



# 2011-12 School Year Teen Center Membership Application

**This Section is For Club Use Only**

Member #: \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

## **Member Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade Going Into: \_\_\_\_\_

<b>Ethnicity: (Circle One)</b>	American Indian
African American	Hispanic/Latino
Caucasian	Asian
	Multi-Racial

## **Parent/Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home/Cell Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **Medical Information:**

Medication/Allergies: \_\_\_\_\_

List significant problems or disabilities (e.g. Asthma, bee sting allergy, seizures):

Does your child qualify for Free/Reduced Lunch:	YES	NO		
Child lives with:	Both Parents	Single Parent	Joint Custody	Guardian

## **Emergency Contacts:**

The following will be contacted if I cannot be reached. They are also authorized to pick up my child.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**If your child is in regular contact with any of the following professionals, please list their name and contact phone number:**

1. Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Juvenile Intake: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Psychologist/Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Other Community Partner: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\* Does the Boys & Girls Club have your permission to contact these professionals if we have questions about how to best serve your child? \_\_\_\_\_ Yes \_\_\_\_\_ No \*\*\*

## **Please Read Carefully**

### **Behavior Policy & Expectations**

I have read and understand the Boys & Girls Club of Fond du Lac's Teen Center Code of Conduct. I understand that all members are expected to follow these policies at all times when they are part of Boys & Girls Club activities. I also understand that failure to follow these policies will result in specific consequences for members that could result in temporary or permanent suspension from the program.

### **Medical Emergency**

In the event of an emergency I understand that every attempt will be made to contact me. If I cannot be reached I hereby give my permission to the physician selected by the Boys & Girls Club staff member to secure proper treatment for my child.

### **Open Door Policy**

I understand that the Boys & Girls Club of Fond du Lac has an open door policy. This policy means that my child is welcome at any time during open hours. I also understand that my child is able to leave the building and return to the building only one time. Once they have left the building a second time they will not be allowed to return I understand that the Boys & Girls Club is not responsible for my child once they leave the Club. If my child does not have my permission to leave the building, I will inform the Boys & Girls Club Teen Center staff in writing.

### **Media/Photo Permission**

I give my permission to have my child appear in any media coverage for the Boys & Girls Club of Fond du Lac.

### **Travel Policy**

I authorize the Boys & Girls Club of Fond du Lac to transport my child on field trips by bus or van within the local city during normal Club operating hours. No additional permission slip is required.

### **Pick-Up Policy**

I understand that if my child is not picked up on time when the club is closed, I will be charged a fee. I also understand that if my child is not picked up within 15 minutes of closing time, the Club is mandated to contact the police.

**I hereby certify that I have read and do understand the above information:**

Parent/ Guardian Name (Print): \_\_\_\_\_

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

*A Proud Member Agency*

