



Boys & Girls Club of Orchard Park

KIDS CLUB

2016-2017 MEMBERSHIP APPLICATION

PLEASE DO NOT RETURN THIS TO THE SCHOOL

Applications are accepted on a first come, first served basis and SPACE IS LIMITED

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: ___M ___F Ethnicity: _____ (for funding/grants use only) DOB: _____ (required)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Parent Cell Phone: _____

Parent Email: _____ ***** For our use only, pertinent information is distributed often through email. Please provide email address that is monitored often*****

Child primarily lives with: _____ Mom _____ Dad _____ Both _____ Other

School Information:

Current School: _____ Grade: _____ Food Program: * _____

Please select:

- Semester 1- September 6, 2016-January 31, 2017 \$275.00
- Semester 2 - February 1, 2017- June 16, 2017 \$275.00

Days Child Will Be Attending Club: Parents may choose the days of the week that their child will participate in the program. We have a THREE day weekly minimum (average calculated monthly) and children must stay until 5:00pm

If your child is going to miss a scheduled day, **please notify the Administrative Office at the Boys & Girls Club of Orchard Park and the School Office by NOON.**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Special information: _____

PLEASE NOTE: If the Orchard Park Central Schools are closed, the Kids Club program is also closed. Kids Club does NOT run on half days

Which number & person should be contacted first? _____

Contact Info: Persons Authorized to Pick Up Child

Fathers name: _____ Employer: _____ Phone #: _____

Mothers name: _____ Employer: _____ Phone#: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Additional Person: _____ Relationship: _____ Phone #: _____

If you'd like to add additional people please write on the back of this form

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Does your family have health and/or accident insurance: ___Yes ___No

Serious Health Problems: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

Report Card: For United Way Grant Reporting Purposes...we **MUST** obtain a copy of your child's report card for each reporting period. Copies can be made at the Club. Failure to comply will result in removal of your child from the program. In order for your application to be processed, a copy of your child's June 2016 report card will need to be included!
Please initial: _____

Permissions: I give my permission to have my child's pictures used in Boys & Girls Club publications, website, news articles, marketing materials, etc.: Yes No

Disclaimer: I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Club of Orchard Park. I hereby release the Boys & Girls Club of Orchard Park, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. If the Orchard Park Central Schools are closed, if after school activities are cancelled or if there are half days, the Kids' Club Program will be cancelled and the children will go home on their scheduled bus.

My signature indicates that I completely understand the above statement.

Parents Signature: _____

BOYS & GIRLS CLUB CODE

- I **WILL** be respectful to staff, equipment, and other members.
- I **WILL** use polite language.
- I **WILL** talk to a staff person if I have a question or problem.
- I **WILL** remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Orchard Park. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Child's Signature: _____

Bring COMPLETED application paperwork to our location or mail to:

**Boys & Girls Club of Orchard Park,
Po Box 181, Orchard Park, NY 14127**

Please-no faxes

**Applications are not complete will not be processed without our Policy Sheet,
First Semester Payment, and Report Cards!**

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