Teacher \_\_\_\_\_  
Current Grade \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity (check one) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino  
Race (check one) \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
Living with (check one) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Joint Custody \_\_\_\_\_ Foster Family \_\_\_\_\_ Grandparents  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**The questions below are designed to help us understand and work effectively with your child. You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.**

Describe any unusual health conditions \_\_\_\_\_ Does your child have any physical or mental disabilities, developmental delays or emotional/ behavioral disorders that we should be aware of to help your child be successful in KIDSTOP/ BGC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child experienced any emotional trauma? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note: If you answered yes to either of the above two questions, an intake questionnaire will be provided for you to detail your child’s specific need to insure success for your child.**

Is your child receiving any services through special education? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Circle the days that your child is expected to attend. Days can be added or changed by notifying the Program Manager in advance. See Parent Handbook for the Attendance Policy.**

**Summer 2014 (AM & PM Snacks are served)**

**Hours: 6:30am-6pm**

**KIDSTOP Site \_\_\_\_\_**

**Days Attending M T W H F**

**Starting Date \_\_\_\_\_**

**School Year 2014/2015 (PM Snack is served)**

**Hours: Afterschool – 6pm**

**KIDSTOP Site \_\_\_\_\_**

**Days Attending M T W H F**

**Starting Date \_\_\_\_\_**

**Boys & Girls Club Sites \_\_\_\_\_ Eastside \_\_\_\_\_ Southside \_\_\_\_\_ Roosevelt**

**Member Four**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Attending \_\_\_\_\_ Teacher \_\_\_\_\_  
Current Grade \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity (check one) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino  
Race (check one) \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
Living with (check one) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Joint Custody \_\_\_\_\_ Foster Family \_\_\_\_\_ Grandparents  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**The questions below are designed to help us understand and work effectively with your child. You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.**

Describe any unusual health conditions \_\_\_\_\_ Does your child have any physical or mental disabilities, developmental delays or emotional/ behavioral disorders that we should be aware of to help your child be successful in KIDSTOP/ BGC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child experienced any emotional trauma? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note: If you answered yes to either of the above two questions, an intake questionnaire will be provided for you to detail your child’s specific need to insure success for your child.**

Is your child receiving any services through special education? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Circle the days that your child is expected to attend. Days can be added or changed by notifying the Program Manager in advance. See Parent Handbook for the Attendance Policy.**

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**Hours: 6:30am-6pm**

**KIDSTOP Site \_\_\_\_\_**

**Days Attending M T W H F**

**Starting Date \_\_\_\_\_**

**School Year 2014/2015 (PM Snack is served)**

**Hours: Afterschool – 6pm**

**KIDSTOP Site \_\_\_\_\_**

**Days Attending M T W H F**

**Starting Date \_\_\_\_\_**

**Boys & Girls Club Sites \_\_\_\_\_ Eastside \_\_\_\_\_ Southside \_\_\_\_\_ Roosevelt**

## Permission and Release Form

### Parent Handbook and Fee Payment Policy

I agree to abide by the terms and conditions of the Boys & Girls Club Parent Handbook (a copy of which I have received) governing the enrollment of the child named on this Membership Application/Emergency form. I understand that payment of KIDSTOP® program fees is made on the first day of the week that child(ren) attend(s). I agree to abide by the terms and conditions of the Boys & Girls Clubs/KIDSTOP® fee policies.

### Field Trip Transportation and Supervision

I agree to permit the child named above to participate in walking trips, field trips or other activities sponsored by The Boys & Girls Club. This permission is given with the understanding that transportation, if needed, will be provided by private vehicles driven by Boys & Girls Club staff members or volunteers, school buses and/or public transportation. I also understand that the children will be under Boys & Girls Club supervision throughout the duration of any field trip.

### Safety

Knowing there is a certain amount of risk involved in even the simplest of children's games, sports and activities, I give my permission for my child to participate in Club activities and programs. I accept responsibility in the unlikely event that an accident might take place. I hereby certify that I carry health and/or accident insurance for my child and that I am solely responsible for the cost of health care for my child, even as a result of my child's participation in Club programs or activities.

### Insurance Coverage

I further certify that my child is covered by medical insurance as listed on the above Membership/Emergency form. I understand that insurance coverage is required in order for my child to participate in Club programs and that I am solely responsible to provide such coverage. I understand that I am solely responsible for any consequences of my failure to provide adequate insurance coverage. I agree to abide by all of the rules of the Boys & Girls Clubs of Central Minnesota pertaining to the health and safety of the members and to inform the Club immediately of any changes in my child's health, health care insurance or medical provider. I also agree to inform the Boys & Girls Clubs of Central Minnesota immediately if my child contracts a serious communicable disease.

I agree that the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), Board of Directors and affiliated agencies, shall not be liable for any claims, demands, actions or causes of action, whatsoever for any injury caused to me or to my child as a result of my child's involvement in Boys & Girls Club programs or activities.

I hereby expressly forever relieve and discharge said Boys & Girls Clubs of Central Minnesota from all acts of negligence on the part of the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), the corporation, its servants, agents, officers, shareholders and affiliated agencies.

### Exchange Of Information

I give my consent to any exchange of information between my child's Boys & Girls Club/KIDSTOP® staff and school professional staff whenever it would be beneficial to my child.

### Authorization for Medical Care

In case of serious accident or illness to my child or in the event that the injury/illness involves my child's mouth or teeth, I hereby authorize the staff of the Boys & Girls Clubs of Central Minnesota, my child's physician, dentist and those individuals named on the above Membership/Emergency form to give any necessary treatment to my child. You may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to the Boys & Girls Clubs of Central Minnesota.

I understand the implication of this Permission and Statement of Release. I certify that I am legally capable of executing this agreement, and that I have done so of my own free will on the date indicated below, on behalf of myself, my spouse, if not signed separately, and our child(ren) named above.

### National Youth Outcome Initiative Survey

The Boys & Girls Clubs of Central Minnesota is taking part in an annual survey that will be used to track the well being of members in Boys & Girls Clubs nationally. Our Club is one of a group of Clubs across the country participating in this survey that asks how members feel about the activities and time they spend in Boys & Girls Club programs, education plans, and involvement in community service and work.

Additionally, the survey asks about the attitudes and health behaviors of members, including questions about nutrition and physical activity. Members will not put their names on the survey. No site or member will ever be mentioned by name in a report of the results.

We would like all members at our sites to take part in the survey, but the survey is voluntary. Survey participants can skip any questions they do not wish to answer.

If you would like to see the survey, a copy is available upon request. Please contact the program manager or unit director. You may review the survey during regular hours.

If you do NOT want your child to take part in the survey, we have a form for you to sign. The form is available from your program manager or unit director.

If you have any questions about the survey, please contact the Boys & Girls Clubs of Central Minnesota at (320) 252-7616.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_