



Dear Parents & Guardians -

We are excited that you are interested in registering your child(ren) as a member of the Boys & Girls Club of Vineland.

Here are the Registration guidelines/tips:

1. Complete the Registration Form.
2. Gather supporting documents.
 - a. Provide one of the following proof of services (if applicable).

SSDI	Food Stamps
SSI	General Assistance
TANF	School Lunch Program
Day Care Voucher	Veterans Affairs
 - b. Copy of paystubs from at least 4 weeks of income. This must be submitted for every person who contributes to your household. Proof of income is required for all members.
 - c. Copy of child's immunization record.
 - d. Copy of child's final report card from this past school year.
 - e. Copy of child's Standardized State Test Results from this past school year (if applicable).
3. If enrolling for the Summer Enrichment Program, complete a summer registration application for rising grades K-8th, read the parent handbook, and gather supporting documents before scheduling to meet with Unit Director ([see summer registration](#)).
4. Go to vinelandbgc.org and schedule a time and day to meet with the Unit Director at the Club of your choice.

Youth for Change Center (Teen Center)

560 Crystal Ave., Vineland NJ 08360
Tel: 856-696-4190 | Fax: 856-696-4191
Unit Director: Jaquay Patton

Carl Arthur Recreation Center

304 West Plum St., Vineland NJ 08360
Tel: 856-896-0244 | Fax: 856-896-0376
Unit Director: Jamie-Lynn Eldridge

5. Required Payment: \$20 Yearly Membership Fee.

Youth will not be permitted to register without all required items and payment on file



BOYS & GIRLS CLUB
OF VINELAND

Member Registration Application

Membership Number: _____ **Membership Types:** REGULAR Y4C SUMMER ONLY OTHER: _____

MEMBER INFORMATION

Member Name: _____ Gender: _____ Ethnicity: _____
Address: _____ Date of Birth: _____ Age: _____
City: _____ State: _____ Zip: _____ Primary Phone: _____
School: _____ Grade: _____ Anticipated H.S. Graduation Year: _____

MEDICAL INFORMATION

Doctor Name: _____ Phone: _____ Date of Last Family Medical Exam: _____
Any known allergies (food, pollen, animals, medication, etc.): YES or NO If so, explain: _____
Does your child have any form of asthma (past or present symptoms)? YES or NO If so, explain: _____
If yes, is medication (Epi-pen, inhaler, etc.) needed? If so, list medication: _____
Health Conditions/Specific Needs: YES or NO If so, explain: _____
Does your family have health care insurance and/or need assistance to apply? YES or NO Insurance Carrier: _____

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian: _____ Relationship: _____
Address: _____ Cell Phone: _____
Employer: _____ Work Number: _____ Email Address: _____
Parent/Guardian: _____ Relationship: _____
Address: _____ Cell Phone: _____
Employer: _____ Work Number: _____ Email Address: _____

REQUIRED INFORMATION

Member Lives with: () Mom () Step Mom () Dad () Step Dad () Grandparent () Foster Parent(s)
() Other: _____
Current Head of Household: () Male () Female () Both
Member of Household 65+: YES or NO Member of Household Handicapped: YES or NO
Are you a single parent? YES or NO Does child receive free or reduced lunch: FREE or REDUCED
How many people reside in your house: _____ Number of people under the age of 18: _____
Military Branch: _____ Lives on Military Base: YES or NO
Annual Household Income (information is used for annual reports and grants): _____
Public Assistance Received: YES or NO If so, explain: _____

FOR OFFICE USE ONLY

Membership Fee \$20 _____ YES _____ NO _____ Waived (Reason: _____) received by: _____
_____ Cash _____ Check (Check # _____)
Membership Type: Regular () Summer only () **Unit Code:** Carl Arthur Center () Y4C Center () Commercial Twp. ()
Date Received: _____ **Entry Date:** _____ **Expiration Date:** _____ **Processed by:** _____
_____ : Immunization Form Received _____ : Grades Received _____ : Proof of Income



BOYS & GIRLS CLUB
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Member's Name: _____

Membership Number: _____

(Retain For Records)

RELEASE OF CHILD (Authorized Pick-Up):

My child will be picked up after school by me or one of the following individuals:

Name: _____ Relationship: _____ Number: _____

Address: _____ Emergency Contact: Yes or No

Name: _____ Relationship: _____ Number: _____

Address: _____ Emergency Contact: Yes or No

Name: _____ Relationship: _____ Number: _____

Address: _____ Emergency Contact: Yes or No

ADDITIONAL INFORMATION:

The questions below are designed to help us understand and work effectively with your child. You are not required to answer these questions; however, the lack of this information may affect our ability to work with your child.

Describe any unusual health conditions: _____ Yes or No

Does your child have any physical or mental disabilities, developmental delays or emotional/behavioral disorders that we should be aware of to help your child be successful at BGC?
If yes, please explain: _____ Yes or No

Has your child experienced any emotional trauma?
If yes, please explain: _____ Yes or No

Is your child receiving any services through special education?
If yes, please explain: _____ Yes or No

Is your child an ESL (English as a second language) student?
If yes, please explain: _____ Yes or No

Did your child complete State Proficiency Testing last School Year?
If yes, please explain results: _____ Yes or No

State Test Name: _____ Date of Test: _____

Reading level: _____ Reading Score: _____

Math level: _____ Math Score: _____

Parent/Legal Guardian Signature: _____ Date: _____

BGC Staff Signature: _____ *FILED DATE:* _____



BOYS & GIRLS CLUB
OF VINELAND

PARENTAL CONTRACT

BGCV Member Name, _____

Membership Number: _____
(Retain For Records)

Parental Agreements:

Please read the Parent Handbook then initial the following to indicate that you have read and understand this contract and have had an opportunity to ask questions:

1. _____ EMERGENCY MEDICAL TREATMENT: In the event of any sudden illness, I give permission to the Boys & Girls Clubs of Vineland to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any costs of medical attention and treatment.
2. _____ SCHOOL INFORMATION: I give my permission to the Boys & Girls Clubs of Vineland and area Community schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, the Boys & Girls Clubs and in life. This release may be revoked at any time by contacting Community Schools or the Boys & Girls Clubs of Vineland in writing.
3. _____ SURVEYS AND QUESTIONNAIRES: I give permission for Boys & Girls Clubs of Vineland to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome measurement Tool Kit surveys or other survey instruments.
4. _____ ACCEPTABLE TECHNOLOGY USE & BRING YOUR OWN DEVICE POLICY: I agree that I have read the Acceptable Technology Use and Bring Your Own Device Policy with my child, and that we are willing to adhere to the rules and consequences listed in this handbook.
5. _____ MEDIA RELEASE: I give permission for my child's image to be used in print, video, and digital media or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I agree that these images may be used by the Boys & Girls Club for a variety of purposes, and these images may be used without further notifying me. I do understand that my child's last name will not be used in conjunction with any video or digital image.
6. _____ GENERAL TRIP AUTHORIZATION: I give permission to the Boys & Girls Club of Vineland to transport my child to and from anticipated activities and field trips on foot, van, or bus. I understand that I will be notified in advance of field trips and activities outside of the Club premises. I understand that if my child is late for a field trip departure time, I will be responsible for his/her care.
7. _____ TUITION POLICY: I understand that tuition is prepaid and that if I fail to pay on time, my child will not be able to continue in the program.
8. _____ BEHAVIOR POLICY & MEMBER CODE OF CONDUCT: I agree that I have read the Parent Handbook, including the Discipline Policy and the Member Code of Conduct with my child, and that we are willing to adhere to the rules and consequences listed in this handbook.

Please sign and return to the office. This form acknowledges that you have gone over the above agreement and this document will be placed in your child's file.

Parent/Guardian signature Date

Staff Signature Date