



GREAT FUTURES START HERE.

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)

After School Program:

Elementary Programs:

Middle School/High School Programs:

Pine Bush Programs (Includes Crispell and E.J. Russell Elementary)

Circleville Programs (Includes Circleville Middle and Pakanasink Elementary)

Liberty Elementary

Liberty Middle School

Robert J. Kaiser Middle School

Monticello High School F.A.C.E.S

Livingston Manor Central School

Roscoe Central School

Fallsburg Teen Center

Attending: 5 Days a Week 3 Days a Week (Specify)

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Information: Must be completely filled out.

Name: _____
 Relationship to Child: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____
 Work Phone: _____ Ext: _____
 Cell Phone: _____
 Email Address: _____
 Employer: _____
 Check if this person is the primary contact for billing.

Name: _____
 Relationship to Child: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____
 Work Phone: _____ Ext: _____
 Cell Phone: _____
 Email Address: _____
 Employer: _____
 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: _____
 Relationship to member: _____
 Home Phone: _____
 Work Phone: _____ Ext: _____
 Cell Phone: _____

Name: _____
 Relationship to member: _____
 Home Phone: _____
 Work Phone: _____ Ext: _____
 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
- Allergies: _____
- _____
- _____

Asthma

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