



2021-22 CLC Membership Application

This section is for club use only

Paid: \$ _____ Date Paid: _____ Initials: _____ Comet: _____ Johnsonville Club Chegwin

Member Information #1:

First Name Last Name Birth Date Gender

School 2021-22 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(s)

Ethnicity:

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

Member Information #2:

First Name Last Name Birth Date Gender

School 2021-22 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(s)

Ethnicity:

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

Member Information #3:

First Name Last Name Birth Date Gender

School 2021-22 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(s)

Ethnicity:

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

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

Parent/Guardian #1 Active in Armed Forces Please add me to your text message communications

First Name	Last Name	Email Address
<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
Cell Phone	Work Phone	Employer
<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
Address		
<input style="width:100%" type="text"/>		

Parent/Guardian #2 Active in Armed Forces Please add me to your text message communications

First Name	Last Name	Email Address
<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
Cell Phone	Work Phone	Employer
<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>

Johnsonville Club: \$30.00 per semester; Chegwin: \$20.00 per semester

1st Semester Fee-Covers membership from September – January; 2nd Semester Fee- Covers membership from February-May

**Consistent attendance in academic programming may waive the 2nd semester fee.

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

Fee Waivers are available. No documentation is required to obtain a fee waiver. Please select from the following options:

- I can pay the full year amount. Johnsonville \$60; Chegwin \$40
- I can pay a partial amount. Johnsonville \$30; Chegwin \$20 or \$_____/month
- I am unable to pay at this time I can pay an additional amount for another student \$_____

Behavior Policy & Expectations

I 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 when they are part of BGC activities. I also understand that failure to follow these policies will result in specific consequences for members and possible 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

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 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.

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.

Check here if you do NOT give permission.

Travel Policy

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

Check here if your child(ren) will need transportation home from the afterschool program

Program Participation

I understand that enrollment in the School Year program requires participation in academic enrichment activities and academic support

CLC

I hereby give permission for the participant(s) listed on this application 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 school district and Boys & Girls Club of Fond du Lac to share the participant’s student records with each other for purposes of providing educational support and assistance. In addition, I understand that the school district and or BGCFDL 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.

Parent/Guardian Signature: _____ Date: _____



Emergency Contacts and Pick Up Form

Child's Name 2021-22 Grade

My children can walk home after: _____

Child's Name 2021-22 Grade

My children can go to the YMCA after: _____

Child's Name 2021-22 Grade

Pick up Password: _____

Parent/Guardian #1 First Name

Cell/Home Phone

Work Phone

Parent/Guardian #2 First Name

Cell/Home Phone

Work Phone

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: _____

What days will your child be attending the Afterschool Program?

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 All of them

FOR PARENTS/GUARDIANS

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Boys & Girls Clubs of Fond du Lac put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club could increase** your risk and your child(ren)'s risk of contracting COVID-19.

Please check all boxes below signifying you understand what they are stating.

- Social distancing will be used during the program and my child must follow all new policies while in attendance.
- My child will not bring unnecessary items into the program. This includes toys, electronics, purses, food etc. Teen Center youth are allowed to carry cell phones.
- If I bring my child, it is because everyone in our home is healthy and symptom free, with no known exposure to COVID-19. If anyone in my home is diagnosed with COVID-19 I will inform BGC staff immediately.
- I understand that if my child is at an increased risk of severe illness I need to communicate with program staff immediately to see if they can safely serve my child.
- If my child shows signs of illness during care, I, or another authorized person, will pick up my child within 30 minutes.
- I understand this situation is fluid and subject to change per state, other local authority, and program needs.
- I understand failure to follow these new safety guidelines may result in termination of my child's membership.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Club Participant(s)