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BOYS & GIRLS CLUBS
OF ST. LUCIE COUNTY

We appreciate the support we receive from:



Please Print All Applicable Information

2017 Membership Application

For Office Use Only

BGC ID Number:		Location:	
Amount Paid:	Payment Type:	Check Number:	Check Date:
Payment From:		Payment Date:	
Accepted By:		Date entered into Vision:	
Age Group:	Photo Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ed Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Open Door: <input type="checkbox"/> Yes <input type="checkbox"/> No

Member's Name:

Personal Information

Child's First Name:		Middle:	Last Name:	
Address: (No PO Box)		City:		Zip:
Home Phone w/Area Code:		DOB: (mm/dd/yyyy)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	Primary Parent/Guardian Email:	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Haitian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other		

School Information

School:	School Lunch Program: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Ineligible		
School Release Information: I understand that as a partner of the St. Lucie County School Board, the Boys & Girls Clubs of St. Lucie County will obtain academic information to better serve my child's academic needs. I give permission for the Boys & Girls Clubs of St. Lucie County to access my child's academic school records: <input type="checkbox"/> Yes <input type="checkbox"/> No			
School/Skyward Id Number: 5 _____ Password: _____		Teacher's Name:	Current Grade:

Medical Information

Doctor Name:	Doctor Phone Number:	Permission for Treatment by Doctor/Hospital?
List Serious Health Problems/Allergies:		Is your child currently on medication? (<i>explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
List accommodations/assistance your child may need to be successful in our program:		

Release of Child/Emergency Contact Information

Mother/Guardian Name:	Place of Employment/Occupation:	Cell Phone:
Father/Guardian Name:	Place of Employment/Occupation:	Cell Phone:
Additional Contacts		
Name:	Relationship:	Cell Phone:
Name:	Relationship:	Cell Phone:
Name:	Relationship:	Cell Phone:
Is there anyone NOT authorized to pick up your child?		

Household Information: *(This information is used for Grant writing purposes)*

Check All Those Living In Current Household: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other	Total Number of people living in household: _____
Household Income <input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000 & up	Head of Household: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Single Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the parent/guardian a member of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No

TERMS & CONDITIONS: Please initial that you have read each paragraph.

_____ **Parent Handbook:** I have received a copy of the Boys & Girls Clubs of St. Lucie County handbook and agree to abide by the policies in the Parent Handbook, and that failure to do so can result in membership termination.

_____ **Club Rules & Code of Conduct:** I agree to review the Club rules and Code of Conduct and consequences with my child. I understand that membership can be suspended or revoked should behavior warrant such action.

_____ **Payment:** Please keep record of payments, we do not provide annual statements. There are no refunds for membership fees.

_____ **Late Fees:** I will adhere to the program hours. I understand that I will be charged a late fee of \$1 per minute, for not picking my child up at the designated closing time. I understand that membership may be suspended until payment is made. I understand that repeated offenses can result in termination of membership.

_____ **Photo Release:** I give permission for my child to be photographed and/or videotaped for promotional materials:
 Yes No

_____ **Medical Care:** In the event the Boys & Girls Clubs of St. Lucie County is unable to reach me, or is on a field trip out of town, when my child has been injured or needs medical attention/treatment, I authorize the Boys & Girls Clubs of St. Lucie County to obtain medical or hospital care on an emergency basis, and I will be financially responsible for such care.

Open Door Policy

The Boys & Girls Clubs of St. Lucie County offers an **open door policy for children 13 years and older**, which means that members can sign themselves out of the Club to go home. If you grant your child permission to sign him/herself out to go home, you fully understand that your child may not return to the Club until the next day. You are also stating that you understand that your child is not being supervised during their time away.

Yes, my child _____ is **13 years or older** and has permission to sign him/herself out to go home. (Name)

No, my child _____ does not have permission to sign him/herself out to go home. (Name)

We are counting on you as the parent/guardian to have a relationship with your child whereby your child respects your wishes and will stay at the Club for the hours you say so. Again, we maintain an **open door policy for children 13 years and older**.

Membership Agreement

I, _____ do hereby give my son/daughter permission to attend and participate in activities sponsored by the Boys & Girls Clubs, including the "SMART" family of prevention programs and release Boys & Girls Clubs of St. Lucie County, Inc., its employees, directors, associates and contributors from injury, loss or theft incurred by my child while participating. I further understand that the information provided here may be used by funders of this program (i.e. Boys & Girls Clubs of America, Children Services Council) for research purposes or to evaluate the program's effectiveness. All information provided on this form will be kept confidential. My signature indicates that I completed this application and understand the statements made within.

Parent/Guardian Signature: _____ Date: _____