

Club Membership Form

INSTRUCTIONS TO PARENTS/GUARDIAN

For your child's well-being, the information you provide must be complete and accurate. This information is necessary to maintain funding, state compliance and recordsforBoys&GirlsClubservice. The membership form will <u>NOT</u> be accepted without all forms completed and additional items received. Please check off each box below as you complete each section.

In response to COVID- 19, BGCGH is taking preventive measures within the club. For many of the clubs this will mean limited capacities and smaller group sizes. We will establish waitlists once membership hits capacity at each club. See below for instructions on our waitlist procedures.

WAITLIST INSTRUCTIONS

- Once all membership spots are filled members will be placed on a waitlist.
- The waitlist will be formed by current age and grade.
- All membership spots will be filled 1st come 1st serve by age and grade.
- Spots will come available based on program attendance.

PROGRAM ATTENDANCE REQUIREMENT

BGCGH programs will benefit your child with regular attendance. If your child will be absent please notify the club. Excessive absences (excused and unexcused) may be grounds for disenrollment from the program.

In response to COVID-19, BGCGH is implementing an attendance policy as described below, to ensure that each club capacity is maximized.

- Members must have a frequency of attendance of 3 or more days per week
- If a members misses 3 or more days in a week, parents will be notified via phone and writing, if member misses again they will be removed from the Summer Program.

Checklist Items:

Membership Application

Parent Handbook Receipt Form

Proof of Child's Age- 6 and 17 yrs old only (show a copy of birth certificate or baptismal record)

Copy of Most Recent Report Card (ongoing, will be collected as received from school)

COVID-19 Wavier of Liability

TX Children's or Community Health Choice Health Plan Membership Card (if applicable)



MEMBERSHIP APPLICATION

<u>ALL</u> Applicants <u>MUST</u> be between the ages of 6 - 17.

Are you a Texas Children's Healthcare Plan Member: Yes No If yes,	Ication: Image: Teen Application 13+: BGCGH Shirt \$5: Image: Shirt Size: Image: Shi		
Child's Information:	Application Date:		
Child's Name	Member #		
Child's Name:			
Any Siblings? 🗌 Yes 🗌 No			
Name that child goes by (if different):	_Continuous Club Member Since? (Enter year)		
Birth Date:	Gender (check one): Male Female		
<i>Ethnicity</i> : White Hispanic African American	Asian 🔲 Native American 🗌 Other		
Parent/Guardian : Foster Parent 🗌 Transitional Living 🗌	Parent/Guardian : (complete only if different)		
Full Name:	Full Name:		
Relationship:	Relationship:		
Street Address:	Street Address:		
City: State: Zip:	City: State: Zip:		
Phone: Work() Home()	Phone: Work() Home()		
Cell() Cell Phone Company:	Cell()Cell Phone Company:		
Email:	Email:		
Employer:Occupation:	Employer:Occupation:		
Emergency Contact Name:	Emergency Contact Name:		
Address:Relationship:	Address:Relationship:		
City/State/Zip: Phone 1 :()	City/State/Zip: Phone :()		
School Information:			
School Name: ID #:	Grade:		
Is your Child eligible for the insurance programs Medicaid?]Yes 🔲 No		
Are you registered with Workforce Solutions (formerly NCI)?]Yes 🔲 No		
Does your child participate in the school Free or Reduced			
Does your family participate in the Supplemental Nutrition Ass	istance Program (Food Stamps)? 🛛 Yes 🗌 No		
Medical Information:			
Are there any serious Health Problems? 🗌 Yes 🗌 No If yes, please explain: Does			
child take medication? Yes No If yes, Name and Frequency:			
General: (Please check one for each question) Are you or any member of your household a BGC alumni? Yes			
Are you of any member of your household a BGC alumning these to not the second and the second an			
I give the Boys and Girls Club permission to use the image(s) of my child in public relations materials: Yes INO No			
My child has permission to be transported by BGC of Greater Houston in authorized BGC vehicles: Yes No			
My child has permission to use the internet for program purposes: Yes No			
IMPORTANT NOTE: The information in this box is collected for statistical and fundraising purpose ONLY. NO personal identifying information will ever be released to any person or organization. Only aggregate, group data will be reported.			
Annual Household Income (check one range below):			
□ \$10,000 or Less □\$10,001 to \$20,000 □\$20,001-\$30,000 □\$30,001-\$50,000 □\$50,001-\$70,000 □ \$70,001+ Enter the number of people living in your household? AdultsChildren are you a single parent? □ Yes □ No			
Are you an active member of the Military Yes No If yes, which branch			



1.

3.

ou a veteran TYes No If yes, which branch

These person(s) MAY NOT pick up child - DO NOT LIST A LEGAL GUARDIAN WITHOUT PRODUCING A COURT ORDER

2.	
4.	

Parent/Guardian Late Pick Up Policy: Open Door Policy and Club Access Permission:

I (We) hereby give my permission for my child to become a member of the Boys & Girls Clubs of Greater Houston. I understand that the Boys & Girls Clubs of Greater Houston will make every effort to keep my child from leaving the Club building without permission; however, I also understand that the Club is not a daycare center and is not responsible for the time or manner in which my child may arrive or leave the Club.

4.

Boys & Girls Clubs of Greater Houston afterschool program opens at dismissal and closes promptly at posted time, Monday through Friday. Please check with your local clubs for summer and holidays hours of operation. Boys & Girls Clubs of Greater Houston has a zero tolerance for late pick-up unless communicated in advance. The Boys and Girls Club is obligated to contact Child Protective Services if a child is left after business hours and if we cannot get in contact with legal guardian. Yes 🥅 No

Medical Treatment Permission: I (We) permit and authorize Boys & Girls Clubs of Greater Houston staff Members, to allow necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I understand that care for injuries that may occur during my child's active participation in Boys & Girls Clubs of Greater Houston are the responsibility of myself, my family and/or my insurance. I understand that the Boys & Girls Clubs of Greater Houston does not supply insurance for my child. Yes No

Academic Permission: I (We) permit and authorize my child's school and/or teacher to release my child's school grade reports and information on general attendance and performance to Boys & Girls Clubs of Greater Houston for aggregated use in program evaluation and for purposes of support of in-school education in the out-of-school programs. My child has permission to participate in surveys, assessments and use of the internet for program purposes. The Boys & Girls Clubs of Greater Houston will not re-release personal information provided by a school or teacher. Yes No

I certify that I am the person legally responsible for the child applicant and that I have read and accept ALL of the statements and conditions contained in this application and in the Parent Handbook, the Medical Treatment Permission, and the Academic Permission Statements and hereby give authority to the Boys & Girls Clubs of Greater Houston to the extent of the statements and permissions granted therein.

(Parent) I certify that the information provided in this application is true and correct. I understand that membership fee is nonrefundable and that the Boys & Girls Club reserves the right to revoke membership for necessary infractions against its policies.

Print	Name	_
-------	------	---

Signature:		

Date:

(Child) I wish to be a member of the Boys & Girls Clubs of Greater Houston, Inc. I will check into the Club each day by showing my membership card. I am to stay at the Club until I am picked up, I will not leave the Club without permission.

Print Name	_Signature:	Date:
For Administrative Use Only:		
Assigned Unit: Date Entered:		
Paid: Cash Payment Received By:	Amount:\$	
Session: Afterschool Summer Flag Football Soccer Cheer/Dance Baseball Other:_	Received Report Card :	Extracurricular (optional): Basketball
Check All Eligibilities that Apply:	s Children #: Commun	nity Health #:
Other:		