



**BOYS & GIRLS CLUB**  
OF FOND DU LAC, INC

JVille    Chegwin    Pier    Park



## 2019-20 CLC Membership Application

This Section is For Club Use Only

Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Initials: \_\_\_\_\_ Comet: \_\_\_\_\_

### Member Information #1:

First Name  Last Name  Birth Date  Gender

School  Grade

Medical Conditions (asthma, seizures, allergies, etc)

Please mark if your child has a care plan at school

List Medications Your Child Takes

Child Lives With:

- Both Parents
- Mom Only
- Dad Only
- Joint Custody
- Guardian

Ethnicity

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

### Member Information #2:

First Name  Last Name  Birth Date  Gender

School  Grade

Medical Conditions (asthma, seizures, allergies, etc)

Please mark if your child has a care plan at school

List Medications Your Child Takes

Child Lives With:

- Both Parents
- Mom Only
- Dad Only
- Joint Custody
- Guardian

Ethnicity

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

### Member Information #3:

First Name  Last Name  Birth Date  Gender

School  Grade

Medical Conditions (asthma, seizures, allergies, etc)

Please mark if your child has a care plan at school

List Medications Your Child Takes

Child Lives With:

- Both Parents
- Mom Only
- Dad Only
- Joint Custody
- Guardian

Ethnicity

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

**Membership Fee:**

*Inability to pay fees will not be a barrier to participation.*

**Johnsonville Club: \$30.00 per semester; School Sites: \$20.00 per semester**

1<sup>st</sup> Semester Fee-Covers membership from September – January \*Due at registration

2<sup>nd</sup> Semester Fee- Covers membership from February- May\*Due by January 31<sup>st</sup>. \*\*Members with consistent attendance in academic programming may earn a scholarship for the 2<sup>nd</sup> semester fee. Please ask for more information when you register your child.

**Parent/Guardian #1**

First Name

Last Name

Email Address

Cell Phone

Work Phone

Active in Armed Forces

Address

**Parent/Guardian #2**

First Name

Last Name

Email Address:

Cell Phone

Work Phone

Active in Armed Forces

Address (if different)

**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: DO NOT LIST PARENTS/GUARDIANS**

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

**Non Parent/Guardian Contact #1**

First and Last Name

Cell/Home Phone

Relationship to the Child

**Non Parent/Guardian Contact #2**

First and Last Name

Cell/Home Phone

Relationship to the Child

## 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 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.

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.

#### ***PLEASE FURTHER NOTE:***

The 21<sup>st</sup> CCLC AfterSchool Program requires full participation in **both**:

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

\*\*Please note that 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 21<sup>st</sup> CCLC Afterschool programs, as mandated by our sources of government and other funding.

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

Parent/ Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_