



BOYS & GIRLS CLUB
OF FOND DU LAC, INC

2011-2012 Elementary CLC Membership Application

This Section is For Club Use Only

Paid: \$ _____ Date: _____ Initials: _____

Parent/Guardian Information:

Address: _____ City: _____ Zip: _____

1.) Last Name: _____ First Name: _____

Home/Cell Phone: _____ Work Phone: _____

2.) Last Name: _____ First Name: _____

Home/Cell Phone: _____ Work Phone: _____

Is either guardian active in the Armed Forces: Yes No

Member Information #1:

Last Name: _____ First Name: _____ Age: _____

Birth Date: _____ Gender: _____ Grade: _____

School: _____ Teacher: _____

Allergies: _____

Medication: _____

List any medical conditions (e.g. Asthma, seizures): _____

Ethnicity: (Check One)		
<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-Racial

Member Information #2:

Last Name: _____ First Name: _____ Age: _____

Birth Date: _____ Gender: _____ Grade: _____

School: _____ Teacher: _____

Allergies: _____

Medication: _____

List any medical conditions (e.g. Asthma, seizures): _____

Ethnicity: (Check One)		
<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-Racial

Member Information #3:

Last Name: _____ First Name: _____ Age: _____

Birth Date: _____ Gender: _____ Grade: _____

School: _____ Teacher: _____

Allergies: _____

Medication: _____

List any medical conditions (e.g. Asthma, seizures): _____

Ethnicity: (Check One)		
<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-Racial

General Information:

Do your child(ren) qualify for Free/Reduced lunch: Yes No

Child(ren) Live With: Both Parents Mom Only Dad Only Joint Custody Guardian

My child(ren) are allowed to walk home after _____
Time

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: _____

Name: _____ Home Phone: _____ Cell: _____

Please Read Carefully

Behavior Policy & Expectations

I have read and understand the Boys & Girls Club of Fond du Lac's PBIS Expectations and Behavior Policy. 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 without a refund of membership fees.

Open Door Policy

I understand that the Boys & Girls Club of Fond du Lac has an open door policy. This policy means that the child is welcome at any time during open hours. It is my responsibility to be sure that my child understands their departure procedure from the Club. I understand that staff will make every effort to inform me if my child leaves the site, but that the Club is not responsible for my child once they have left the building.

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.

CLC

I hereby give permission for the participant(s) listed on the previous page to take part in the Community Learning Center's (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I give my consent to the CLC programs to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the school district and CLC to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that school district and or CLC will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

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

Parent/ Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____



I, the undersigned, do hereby agree to allow the individual named, herein, to participate in the activities of the AfterSchool Club House Programs.

I am aware of, and understand, there may be a potential risk inherent with participation in any activity and that the **Fond du Lac School District** and the **City of Fond du Lac** does not provide accident insurance and cannot assume responsibility for injury to any participants of any activities associated with the AfterSchool Club House Programs.

Signature _____ Date _____

PLEASE FURTHER NOTE:

The AfterSchool Program requires full participation in **both**:

- a.) Academic Support (Homework Help)
- b.) Academic Enrichment (Fun, educational activities)

These are core expectations for the AfterSchool Club House programs, as mandated by our sources of government and other funding.

Signature _____ Date _____