



BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY

CLUB CHAPARRAL & CLUB BAY LAUREL 2018-2019 REGISTRATION APPLICATION

For further information, please visit our website at www.bgcconejo.org

PLEASE SELECT PROGRAM(S) OF CHOICE:

Registration application table with four program options: #1. .AFTERNOON CLUB, #2. .LUCKY DAY CLUB, #3. .WEDNESDAY CLUB, #4. .30 MINUTE CLUB/ Sibling Club. Each option includes a description, benefits, and costs.

MEMBER INFORMATION

(PLEASE PRINT, USING ONE FORM PER CHILD)

Form fields for member information: LAST NAME, FIRST NAME, MIDDLE, DATE OF BIRTH, SCHOOL, ENTERING GRADE, AGE, OTHER FAMILY MEMBERS WHO ARE OR HAVE ATTENDED CLUB, MEMBER LIVES WITH.

MOTHER / GUARDIAN CONTACT INFORMATION

CHECK IF THIS IS THE MEMBER'S PRIMARY RESIDENCE

Form fields for mother/guardian contact: NAME, EMPLOYER, STREET ADDRESS, CITY, STATE, ZIP, HOME PHONE, CELL, WORK, MOTHER'S EMAIL.

FATHER / GUARDIAN CONTACT INFORMATION

CHECK IF THIS IS THE MEMBER'S PRIMARY RESIDENCE

Form fields for father/guardian contact: NAME, EMPLOYER, STREET ADDRESS, CITY, STATE, ZIP, HOME PHONE, CELL, WORK, FATHER'S EMAIL.

EMERGENCY CONTACTS (The following individuals may pick up your child after school and can be contacted in an emergency.)

Form fields for emergency contacts: #1 EMERGENCY CONTACT, #2 EMERGENCY CONTACT, #3 EMERGENCY CONTACT, and Other(s) who are authorized to pick up member.

Form fields for how did you become aware of BGC/GCV: OTHER MEMBER, PARENT, CHILD'S SCHOOL, MAILING, PARENT/TEACHER ASSOC, NEWSPAPER, WHICH ONE?, OTHER.

Form fields for I would be interested in volunteering: WORKING WITH CHILDREN, DATA ENTRY, FUNDRAISING EVENTS, ADMINISTRATION, PARENT CLUB COUNCIL, PUBLIC RELATIONS, FRONT DESK, SPECIAL EVENTS, SPORTS, OTHER.

**MEDICAL INFORMATION**

(Revised: 6/5/18)

Name of Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy and Certificate # \_\_\_\_\_  
Medical Restrictions (allergies, necessary medications, sports restrictions) \_\_\_\_\_  
Food Allergies \_\_\_\_\_  
Is there anything else we should know about your child? \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY**

Please Initial

- \_\_\_\_\_ In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary
- \_\_\_\_\_ I expect my child to stay at the Club until picked up:  Yes  No
- \_\_\_\_\_ I expect my child to do homework:  Until Completed  During Power Hour  Homework Done at Home  My Child Can Decide Daily
- \_\_\_\_\_ I give permission for my child to be transported to and from program areas on field trips and in the case of an emergency.
- \_\_\_\_\_ I give permission for my child to walk within a one mile radius of the Clubhouse with a staff member for various Club activities.
- \_\_\_\_\_ I understand that the BGC/GCV will periodically show movies rated PG or lower.
- \_\_\_\_\_ I understand the BGC/GCV retains the right to use photographs, slides or video taped material of my child taken during activities for promotional purposes and waive all rights for compensation.
- \_\_\_\_\_ I understand the Club is not responsible for my child's personal belongings, and will advise my child to leave valuables at home.
- \_\_\_\_\_ I understand that the BGC/GCV is not responsible for staff outside of Club duties and hours of operation.
- \_\_\_\_\_ I give permission for the release and exchange of confidential information from the Las Virgenes Unified School District in order to provide programs and coordinate services for my child. I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- \_\_\_\_\_ I agree to defend, indemnify and hold harmless the BGC/GCV, the LVUSD, and its officers, employees and agents against any and all loss, liability, charges, expense (including attorney fees) which may arise by reason of participation in any Club program.
- \_\_\_\_\_ I understand there will be a late fee of **\$15.00 per member** for each part of a 15-minute increment used after 6:00 p.m. The Police Department will be asked to watch your child if we have not heard from a parent or guardian by 7:00 p.m.
- \_\_\_\_\_ My child promises to take care of their Club and its property and to follow Club rules, including appropriate use of technology and personal devices while at the Club.
- \_\_\_\_\_ I understand it is my responsibility to read the **BGC/GCV Club PARENT HANDBOOK**, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it. (Parent Handbook can be found at [www.bgcconejo.org](http://www.bgcconejo.org))

Print Name of Parent/Guardian: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

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

**CONFIDENTIAL INFORMATION** (Please note, this information is strictly for statistical and fundraising purposes only.)

<p><b>ETHNICITY</b></p> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other _____	<p><b>ANNUAL HOUSEHOLD INCOME:</b></p> <input type="checkbox"/> \$10,000 or below <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$60,001 + <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> Decline Information	<p><b>DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH:</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MILITARY:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SINGLE PARENT HOUSEHOLD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Spaces are Limited!** A waiting list will be created if we reach our maximum number for each program/age group.

**To Register for Programs, submit Registration Form and deposit starting May 20<sup>th</sup>, 2018**

**\$40 deposit required to reserve a space for the school year. Deposit will be applied to August/September fees.**

**Monthly Program Fees Due: 1<sup>st</sup> of the Month \$25.00 Late Fee per child will apply if paid after the 5<sup>th</sup>**

**When paying Program Fees, please make checks payable to: BGC / GCV      ✓ VISA and MasterCard are accepted.**

Credit Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiration Date: \_\_\_\_ / \_\_\_\_      3 Digit Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_       I would like my Credit Card charged monthly for Program Fees.

**Financial Assistance is available on a case-by-case basis. A confidential 'Request for Financial Assistance' is required to be completed.**

**CLUB USE ONLY**

Club ID Number: \_\_\_\_\_ Entered by \_\_\_\_\_ Date Entered: \_\_\_\_\_

Amount Paid: \_\_\_\_\_       Copy of release made for Emergency Folder      Auto payments  Yes  No