



BOYS & GIRLS CLUB
OF FOND DU LAC, INC

Summer 2011 Elementary 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: _____ Gender: _____ Age: _____

Birth Date: _____ Gender: _____

Grade Going Into: _____ School: _____

Allergies: _____

Medication: _____

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

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

Member Information #2:

Last Name: _____ First Name: _____ Gender: _____ Age: _____

Birth Date: _____ Gender: _____

Grade Going Into: _____ School: _____

Allergies: _____

Medication: _____

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

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

Member Information #3:

Last Name: _____ First Name: _____ Gender: _____ Age: _____

Birth Date: _____ Gender: _____

Grade Going Into: _____ School: _____

Allergies: _____

Medication: _____

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

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

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.

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 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.

Media/Photo Permission

I do 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

