



BOYS & GIRLS CLUB
OF FOND DU LAC

2020 Summer Teen Center Membership Application

This Section is For Club Use Only

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

Member #1 Information

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

Member #2 Information

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

Parent/Guardian #1

First Name []	Last Name []	Email Address []
Cell Phone []	Work Phone []	<input type="checkbox"/> Active in the armed forces.
Address []		

Parent/Guardian #2

First Name []	Last Name []	Email Address: []
Cell Phone []	Work Phone []	<input type="checkbox"/> Active in the armed forces.

General Information

Does your child qualify for Free/Reduced Lunch: YES NO

We have an open door policy where all teens are allowed to leave the building on their own once and return once unless you check here:

- I DO NOT give my child permission to leave on their own.
 - My child(ren) are allowed to bike/walk home after _____pm.
-

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Non Parent/Guardian Contact #2

First and Last Name	Cell/Home Phone	Relationship to the Child
<input type="text"/>	<input type="text"/>	<input type="text"/>

Behavior Policy & Expectations

I have read and understand the BGCDFL's Teen Center Behavior Policy. I understand that members are expected to follow these policies at all times when they are part of BGC activities. I understand the club reserves the right to search all personal belongings, and that failure to follow these policies will result in consequences for members and/or temporary or permanent suspension from the program.

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 BGC staff member to secure proper treatment for my child.

Open Door Policy

I understand that the BGCDFL has an open door policy. This means that my child is welcome at any time during open hours. I also understand that my child is able to leave the building and return to the building only one time. Once they have left the building a second time they will not be allowed to return I understand that the Boys & Girls Club is not responsible for my child once they leave the Club.

Media/Photo Permission

I give my permission to have my child appear in any media coverage for the Boys & Girls Club of Fond du Lac.

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

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.

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.

YMCA Policy

I understand that all usage of The Y facilities during program hours will be scheduled Boys & Girls Club program time and all members will be supervised as part of a Boys & Girls Club group. I understand that if my child has a Y membership they will need to check out of the Club and check in at the Y if they want to use it without being part of a Club program. I also understand that if my child is suspended from either organization they are not allowed to enter the other organization during their suspension.

School District

I give permission to BGCDFL 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 and at the Club.

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

Parent/Guardian Signature: _____ Date: _____