



JVille Chegwin Pier Park



2016-2017 Elementary CLC Membership Application

This Section is For Club Use Only
Scholarship Due: _____ Paid: \$ _____ Date Paid: _____ Initials: _____ Comet: _____

Parent/Guardian Information:

Address: _____ City: _____ Zip: _____

1.) Full Name: _____ Email Address: _____

Home/Cell Phone: _____ Work Phone: _____

2.) Full Name: _____ Email Address: _____

Home/Cell Phone: _____ Work Phone: _____

Is either guardian active in the Armed Forces: Yes No

Member Information #1:

Last Name: _____ First Name: _____ Birth Date: _____ Gender: _____

Child Lives With: Both Parents Mom Only Dad Only Joint Custody Guardian

School: _____ Grade: _____ Teacher: _____

Medical Conditions (asthma, seizures, allergies, etc) _____

Medication: _____

Please check if your child has a care plan.

Ethnicity: American Indian African American Asian
 Caucasian Hispanic/Latino Multi-Racial

Member Information #2:

Last Name: _____ First Name: _____ Birth Date: _____ Gender: _____

Child Lives With: Both Parents Mom Only Dad Only Joint Custody Guardian

School: _____ Grade: _____ Teacher: _____

Medical Conditions (asthma, seizures, allergies, etc) _____

Medication: _____

Please check if your child has a care plan.

Ethnicity: American Indian African American Asian
 Caucasian Hispanic/Latino Multi-Racial

Member Information #3:

Last Name: _____ First Name: _____ Birth Date: _____ Gender: _____

Child Lives With: Both Parents Mom Only Dad Only Joint Custody Guardian

School: _____ Grade: _____ Teacher: _____

Medical Conditions (asthma, seizures, allergies, etc) _____

Medication: _____

Please check if your child has a care plan

Ethnicity: American Indian African American Asian
 Caucasian Hispanic/Latino Multi-Racial

General Information:

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

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

Emergency Contacts: (Other than Parents/Guardians)

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

Name: _____ Relationship (aunt, friend etc.) _____
Home Phone: _____ Cell Phone: _____

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Home Phone: _____ Cell Phone: _____

Membership Fee: Johnsonville Club: \$50.00; School Sites: \$30.00

Inability to pay program fees will not be a barrier to participation. If you are unable to pay the full program fee, please check here and mark below any types of assistance you receive.

SSI Disability Food Stamps Other _____

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/CLC 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.

Arrival and Departure Policy

I understand that it is my responsibility to be sure that my child understands their arrival and departure procedure to and 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. 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.

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.

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.

My child is not allowed to be used in photographs for public relations purposes.

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 21st CCLC AfterSchool 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 21st CCLC AfterSchool Program requires full participation in **both**:

- a.) Academic Enrichment (Math & Literacy Activities)
- b.) Academic Support (Homework Help)

**Please note that this year we will be focusing on math and literacy in our elementary programs. While we will still do homework help, it will not be the main focus of our program. Please make sure to check with your child nightly to see if their homework is completed.

These are core expectations for the 21st CCLC Afterschool programs, as mandated by our sources of government and other funding.

Signature _____ Date _____