

**FOR OFFICE USE ONLY**

Computer Updated \_\_\_\_\_ Membership # \_\_\_\_\_ BUS \_\_\_\_\_

Member Card Made \_\_\_\_\_ Group Name \_\_\_\_\_

Applies for Scholarship Y or N Scholarship Approved Y or N Membership Amount \$ \_\_\_\_\_



**BOYS & GIRLS CLUB**  
OF COLLIER COUNTY

**2018-2019 School Year Membership Registration Form**

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**CHILD'S RACE:** (Circle One) 1.White 2.African American/Black 3.Asian 4.American Indian/Alaska Native  
5.Native Hawaiian/Other Pacific Islander 6.American Indian/Alaska Native & White 7.Black/African American & White  
8.American Indian/Alaska Native & Black/African American 9. Multiracial

**CHILD'S ETHNICITY:** (Circle One) Does your child associate most closely with Hispanic Ethnicity? **Yes** **No**  
(Circle One) Does your child associate most closely with Haitian Ethnicity? **Yes** **No**

Is Your Child Enrolled In Any Special Education Program At School? [Circle All That Apply]  ESE  Other: _____	<b>Custody Dispute</b> Yes _____ No _____ Name of Parent/Spouse Who Cannot Pick up Child _____  Copy of Court Document Stating Conditions of Custody/Visitation Must Be Included with Member Application  Court Document Attached Yes _____ No _____
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**SCHOOL INFORMATION:**

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Student ID/Lunch Number \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

Does your child receive free or reduced lunch at school? Yes \_\_\_ No \_\_\_ Household Income \_\_\_\_\_

**MOTHER/GUARDIAN'S NAME** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**FATHER/GUARDIAN'S NAME** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**LATE PICK UP:**

The Boys & Girls Club closes promptly each day at 7:00 PM. Pickup after 7:00 PM is considered to be late. Throughout the school year with the exception of special closing times for training, events & holidays, etc., [or 6:00 PM.] Pickup after 7:00 PM [or 6:00 PM/school breaks] is considered late. For any child remaining after the stated closing time, a late fee will be charged. Beginning at 1 minute past the closing time a late fee of \$1.00 per minute, per family, will be charged. The late fee must be paid in full before the child may return to the program. There will be no exception to this rule. We will notify the appropriate authorities for any child remaining 30 minutes after the close of business. I agree that I am responsible for picking up special notices and flyers each day which will alert me to any changes in scheduling. If someone else is picking up my child(ren), I agree that they are responsible for picking up notices and flyers. I understand that if I am frequently late, my child's membership may be revoked without refund.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission to contact Doctor/Hospital in case of a medical emergency: \_\_\_\_Yes \_\_\_\_ No

Child's Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**MEDICAL LIMITATIONS**

List any medical or physical limitations that would limit your child's participation in the program or that we should know about - (be specific)

\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR**

Does your child have any specific behavior conditions? (This does not restrict your child from enrolling)

EH \_\_\_\_ SLD \_\_\_\_ ADD \_\_\_\_ ADHD \_\_\_\_ OTHER \_\_\_\_\_

**ALLERGIES**

Does your child have any known allergies (such as dust, medicine, plants, animals, food, etc) \_\_\_\_ No \_\_\_\_ Yes

If yes, what are they allergic to? \_\_\_\_\_

\_\_\_\_\_

**MEDICATION**

List any medication(s) that your child is currently taking & the dosage. (If your child's condition requires medication please note that we are unable to administer or hold them as we do not have a nurse on site. Therefore, if medication (Epi-Pens, inhalers, etc) is needed member must keep them in their bag and be able to administer properly.) **Please be specific**

\_\_\_\_\_  
\_\_\_\_\_

What is the specific medical condition that requires the above listed medication?

\_\_\_\_\_

**MEDICAL EMERGENCY**

In case of accidental injury, the undersigned authorizes Boys & Girls Club staff to see that the necessary medical treatment is obtained in the event the parent or legal guardian is unable to be reached or is otherwise inaccessible. In this event, the undersigned authorizes a Boys & Girls Club Staff Member to sign for and authorize the physician of his/her choice to provide emergency care. In case of accidental injury, the undersigned agrees to assume financial responsibility for cost incurred.

***I have read the above and agree to the stipulations.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEGAL AND/OR BEHAVIOR ISSUES**

Please list any legal and/or behavior issues that your child is currently dealing with. This includes probation and the conditions of probation, behavior issues both in school or with law enforcement and any charges or allegations that they may be facing that are unresolved. This does not restrict your child from enrolling.

\_\_\_\_\_  
\_\_\_\_\_

**(If child is on probation or is assigned to any officer of the court – contact information for that individual must be listed):**

# PERSONS AUTHORIZED TO PICK UP CHILD INCLUDING YOURSELF

*IF AUTHORIZED CONTACTS CHANGE PLEASE NOTIFY CLUB STAFF IMMEDIANTLY*

Name	Relationship	Phone Number	Emergency Y/N

## MEMBERS 16 & OLDER ONLY

*PERMISSION TO WALK, DRIVE A CAR, OR RIDE A BIKE - HOME*

I give permission for my child to check in/out each day. I understand that the Boys & Girls Club is not responsible for him/her before arrival to the Club or after they leave the program. I give permission for my child to:

(Please Circle One)                      Walk                                      Ride a Bike                                      Driving a Car

I give permission for my teen child to check in / out their younger siblings.                       Yes                       No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sr. Staff Signature: \_\_\_\_\_

## HOUSEHOLD INFORMATION

This section Must Be Completed and is used for our information only. This information does not determine membership status and all information is kept confidential.

**Reason for Joining Club (circle all appropriate answers):**

Fun    Academic Support    Sports                      Friends are Members    School Referral    Court Referral    Other \_\_\_\_\_

**The Club Member lives with (check all that apply):** Mom \_\_\_\_\_ Dad \_\_\_\_\_ Step Mom \_\_\_\_\_ Step Dad \_\_\_\_\_  
Grandparent \_\_\_\_\_ Guardian \_\_\_\_\_ Other: \_\_\_\_\_

**Single Parent:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Current head of household (check one):** Male \_\_\_\_\_ Female \_\_\_\_\_ Both \_\_\_\_\_

**Total Number of people living in household:** \_\_\_\_\_ **Number of members in household age 65 or older:** \_\_\_\_\_

**Parent in the Military?** Yes \_\_\_\_\_ No \_\_\_\_\_ Branch: \_\_\_\_\_

**Information on other children in the household who will be attending the Boys & Girls Club after School Program:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**Is there anyone in the home handicapped:** \_\_\_\_\_

**TRANSPORTATION/FIELD TRIP PERMISSION**

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that necessitate transportation in vehicles. I understand that often local day trips will be unannounced. Out of town trips will be posted in advance. I understand that all trips will be under the supervision of the Boys & Girls Club Staff. I will not hold the Boys & Girls Club responsible in case of an accident. Notice of all trips will always be available at the administrative office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SWIMMING PERMISSION**

I hereby give my permission and full consent for my child to participate in swimming activities at local beaches and at local pools as conducted by the Boys & Girls Club. I hereby fully release, and shall in the future release, the Boys & Girls Club of Collier County and its Directors, Instructors, Officers and Staff, from any cause of action, claim or liability for damages or expenses, including but not limited to any claims for personal injuries resulting or arising out of any swimming activity or related activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**BOYS & GIRLS CLUB RIGHT TO REFUSE PICK UP OF CHILD**

I understand the Boys & Girls Club may refuse to allow my child to be transported home by anyone (including myself) that they feel may have their driving ability impaired due to drugs or alcohol or other circumstances. I understand that this is for safety reasons only and that the Boys & Girls Club will contact another authorized individual included on this application to pick up my child. I further agree that any late fees incurred because of the situation will be my responsibility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**COMPUTER USE PERMISSION**

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that use the internet. I understand that all computer use will be under the supervision of the Boys & Girls Club Staff. I understand my child may only go to internet sites that are pre-approved by the Boys & Girls Club Staff. ***Any inappropriate use of the computer will result in suspension and may result in my child's membership to be revoked.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SCHOOL INFORMATION**

I give permission to the Boys & Girls Club of Collier County and the Collier County School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations to do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Collier County School District or the Boys & Girls Club of Collier County in writing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SURVEYS & QUESTIONNAIRES**

I, the parent/guardian of the minor child listed in this application, give permission for the Boys & Girls Club of Collier County to Survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**BOYS & GIRLS CLUB OF AMERICA**

I give permission to the Boys & Girls Club of Collier County to share information about the minor child listed on this application with the Boys & Girls Club of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**YOUTH RELATIONS DEPUTY COUNSEL**

Youth Relationship Deputies are on site each day supporting programs and assisting youth in any manner possible. At times a Youth Relationship Deputy may be asked to assist in counseling a member along with Boys & Girls Club staff .

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PHOTO/VIDEO RELEASE**

I understand that from time to time, the Boys & Girls Club will have publicity photos/videos taken during programming for use in local media, brochures and on their website. I give permission for my child to be included in all photo opportunities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MENTORING PARENT/GUARDIAN CONSENT FORM

To provide better services for our Club members, the Boys & Girls Club of Collier County will be offering children the opportunity to participate in an onsite Mentoring Program during the 2018-2019 school year program. Mentors are adults from within the Boys & Girls Club staff or volunteers from the community who would like to spend extra time with members to help them in various ways such as with school work, issues regarding relationships with teachers and friends and to get to know each member and their personal goals and interests. The purpose of this form is to give permission for your child to participate in this Mentoring Program.

I, the parent or legal guardian of \_\_\_\_\_, hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the staff and community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to meet with my child on a regular basis on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility or to contact them in any way outside of the Boys & Girls Club of Collier County such as phone calls, emails or internet contact.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Volunteer & Community Partnership Director permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

# CODE OF CONDUCT

## PARENT/CHILD AGREEMENT – RULES & DISCIPLINE PROCEDURES

Should we experience any behavior problems with your child our normal discipline procedure is: verbal warning, and/or time out; however, should the club member continue to be disruptive or disrespectful, they will be given a referral which requires a signature by parent/guardian. Note that in some instances, Out of Club Suspension (OCS) and/or Revocation of Membership is automatic.

1. My child and I understand that they are **REQUIRED** to have their **BGC membership card** with them at all times. **If the card is lost or destroyed – I must pay \$2.00 to replace the card.** My child and I agree that they must check in and out each day with their membership card at the proper check in and out location. This includes those members in high school that have parent permission to check themselves in/out each day.
2. My child and I understand that they are responsible for getting on the correct bus each day at the correct time whether from school or on the way home at night. If they miss the bus or fail to get on the correct bus, I am responsible for coming to pick them up either at the school or at the Club.
3. I agree that my child will wear proper clothing and footwear at all times. The following clothing articles are not allowed at the Club: open-toed shoes (flip-flops) sandals, Heelie shoes, baggy pants without belts, clothing with inappropriate “sayings” or pictures, short skirts or shorts, midriff shirts and those with thin spaghetti straps and hats of any type.
4. My child and I understand and agree that if they deface property, steal, harass/bully, fight or use physical contact they will **immediately receive Out-Of-Club Suspension.**
5. Both my child and I understand that they are not allowed to make or accept phone calls at the CLUB for any reason (this includes calls from or to parent/guardian via personal cell phones). If I need to speak with my child, I will leave a specific message with either the Family Services & Membership Manager or Family Services Membership Coordinator.
6. We understand that personal games, toys, collectors’ cards/notebooks, silly bands, cell phones, CD/MP3 players, video games and other electronic devices **should not be brought to the Club.** If they use any of these items on site they **may be confiscated** and a parent/guardian must retrieve it from the front desk staff. We understand that Boys & Girls Club is **not responsible for any items that are lost or stolen.** Cell phones can only be used by high school students with permission during scheduled games room and teen time.
7. I have explained to my child that for their safety they are not to be in any program areas, staff office, kitchen, storage areas, hallways, bathhouse, restrooms or outside play areas without permission and staff present. My child and I understand that for their safety they are to remain with their assigned group and group leader at all times. **If my child leaves the group for any reason without permission, they understand that they will be given a referral and appropriate consequences will follow.**
8. **Above all I have explained to my child and we both agree that he/she will respect and obey CLUB staff at all times. If my child is disrespectful, abusive, and combative or disobeys the instructions of CLUB staff, they will be suspended and may also forfeit future swimming and/or field trip privileges.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

I understand that during school breaks, I am responsible for coming into the building each morning and checking my child in, I am also responsible for coming into the Club to check out my child each afternoon/evening. **I may not drop off my child without coming inside the building for any reason.** I understand that the Club program does not open each day after school until 2:30 PM. No child is to be on Club property prior to that time. I understand that parent parking is located behind the building. Parking along the side of the building or "temporary" **parking anywhere that is not an authorized space is not allowed.**

I understand, that I am **NOT** allowed to ever use the backdoors of the building to drop off or pick up my child.

I understand that any **authorized adult, including myself**, that I send to drop off or pick up my child must know my child's name and will not be allowed to pick up my child for any reason without a proper photo ID. **I understand that a proper photo ID must be shown each and every time. No exceptions.**

I understand that if my child is being supervised at school while waiting for a bus to bring them to the Boys & Girls Club, they must follow all school and Club guidelines and rules at all times. **If my child is misbehaving during this waiting period, their membership to the Club will be revoked. No exceptions.**

I understand that if my child breaks any rule which will result in their Out-Of-Club Suspension, I understand that the Boys & Girls Club staff will speak with me when I pick up my child at the end of the day unless the situation requires an immediate pick-up. **Importantly, I understand and agree that my behavior as a parent/guardian may also determine whether or not my child is allowed to attend the Boys & Girls Club. If I am abusive, combative, disrespectful or aggressive with any Staff member of the Club for any reason, my child's membership will be revoked permanently.**

I understand that my child will be involved in recreational, active and sports related activities at the Club. I understand that from time-to-time they may fall down or be struck by a ball in the course of normal active play. I understand that in the course of growing up, all children will fall and scrape their knees and experience normal bumps and bruises that are associated with active play and that are not a result of neglect. I understand that no phone calls will be made home if my child receives a minor bump or scrape. **I understand and agree that the Boys & Girls Club will not be financially responsible for any injury that is a direct result of appropriate active "play" or caused by the child disobeying any rule.**

I understand that the Boys & Girls Club **does not have a nurse on staff** and therefore is unable to store, handle or dispense medication of any kind, including Epi-Pens and inhalers. Should my child require medication, **I accept full responsibility for seeing that they take the proper amount of medication at the proper time. I agree that the Boys & Girls Club will accept no responsibility for the medication or for the dispensing of medicine.**

I understand that prevention programming is available for my child at the Boys & Girls Club. A "primary" staff member has my permission to discuss, at a level determined to be age and developmentally appropriate, the following subject matters: alcohol and drug abuse, chemical abuse, human anatomy, any mental health issues, and interpersonal relationships and values clarification. I understand that any such discussion will be on the same level and contain similar information as that being taught in the appropriate school grade.

**I acknowledge that all the above information is correct and that I understand and agree to all the information contained in this application. I acknowledge that I have read completely the Parent/Club Member Policy & Procedures packet and that I fully understand and agree with all the information contained therein.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BUS POLICY

While at the Club and field trips, we expect your child to be on their best behavior while in our busses or vans and adhere to the CCPS/ A&S school bus policy. They must sit down, talk quietly and follow the driver's directions. Failure to do so may result in suspension from the bus which will be given at the driver or staff's discretion. Should a member receive a suspension, that member will lose the right to ride the bus for a period of time; to the Club, from the Club and on field trips. Bus suspensions will be determined by the Unit Director, Program Director and / or the Bus Driver. Parents will be informed accordingly.

### **Bus / Van Rules and Expectations:**

1. Backpacks should be taken off before sitting in a seat.
2. Members must walk to and from the bus.
3. Members must keep all hands and legs to themselves and out of the aisles.
4. Remain seated at all times; do not stand up until driver dismisses you.
5. Use indoor voices when on the bus; foul language will not be tolerated.
6. Eating and drinking is NOT permitted on the bus.
7. Keep all body parts inside the bus; not out the window (this includes garbage).
8. Crawling under / over bus seats for any reason is dangerous and prohibited.
9. Parents will be responsible for all cost of repairs and damages that may occur.

### **Consequences for NOT following these Rules:**

- 1<sup>st</sup> offense: Member to speak with staff – contract sent to parents for signature  
2<sup>nd</sup> offense: Driver/BGC staff issue an incident report – parent notified of next step  
3<sup>rd</sup> offense: automatic one (1) day suspension from bus  
4<sup>th</sup> offense: automatic three (3) day suspension from bus  
5<sup>th</sup> + offenses: permanent removal from bus

### **The following situations will result in automatic suspension from bus and Club:**

1. Physical threat or harm to other members and / or driver
2. Fighting, smoking, drugs or inappropriate touching while on bus
3. Damage to property
4. Constant disobedience
5. Bullying

*The Boys & Girls Club of Collier County's main priority is to ensure the safety of all members. We strive to continue to offer bussing to and from our program and field trip at no additional cost to you. Please speak with your child (ren) in regards to the seriousness of appropriate bus behavior.*

*Thank you for your continued support.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Member Name: \_\_\_\_\_ Date: \_\_\_\_\_