



Jville  Theisen

## Summer 2018 Elementary Membership Application

This section is for club use only

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

### Parent/Guardian Information:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1.) Full Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2.) Full Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Member Information #1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Child Lives With:  Both Parents  Mom Only  Dad Only  Joint Custody  Guardian

Grade Going Into: \_\_\_\_\_ School: \_\_\_\_\_

**Ethnicity:**  American Indian  African American  Asian  
 Caucasian  Hispanic/Latino  Multi-Racial

School Year Teacher: \_\_\_\_\_

Medical Conditions (e.g. Asthma, seizures, allergies, etc): \_\_\_\_\_

Medications: \_\_\_\_\_  Please check if your child has a care plan

**(If your child needs to take medication or has a care plan please contact The Elementary Site Director)**

### Member Information #2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Child Lives With:  Both Parents  Mom Only  Dad Only  Joint Custody  Guardian

Grade Going Into: \_\_\_\_\_ School: \_\_\_\_\_

**Ethnicity:**  American Indian  African American  Asian  
 Caucasian  Hispanic/Latino  Multi-Racial

School Year Teacher: \_\_\_\_\_

Medical Conditions (e.g. Asthma, seizures, allergies etc): \_\_\_\_\_

Medications: \_\_\_\_\_  Please check if your child has a care plan

**(If your child needs to take medication or has a care plan please contact The Elementary Site Director)**

### Member Information #3:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Child Lives With:  Both Parents  Mom Only  Dad Only  Joint Custody  Guardian

Grade Going Into: \_\_\_\_\_ School: \_\_\_\_\_

**Ethnicity:**  American Indian  African American  Asian  
 Caucasian  Hispanic/Latino  Multi-Racial

School Year Teacher: \_\_\_\_\_

Medical Conditions (e.g. Asthma, seizures, allergies, etc): \_\_\_\_\_

Medications: \_\_\_\_\_  Please check if your child has a care plan

**(If your child needs to take medication or has a care plan please contact The Elementary Site Director)**

**General Information:**

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

Is either guardian active in the Armed Forces:  Yes  No

My child(ren) are allowed to walk home after \_\_\_\_\_ (Time)

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**Emergency Contacts:**

The following will be contacted if I cannot be reached. They are also authorized to pick up my child.

Name: \_\_\_\_\_ Relationship (aunt, friend etc.) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship (aunt, friend etc.) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**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 Boys & Girls Club of Fond du Lac has an open door policy. This policy means that the 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 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.

**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 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.

**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 Boys & Girls Club of Fond du Lac and my child’s school 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: \_\_\_\_\_