



2022-23 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

School	2022-23 Grade
<input type="text"/>	<input type="text"/>

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 Other
- Caucasian
- Hispanic/Latino
- 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	2022-23 Grade
<input type="text"/>	<input type="text"/>

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 Other
- Caucasian
- Hispanic/Latino
- 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	2022-23 Grade
<input type="text"/>	<input type="text"/>

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 Other
- 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

Cell Phone Work Phone Employer

Address

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

First Name Last Name Email Address

Cell Phone Work Phone Employer

Johnsonville Club: \$35.00 per semester; Chegwin: \$25.00 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 \$70; Chegwin \$50
- I can pay a partial amount. Johnsonville \$35; Chegwin \$25 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. 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 does not provide accident insurance and cannot assume responsibility for injury to any participants of any activities associated with the AfterSchool 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 2022-23 Grade

Child's Name 2022-23 Grade

Child's Name 2022-23 Grade

My children can walk home: Yes / No

If yes, after: _____

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