

Parkside



BOYS & GIRLS CLUB
OF FOND DU LAC

Pier

2022-23 School Year 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

School 2022-23 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 Other
- Caucasian
- Hispanic/Latino
- Multi-Racial

Member Information #2:

First Name Last Name Birth Date Gender

School 2022-23 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 Other
- Caucasian
- Hispanic/Latino
- Multi-Racial

Member Information #3:

First Name Last Name Birth Date Gender

School 2022-23 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 Other
- Caucasian
- Hispanic/Latino
- Multi-Racial

General Information

Membership Fee: \$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.

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

If you are in need of financial assistance please list your Yearly Household Income

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

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 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.

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 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.

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.

Program Participation

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

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: _____



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