



Jville Evans

Summer 2020 Elementary Membership Application

This section is for club use only

Scholarship Due: _____ Paid: \$ _____ Date Paid: _____ Initials: _____ Comet: _____

Member Information #1:

First Name	Last Name	Birth Date	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Grade Going Into	Child Lives With:	Ethnicity
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> American Indian
Medical Conditions (asthma, seizures, allergies, etc)		<input type="checkbox"/> Mom Only	<input type="checkbox"/> African American
<input type="text"/>		<input type="checkbox"/> Dad Only	<input type="checkbox"/> Asian
<input type="checkbox"/> Please mark if your child has a care plan at school		<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Caucasian
List Medications Your Child Takes		<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Hispanic/Latino
<input type="text"/>		<input type="checkbox"/> Multi-Racial	

Member Information #2:

First Name	Last Name	Birth Date	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Grade Going Into	Child Lives With:	Ethnicity
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> American Indian
Medical Conditions (asthma, seizures, allergies, etc)		<input type="checkbox"/> Mom Only	<input type="checkbox"/> African American
<input type="text"/>		<input type="checkbox"/> Dad Only	<input type="checkbox"/> Asian
<input type="checkbox"/> Please mark if your child has a care plan at school		<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Caucasian
List Medications Your Child Takes		<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Hispanic/Latino
<input type="text"/>		<input type="checkbox"/> Multi-Racial	

Member Information #3:

First Name	Last Name	Birth Date	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Grade Going Into	Child Lives With:	Ethnicity
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> American Indian
Medical Conditions (asthma, seizures, allergies, etc)		<input type="checkbox"/> Mom Only	<input type="checkbox"/> African American
<input type="text"/>		<input type="checkbox"/> Dad Only	<input type="checkbox"/> Asian
<input type="checkbox"/> Please mark if your child has a care plan at school		<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Caucasian
List Medications Your Child Takes		<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Hispanic/Latino
<input type="text"/>		<input type="checkbox"/> Multi-Racial	

Parent/Guardian #1 Active in Armed Forces

First Name

Last Name

Email Address

Cell Phone

Work Phone

Please check here if you would like to receive our text message communication.

Address

Parent/Guardian #2 Active in Armed Forces

First Name

Last Name

Email Address:

Cell Phone

Work Phone

Please check here if you would like to receive our text message communication.

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

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 understand the club reserves the right to search all personal belongings, and 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 BGCFDL has an open door policy. This policy means that my 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 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.

I do not give permission for my child to be used in photographs or videos for public relations purposes.

Travel Policy

I authorize BGCFDL to transport my child on field trips by bus or van within the local city during normal Club operating hours.

Program Participation

I understand that my child will be participating in Fond du Lac School District led summer school programming in the morning and Boys & Girls Club programming in the afternoon. Participation in these programs is required.

School District

I give permission to the BGCFDL and the Fond du Lac School District to exchange information regarding my child. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school, in the Club, and in life.

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

Parent/Guardian Signature: _____ Date: _____



BOYS & GIRLS CLUB
OF FOND DU LAC

Emergency Contacts and Pick Up Form

Child's Name

Grade Going Into

My children can walk home after: _____

Child's Name

Grade Going Into

My children can go to the YMCA after: _____

Child's Name

Grade Going Into

Please list 2 individuals that are not parents/guardians that can be contacted in a case of emergency

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 list any other individuals that are allowed to pick up. (First and Last Name)

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.

Parent/Guardian Signature: _____

Date: _____