



**BOYS & GIRLS CLUBS
OF MERCER COUNTY**

2020-2021 KIDS CLUB AFTER SCHOOL PROGRAM ENROLLMENT FORM

This form must be completed and signed by the parent or guardian of each student enrolling in the afterschool program.

Student Name: _____
First Last Email

Applying for a Scholarship Yes No **Shirt Size (Circle One)** Youth: XS S M L XL
Adult: S M L XL

Gender _____ **Grade in September 2020:** _____ **School Attending:** _____

ASP Location: Centre Street Spruce Street

Registration for: Full Day Care 5 days per/wk Blended Care (FD&1/2 Day) Traditional ASP Care

MONTHLY TUITION

I agree to pay my monthly tuition by the first of each month. This monthly tuition is supported by funding from US Soccer Foundation, 21st Century Community Learning Centers, child care vouchers, tutoring contracts and/or other public/private funding. **I understand that failure to pay monthly tuition will jeopardize my child's participation in the program.**

My child is eligible for child Care Connection, DYFS or Work first child care vouchers: Yes No

Parent/Guardian #1

Parent/Guardian # 2

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

E-mail

E-mail

Street Address

Street Address

City State Zip

City State Zip



RELEASE OF CHILD

The Following people **are allowed** to pick-up my child _____

The Following people **are not allowed** to pick-up my child _____

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:00pm if you are not available.

<hr/> <small>First Name</small>	<hr/> <small>First Name</small>
<hr/> <small>Last Name</small>	<hr/> <small>Last Name</small>
<hr/> <small>Relationship to Student</small>	<hr/> <small>Relationship to Student</small>
<hr/> <small>Home Phone</small>	<hr/> <small>Home Phone</small>
<hr/> <small>Work Phone</small>	<hr/> <small>Work Phone</small>
<hr/> <small>Other Phone</small>	<hr/> <small>Other Phone</small>
<hr/> <small>Street Address</small>	<hr/> <small>Street Address</small>
<hr/> <small>City</small>	<hr/> <small>City</small>
<hr/> <small>State</small>	<hr/> <small>State</small>
<hr/> <small>Zip</small>	<hr/> <small>Zip</small>

PARENTAL/GUARDIAN RELEASES

My signature below indicates my acceptance of the policies above and listed on the membership application, and gives permission for my child to participate in the Boys & Girls Club after school program during the 2020-2021 School year.

- I give permission for my child's image/name to be used in the Club's, US Soccer Foundation & 21st Century public relations materials.
- I give permission for my child to participate in all Club programs/mentoring, and for the Club to collect and share data from my child's participation for related funders, partners and grants.
- I give permission for my child's school to release information about my child to the Club, US Soccer Foundation or 21st Century.
- I give permission for my child to attend in Boys & Girls Club activities in or adjacent to the Club, and all field trips as identified in program brochures, newsletter and parent communications. If I don't want my child to go on a trip, I must communicate this to the program director in writing.
- In the case of an emergency, I hereby give permission for the hospital/doctor to provide care/treatment for my child until I can reach the hospital.
- That I understand the Club's discipline policy and understand I am responsible for my child's actions while involved in club activities. I also understand that if my child breaks club policy my child may be expelled/suspended from the program/club without reimbursement of fees paid.
- I understand that there are inherent risks associated with participating in Boys & Girls Club activities, including Covid-19, and I do not hold the Club, directors or staff responsible for injuries, resulting from Club participation.

My signature below indicates my acceptance of the policies above.

Parent/Guardian Signature Print Name Date



Medical Declaration Statement for Members

Child's Name: _____

Date of Birth: _____ Grade: _____

Is your child under any medical/physical restrictions?

Yes _____ No _____

If yes, check all that apply.

Asthma _____ Others _____
Hearing Loss _____
Diabetes _____
Seizures _____

Is your child taking any medications?

Yes _____ No _____

If yes, please list:

WILL YOUR CHILD BE TAKING ANY MEDICATION(S) REGULARLY WHILE ATTENDING PROGRAM?

Yes _____ No _____

If yes, you need to complete a

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS form.

Is your child allergic to any:

(Please list.)

Foods? No _____ Yes _____

Medications? No _____ Yes _____

Other? No _____ Yes _____

Family Health Care Provider

Telephone Number:

As a parent/ guardian of the above participating child, I certify that he/she is in good physical health, has no special medical needs (or I have completed a care form) and may participate in all program activities.

Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE ONLY

Monthly Tuition _____ Membership Expires _____

- Documents on file: Shot Records on file 2 pay stubs
 Child Care Connection 21st Century