



**BOYS & GIRLS CLUB
OF STAMFORD**

K-3RD GRADE

REGISTRATION CHECKLIST

Here is a checklist to ensure that you have all of the necessary paper in order to register your child. ALL OF THESE THINGS ARE NECESSARY IN ORDER TO REGISTER. NO EXCEPTION CAN BE MADE

Child's Name: _____

Parent/Guardian's Name: _____

_____ COMPLETED APPLICATION (*Yerwood Unit*)

_____ BOYS & GIRLS CLUB HEALTH FORM

_____ BIRTH CERTIFICATE

_____ JUNE 2018 REPORT CARD

_____ \$250.00 FOR REGISTRATION COVER FOR THE MONTHS OF
(September – January 27th)

_____ ANOTHER \$250.00 BEFORE THE END OF JANUARY COVERS
(January 28th – Last day of school in June)

PAYMENTS: Credit Card, Money Order Personalized Check and or Bank Check (There is a \$35 fee if your check cannot be processed)

Please make Checks & Money Orders to

The Boys & Girls Club of Stamford

Date of Registration: _____ Staff initials: _____

Date info logged into computer: _____ Staff initials: _____

Interviewed by: _____

Membership #: _____

MEMBERSHIP APPLICATION
Boys & Girls Club of Stamford



First Name: _____ **Middle:** _____ **Last:** _____

Nickname: _____

Gender: ___ M ___ F **DOB:** _____ **SSN:** _____

Ethnicity:

___ **White** ___ **Black/ African American** ___ **Asian** ___ **Black Hispanic** ___ **White Hispanic**
___ **Native American/Alaskan Native** ___ **Native Hawaiian/Pacific Islander** ___ **Multiracial**
___ **Other (Please specify):** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

School Information:

Current Teacher: _____ **Guidance Counselor:** _____

School: _____ **Grade:** _____

Medical Information:

Doctor Name: _____ **Doctor Phone:** _____

Permission for Treatment by Doctor/Hospital: ___ Yes ___ No **Medicaid:** ___ Yes ___ No

Does your family have health and/or accident insurance: ___ Yes ___ No

Insurance Carrier: _____

Policy #: _____ **Group#:** _____

Date Health Info Received _____

Serious Health Problems: ___ Yes ___ No **If Yes, explain:** _____

Medications: ___ Yes ___ No **If Yes, explain:** _____

Date Medical Info Received _____

General:

Birth Certificate on File: ___ Yes ___ No **Birth City:** _____ **Birth State/Country:** _____

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: ___ Yes ___ No

Member has permission to be used in public relations materials: ___ Yes ___ No

Member may participate in all Club activities in or adjacent to the club building: ___ Yes ___ No

Club Member Since: _____ **Religion:** _____

Household: *NOTE: This information is collected for Grant writing purposes ONLY. Our Scholarship and funding relies on this information. Please be very accurate in your responses.*

Member lives with Mom Step Mom Dad Step Dad Grandparent Other: _____

Housing Development: _____

Gross	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Household	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Income:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000 _____

Number in Household: _____

Is there a Member of the household 65 years old or older: Yes No

Is there a Member of the Household Handicapped: Yes No

Is there anyone who's in the Military who lives in the Household: Yes No

Current Head of Household: Female Male

Current Single Parent: Yes No

Does Child receive Free or Reduced lunch: Yes No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

T-Shirt Size:

Youth: S, M, L **Adult:** S, M, L, XL

Walker's Release:

I hereby give my permission to permit my child to walk home at the end of the program day. I fully approve of this dismissal procedure and by signing this release, I hereby release and hold harmless the Boys & Girls Club of Stamford of any and all responsibility with my child walking home.

Parent/Guardian Signature _____ Date _____

Disclaimer:

I give my permission for my child _____ to attend the summer camp program of the Boys & Girls Club and to participate in all activities. I understand that the program is not responsible for the personal property of participants. I authorize the Boys & Girls Club to use photographs of my child to the purpose of telling the program story and promoting the message of the program. In case of emergency, I understand every effort will be made to reach the parent or guardian or participants. In case I cannot be reached, I give permission to the physician selected by the Boys & Girls Club to hospitalize, secure proper treatment (order injections, anesthesia or surgery) for my child/ward as named above.

Parent/Guardian Signature _____ Date _____

Membership and Parent Agreement:

As a member of the Boys & Girls Club of Stamford, I agree to bring my membership card every time I come in the Club and show it to the staff person at the front desk. I will bring it whether I'm coming to the Club for a game, class practice or open gym. I am aware that there will be a \$5.00 charge to replace a lost card. I will treat all staff, members and parents with respect. I will care for all equipment as if it were my own. I understand that if I am, coughing swearing, stealing, fighting, disrespectful other members or staff, damaging equipment or property, lying or be involved in any action that the Club staff deems inappropriate, I can be removed from the Club for the day, evening, and depending on the seriousness of the offense, I may be suspended for a period of time. I have read the club handbook rule and regulations.

Member Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Academic Release:

I, _____, have agreed to give the Program Coordinator permission to have access to my child's academic records. The Programs Coordinator will have access throughout the entire school year for the purpose of monitoring my child's academic progress. I give the Program Coordinator permission to meet with the guidance counselor or any school official regrading my child. The Program Coordinator will contact me prior to any such meeting to inform me of any need for such meeting The Program Coordinator will submit to me in writing the results of all meetings held with my child's guidance counselor or school officials.

Parent Signature: _____ Date: _____

I certify that the information is complete and correct to the best of my knowledge.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

For Office Use Only:

Method of Payment:

Money Order: _____ Check: _____ (Payable to the Boys & Girls Club of Stamford) Credit card: _____

Membership #: _____ Entry Date: _____ Expiration Date: _____ Status: _____ Type: _____ New/Renewal

Member: _____ Processed by: _____

MEMBERSHIP APPLICATION- CONTACTS
Boys & Girls Club of Stamford

Member's Name: _____

<p style="text-align: center;">PRIMARY CONTACT</p> Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ Occupation: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ Occupation: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ Occupation: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ Occupation: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ Occupation: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ DOB: _____ Occupation: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____

YOUTH CAMP/ AFTERSCHOOL HEALTH EXAM/RECORD
 FOR CAMPERS AND STAFF
 Physical Exams Are Valid for 3 Years
 From Date of Last Examination

Please Return Completed Form to the Boys & Girls Club of Stamford

- Campers
 Staff

Name: _____ Date of Birth: ____/____/____ Phone: _____
 Guardian _____ Address _____
 Emergency Contact _____ Telephone _____
 Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

____ May participate in all camp activities
 ____ May Participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES If yes, please indicate medications:
 _____ NO

Does the individual have allergies? YES NO If yes, Explain: _____

Is the individual on a special diet? YES NO If yes, Explain: _____

Does the individual have special needs? YES NO If Yes, Explain: _____

This Camper/Staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunizations Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or PA _____

Date Form Signed ____/____/____

Telephone Number: (____) _____ - _____