

<b>For Office Use Only</b>	
Entered by:	_____
Amt Paid:	_____
New:	_____
Renew:	_____
CYFD:	_____
Housing:	_____
Hardship:	_____



## 2018-2019 After School Program Membership Application

Member Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Letter of Understanding

The Boys & Girls Club of Santa Fe/Del Norte has an obligation to the community to provide a safe environment for our children and to stand by our motto by being "A Positive Place for Kids". To ensure parents and staff maintain this commitment throughout the year together, we will have several parent meetings. Parents are required to attend at least 75% of these meetings. This is your investment in your child's after school activities. This letter of understanding is intended to clearly explain the parental meeting requirements and the fees for late pickups. Please read it carefully before signing below.

Thank you for your cooperation.

I, \_\_\_\_\_, the parent of \_\_\_\_\_, will invest time to attend a minimum of 75% of the mandatory parent/staff meetings, understanding that failure to do so without prior notice to the Unit Director will result in the termination of my child's membership.

I also acknowledge an awareness of the late pick-up policy and understand \$5.00 will be charged for the first five (5) minutes after the pick-up time of 6:00 pm and \$1.00 charged every minute thereafter. For the second late pick-up, the same fees apply and you must attend counseling with BGCSF/DN staff. If a third late pick-up occurs, the same fees apply and CYFD will be notified. If you are going to be late, you must speak to the Unit Director to avoid late fees.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**It is mandatory that every member has a fully completed application. Be sure to fill out every applicable section of the membership application.**

# Membership Information Form



All Program/Membership Fees  
Are Non-Refundable

<b>Check Club Site:</b>	
<input type="checkbox"/> Zona	<input type="checkbox"/> Del Norte
<input type="checkbox"/> Valle Vista	<input type="checkbox"/> Abiquiu
<input type="checkbox"/> Camino de Jacobo	<input type="checkbox"/> Santa Cruz
	<input type="checkbox"/> Chimayo
<input type="checkbox"/> After School	<input type="checkbox"/> Summer <input type="checkbox"/> Teen

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 Entered on: \_\_\_\_\_  
 Amt Paid: \_\_\_\_\_  
 New: \_\_\_\_\_  
 Renew: \_\_\_\_\_  
 CYFD: \_\_\_\_\_  
 Housing: \_\_\_\_\_  
 Hardship: \_\_\_\_\_

Prog. Yr: \_\_\_\_\_  
 Member ID: \_\_\_\_\_

**Contact Information (Please Print)**

<b>Member's First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
_____	_____	_____
<b>Member Lives With:</b>	<b>Home Phone No:</b>	<b>Cell Phone No:</b>
_____	_____	_____
<b>Home Address:</b>		
_____		
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b> <b>Email Address:</b>
_____	_____	_____

**Demographic**

<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Birth Date:</b> ____/____/____	<b>Age:</b> ____
<b>School:</b> _____	<b>Grade:</b> ____	<b>Communities In School Member:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity:</b>	<input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	
<b>Family Totals:</b>	<input type="checkbox"/> Sisters <input type="checkbox"/> Brothers <input type="checkbox"/> Household	
<b>Member Before?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of club(s) attended: _____	

**Parent/Guardian**

<b>Father's First Name:</b>	<b>Father's Last Name:</b>	<b>Father's Work Phone/Ext:</b>
_____	_____	_____
<b>Father's Employer:</b>	<b>Father's Occupation:</b>	
_____	_____	
<b>Mother's First Name:</b>	<b>Mother's Last Name:</b>	<b>Mother's Work Phone/Ext:</b>
_____	_____	_____
<b>Mother's Employer:</b>	<b>Mother's Occupation:</b>	
_____	_____	
<b>Guardian's First Name:</b>	<b>Guardian's Last Name:</b>	<b>Guardian's Work Phone/Ext.</b>
_____	_____	_____
<b>Guardian's Employer:</b>	<b>Guardian's Occupation:</b>	
_____	_____	





**BOYS & GIRLS CLUBS**  
OF SANTA FE/DEL NORTE

**EMERGENCY/CHILD PICK-UP AUTHORIZATION FORM**

**Child's Name:** \_\_\_\_\_

**Secret Password:** \_\_\_\_\_

**Main Pick-Up Person:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Additional person who may pick up child:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Additional person who may pick up child:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING IF APPLICABLE. YOU WILL BE REQUIRED TO PROVIDE A COPY OF OFFICIAL COURT-ISSUED PAPERWORK.**

**Person NOT AUTHORIZED to pick up child:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Person NOT AUTHORIZED to pick up child:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_