



Instructions:
 You MUST provide ALL contact information. Partial information is NOT acceptable.
 Complete all other fields. Write "N/A" or "None" if it does not apply.
 SUBMIT with a copy of your child's Birth Certificate and Current Report Card.
 NOTE: Membership Renewals are due within 30 days of expiration date.

Membership Form		<input type="checkbox"/> NEW	<input type="checkbox"/> Renewal	<input type="checkbox"/> Update
Club: St. Charles Unit <input type="checkbox"/>	O'Fallon Unit <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Current Report Card <input type="checkbox"/>	

Membership Information

Child's First Name:		Middle:	Last:
Birthdate: (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Street Address:	City, State, Zip code:
School:	Grade Level: (If Summer, for next school year)	School District:	
Ethnicity: <input type="checkbox"/> Bosnian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other		

Member Family Information

BGCSTC receives public funding and is often required to provide basic information about the families we serve. Please help us to continue receiving these funds by providing information about your family. All information is kept confidential; member/parent names are not shared.

Family Setting: Does the member live in a single parent family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living Arrangements: Member lives with (check all that apply)... <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Both Grandparents <input type="checkbox"/> One Grandparent <input type="checkbox"/> Foster Care <input type="checkbox"/> Other _____	Family Size #:
Please check all Assistance Programs that apply: <input type="checkbox"/> SSDI <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Medicaid		Does your child receive Free or Reduced Lunch at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Select the income range that best matches the specific Annual Family Income Amount you provided: <input type="checkbox"/> 0 - 10,000 <input type="checkbox"/> 10,001 - 15,000 <input type="checkbox"/> 15,001 - 20,000 <input type="checkbox"/> 20,001 - 25,000 <input type="checkbox"/> 25,001 - 30,000 <input type="checkbox"/> 30,001 - 40,000 <input type="checkbox"/> 40,001 - 50,000 <input type="checkbox"/> 50,001 - Greater		

Member Parent (s)/ Guardian (s) Information

(PLEASE DO NOT LEAVE ANY ITEM BLANK... PLACE "N/A" IN THE BOX. IF NO EMPLOYER OR PARENT 2 INFORMATION- PLACE "N/A" OR LINE THROUGH ENTIRE SECTION)

Parent/Guardian 1 Info

(1) First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
HOME Address (Street, City, State, Zip) OR Check if same as member address above <input type="checkbox"/>			
Home Phone Number:	Cell Phone Number:	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	

Parent 1: Employer

Employer Name:	Employer Address: (Street, city, State, Zip Code)		
Work Phone:	Contact Name:	Job Title/ Occupation:	

Parent/Guardian 2 Info

(2) First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
HOME Address (Street, City, State, Zip) OR Check if same as member address above <input type="checkbox"/>			
Home Phone Number:	Cell Phone Number:	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	

Parent 2: Employer

Employer Name:	Employer Address: (Street, city, State, Zip Code)		
Work Phone:	Contact Name:	Job Title/ Occupation:	

Child's First Name:	Middle:	Last:
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Member Medical Information

Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Insurance:	Insurance Policy Number:
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Member Health Report

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD (YOU MAY ONLY CHECK ONE STATEMENT)

- My child is in good health, is able to participate in group care, and **has no** special health or medical requirements.
 My child is able to participate in group care, but has special health or medical requirements as listed below.

Please provide information regarding your child's health history and any current health problems. Please list any allergies and special medical conditions, including chronic health problems and disabilities (such as asthma, seizures) behavior disorders, special needs, etc.

If your child has asthma, you must submit a copy of his/her ASTHMA ACTION PLAN from a certified medical professional. If your child has a severe allergy, you must submit a copy of his/her ALLERGY ACTION PLAN from a certified medical professional. If your child has an Individual Education Plan (IEP), 504 Plan or Behavioral Intervention Plan (BIP) you must submit a copy.

(If you selected that your child has no special health or medical requirements, place "N/A" or line through section)

Does your child take any medications? Yes (If yes, list any current medication your child is taking below)
 No (If no, place "N/A" or line through section)

Can your child swim? Yes, my child swims well Yes, but my child only knows basic swimming No
 It is required for members participating in swimming that parents provide an approved floatation device (arm floaties and life jackets) for members who can not swim.

AUTHORIZATION FOR MEDICAL CARE – SIGNATURE MANDATORY

I do hereby authorize Boys & Girls Clubs of St. Charles County (BGCSTC) to secure and authorize emergency medical treatment as child listed on the application might require while under the supervision of said provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. I authorize my child to be taken to the nearest medical facilities for care. I do hereby identify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization. Further, my signature verifies that all Medical Information and Health Report Statements listed above are accurate and complete. Note: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it will be necessary to have the following signature on file:

Signature of Parent(s) or Legal Guardian(s):

Date:

EMERGENCY CONTACT(S) AND AUTHORIZED TO PICK UP

(MUST PROVIDE COMPLETE INFORMATION FOR AT LEAST ONE CONTACT OTHER THAN PARENTS/GUARDIANS LISTED ON PG. 1)

Emergency: 1	(1) First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
	Home Phone Number:	Cell Phone Number:	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Emergency: 2	(1) First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
	Home Phone Number:	Cell Phone Number:	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	

PERMISSION TO WALK

My child has permission to walk home? Yes No Time: Parent Guardian Initials:

ADDITIONAL PERSONS AUTHORIZED TO PICK UP ONLY

(LIST PERSONS OTHER THAN PARENTS/GUARDIANS ON PG. 1 AND EMERGENCY CONTACTS LISTED ABOVE)

	First & Last Name:	Primary Phone #	Alternate Phone #	Relationship to Member:
1	<input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:
2	<input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:
3	<input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:

Child's First Name:	Middle:	Last:
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PARENT/GUARDIAN ACKNOWLEDGEMENTS - LINES F & G SELECTION REQUIRED - SIGNATURE & INITIALS MANDATORY

A	I have received a copy of BGCSTC Parent/Member Handbook containing policies pertaining to the admission, care and discharge of children. I have been given the opportunity to ask questions regarding its content. I understand I may receive BGC correspondence via email.	P/G Initials:
B	BGCSTC and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.	P/G Initials:
C	When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.	P/G Initials:
D	<input type="checkbox"/> I DO, <input type="checkbox"/> DO NOT give permission for field trips. I understand I will be notified in advance when they are planned.	P/G Initials:
E	<input type="checkbox"/> I DO, <input type="checkbox"/> DO NOT give permission for BGCSTC to transport my child.	P/G Initials:
F	I understand that if I am tardy picking up my child I must pay a late fee at the time of pick up or my child will not be able to participate the next day.	P/G Initials:
G	I understand that my child forgets or loses their I.D. badge \$2.00 will be charge to my account and I must pay at the time of pick up or my child will not be able to participate the next day.	P/G Initials:
H	I understand that my child will attend grant-funded programs unless I provide written notice precluding him/her from participation.	P/G Initials:
I	I understand that Club will not be able to accommodate my families health food lifestyle choices or religious beliefs when it comes to the food being served in the Federal Food Program.	P/G Initials:
J	All membership fees are non-refundable! Membership Renewal is due within 30 days of expiration date. Expiration will remain the same date for the following year.	P/G Initials:

Signature of Parent(s) or Legal Guardian(s):	Date: ____/____/____
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REQUIRED RELEASE INFORMATION – SIGNATURE MANDATORY

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Boys & Girls Clubs of St. Charles County (BGCSTC) and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

School Information

I give my permission to Boys & Girls Clubs of St. Charles County (BGCSTC) and my child's school district to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in BGCSTC, and in life. This release is valid for one year and may be revoked at any time by contacting the school district or BGCSTC in writing.

Surveys and Questionnaires

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Clubs of St. Charles County (BGCSTC) to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA's) National Youth Outcomes Survey or other survey instruments. A full explanation of the National Youth Outcomes Survey can be found in the Parent/Member Handbook. Other survey information and samples available upon request.

Technology

As a member of Boys & Girls Clubs of St. Charles County (BGCSTC), your child will have access to the Internet. While precautions are being taken, it is possible that she/he may access inappropriate sites. BGCSTC rules and consequences set in place at the Club for such behavior; however we will not be responsible for the consequences of such access. A full explanation of the Children's Online Privacy Protection Act (COPPA) can be found in the Parent/Member Handbook. Photos/Media I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Boys & Girls Clubs of St. Charles County (BGCSTC), Boys & Girls Clubs of America (BGCA), its programs, and its activities.

Miscellaneous

I understand that Boys & Girls Clubs of St. Charles County (BGCSTC) is not responsible for lost or stolen items. Parents and Club members who are not participating in School transportation are responsible for their own transportation to the Club. Parents and Club members are responsible for their own transportation from the Club.

Permission

I give my permission to Boys & Girls Clubs of St. Charles County (BGCSTC) to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) and BGCSTC partners for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCSTC including data collected via surveys or questionnaires. All information provided to BGCA and BGCSTC partners will be kept confidential.

MEMBERSHIP CONSENT – SIGNATURE MANDATORY

All membership fees are non-refundable!

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. By signing this document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification by CDA, HUD or their representatives. I have read the completed application and this form, agree that membership is governed by the rules of Boys & Girls Clubs of St. Charles County (BGCSTC), and request that my child be admitted into membership.

Signature of Parent(s) or Legal Guardian(s):	Date: ____/____/____
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MENTORING PROGRAM PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Clubs of St. Charles County.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Clubs of St. Charles County. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Clubs of St. Charles County to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the Boys & Girls Club of St. Charles County Mentoring Program Coordinator by _____.
(date)

Thank you!

Child's First Name:	Middle:	Last:
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BGCSTC OFFICE USE ONLY

Staff:	Date:
Member Admission Date (Start Date):	Member Discharge Date (End Date):

MEMBERSHIP PAYMENT INFORMATION:

Receipt Number: #		Amount Paid: \$	
Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order #:
			<input type="checkbox"/> Voucher
Type of Payment:	<input type="checkbox"/> Medicaid Voucher:		<input type="checkbox"/> Self-Paid
	<input type="checkbox"/> Scholarship:		<input type="checkbox"/> Housing Program:
	<input type="checkbox"/> Other Program:		

REGISTRATION PROCESS CHECKLIST

Did you:

- Check form for completion? (see checklist below)
- Confirm that all demographic information was answered, if not ask parent if they are willing to provide?
- Confirm that everything written on the form is legible?
- Confirm mandatory parent signature in three required places?
- Provide information on Child Care Assistance Program? Includes
- Provide a copy of the Parent/Member Handbook?
- Confirm parent signature for Parent/Member Handbook?
- Provide the appropriate staff information to follow-up on service information?

MEMBERSHIP FORM CHECKLIST

ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PARENT/GUARDIAN ON THE MEMBERSHIP FORM FOR ALL CLUB SITES!

DONE:	REQUIRED ITEM:	STATUS NOTES:
	Admission Date (date member begins-not signature date)	
	Current Report Card and Birth Certificate	
	Child's Home Address & Date of Birth	
	Parent #1 Name, Home Address & Phone #	
	Parent #1 Work Name, Address, Hours, & Phone #	
	Parent #2 Name, Home Address & Phone #	
	Parent #2 Work Name, Address, Hours, & Phone #	
	Emergency Contact Name, Address, & Phone # [Emergency Contact MUST be someone other than Parents/Guardians]	
	Person Authorized to Pick Up	
	Authorization for Emergency Medical Care	
	Insurance Information	
	Field Trip & Transportation Permission	
	Parental Acknowledgements Signature (answers for F & G)	
	Parent & Guardian Consent Form	
	Medical Food Substitution Record Form (Only required if member has a food allergies i.e. Eggs, Peanuts etc.)	
	Medical Examination Report/Physical [A physical is not required if the Health Report Section of form is complete.]	
	School-Age Child Health Report (review report for special care needs) [Request a Special Care Plan from an authorized physician as needed. Example: An Asthma Action Plan if asthma is documented by the parent as a health concern.]	
	Medication Authorization Form [A Medication Authorization Form is only required if the program staff will give or assist the child with taking the medication in anyway while the child is in our care.]	