

For Office Use	Only
Entered by: _	
Amt Paid:	
New	:
Renew	:
CYFD	:
Housing	:
Hardship	
(*)	

## 2018-2019 After School Program Membership Application

Member Name:	Start Date:		
Le	etter of Understanding		
environment for our children and to sparents and staff maintain this comm meetings. Parents are required to att your child's after school activities. The	Norte has an obligation to the community to provide a safe stand by our motto by being "A Positive Place for Kids". To ensure litment throughout the year together, we will have several parent tend at least 75% of these meetings. This is your investment in his letter of understanding is intended to clearly explain the he fees for late pickups. Please read it carefully before signing		
Thank you for your cooperation.			
time to attend a minimum of 75% of t	, the parent of, will invest the mandatory parent/staff meetings, understanding that failure nit Director will result in the termination of my child's		
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 happlicable section of the membership	as a fully completed application. Be sure to fill out every p application.		

## **Membership Information Form**

Membership Imorn	lation Form		Entered by: Entered on:	
BOYS & GIRLS CLUES OF SANTA FE/DEL NORTE  All Program/Membership Fees Are Non-Refundable  Contact Information (Please Print)	Zona  Valle Vista Camino de Jacobo  After School Summ	DESCRIPTION OF THE PROPERTY OF	Amt Paid:	
Member's First Name:	Middle Name:	Last Name:		
Member Lives With:	ith: Home Phone No:		Cell Phone No:	
Home Address:				
City:	State: Postal Code:	Email Address:		
Demographic				
Gender: Female Male				
School:			ember: Yes No	
en a series de la companya del companya de la companya del companya de la company	rican American Caucasian		0.1	
WANT N	ative American Asian Ameri		Other	
48 150840154 548360 - 14 000004954000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	sters Brothers Househes No If yes, name of club			
Pleniber before:	No II yes, name of club	(3) attended:		
Parent/Guardian				
Father's First Name:	Father's Last Name:	Father's Wo	Father's Work Phone/Ext:	
Father's Employer:	Father's Occupation:			
Mother's First Name:	Mother's Last Name:	Mother's Wo	Mother's Work Phone/Ext:	
Mother's Employer:	Mother's Occupation:			
Guardian's First Name:	Guardian's Last Name:	Guardian's W	Vork Phone/Ext.	
Guardian's Employer:	Guardian's Occupation:			

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## THE FOLLOWING MEDICAL/EMERGENCY INFORMATION IS REQUIRED:

Medical Problems/Allergi	es:	Medications:	
Physician: Insurance Company:		Physician Phone:	
		Insurance Policy & Number:	
BGC staff has my permiss	ion to transport my	child in the case of an	emergency (please initial)
			ds and the funding our Club receive on in providing this information is
Annual Income: (Circle On	e)		
\$ 9,999 and under	\$10,000 - \$19,999	\$20,000 - \$29,999	\$30,000 - \$39,999
\$40,000 - \$49,999	\$50,000 - \$59,999	\$60,000 and over	
Check all that apply:	SSDI SSI	TANF Day Care V	oucher Food Stamps
	General Assistance	School Lunch	Vet. Compensation
Child's Labor Force Status:	Employed	Not employed	
Child's Household Type: _	Both parents	Mother Father _	Guardian Other
	Grandparent(s)	Foster Parent(s)	
Child's Family Setting:	County Housing	Section 8 Civi	ic Housing N/A
Member Handbook and unders I have explained the rules to r SUPERVISION POLICY: I unare no longer under the sup MEDIA CONSENT: I hereby consent to such uses and here PROGRAM PARTICIPATION & Girls Club programs such as surveyed and interviewed to finealth risks and habits, positive relationships, career choices, a TECHNOLOGY: I understand the Internet and technology of technology. Rules and guideline and guidelines may result in the RELEASE OF SCHOOL INFO my child's personal school recestandardized test scores, abserbild's school to disclose stude connection with his/her partici	stand the rules of the Comy child/ren and we age inderstand that once pervision of the BGCs give permission to BGCs waive all rights of company of the best of the company of the best of the company of	Club and request that my tree that all rules of the Comy child/ren is signed SF/DN staff.  SF/DN to utilize photos of compensation.  UREMENT: I give permission-One and Group Mentorishaviors, skills and attitude for diversity, education amunity, as well as his/heighbers are expected to fold devices like e-readers are site and in the Club compet loss of access to any temission for my child's schimited to free and reducens & current health reconstant information, class sistem collected about your	r videos of my child in Club publicity. I ssion for my child to participate in Boysing, AIM, and Project Learn, and to be des are in regard to issues such as and educational resources, positive rexperiences at the Club. Illow all rules and regulations for using and tablets, for any activity that involves buter lab. Failure to abide by the rules
Parent or Guardian Signatu		Member's Signature	 Date



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

Child's Name:	
Secret Password:	
Main Pick-Up Person:	
Name:	
Relationship to child:	Home Phone:
Work Phone:	
Additional person who may pick up chi	
Name:Relationship to child:	Home Phone:
Work Phone:	
Additional person who may pick up chi	
Relationship to child:	Home Phone:
Work Phone:	
PLEASE COMPLETE THE FOLLOWING IF PROVIDE A COPY OF OFFICIAL COURT-IS	APPLICABLE. YOU WILL BE REQUIRED TO SSUED PAPERWORK.
Person NOT AUTHORIZED to pick up ch	
Relationship to child:	
Person NOT AUTHORIZED to pick up ch Name:	
Relationship to child:	
Parent/Guardian Signature:	Date: