



2018-19 School Year Teen Center Membership Application

This Section is For Club Use Only

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

Parent/Guardian Information:

Full Name: _____ Work Phone: _____

Home/Cell Phone : _____ Check if you would like to receive text message updates

Full Name: _____ Work Phone: _____

Home/Cell Phone: _____ Check if you would like to receive text message updates

Is either parent active in the armed forces? Yes No Email: _____

Member Information:

Last Name: _____ First Name: _____ Gender: _____

Child lives with: Both Parents Mom Only Dad Only Joint Custody Guardian

Address: _____ City: _____ ZIP _____

Birth Date: _____ Cell Phone: _____

School: _____ Grade: _____

Ethnicity: (Circle One)	<input type="checkbox"/> American Indian
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial

Medical Information: *(If your child needs to take medication at the Club please contact the Teen Center Director)*

Medication: _____ Please check if your child has a care plan

List medical concerns or disabilities (e.g. Asthma, allergies, seizures): _____

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 is allowed to bike/walk home after _____ pm.

Emergency Contacts: (Other than parents/guardians)

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: _____

If your child is in regular contact with any of the following professionals please provide their information.

1. Social Worker: _____ Phone: _____

2. Psychologist/Psychiatrist: _____ Phone: _____

*** Does the Boys & Girls Club have your permission to contact these professionals? _____ Yes _____ No

Membership Fee: Johnsonville Teen Center: \$40.00 per school year
Fee assistance available: \$20.00

Inability to pay program fees will not be a barrier to participation. If you are unable to pay the full program fee, please check here and mark below any types of assistance you receive.

SSI Disability Food Stamps Other _____

Please Read Carefully

Behavior Policy & Expectations

I have read and understand the Boys & Girls Club of Fond du Lac's Teen Center PBIS 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.

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 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 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 Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

