



2018 / 2019 MEMBERSHIP APPLICATION

Program Fees are due the 1st of each month. Please note a \$25.00 late fee will apply per child if paid after the 5th.

CLUB LOCATIONS

- AC Stelle...** (818)-225-8406
22450 Mulholland Hwy., Calabasas
- Marley Club-** (818) 963-8070
4029 Las Virgenes Rd, Calabasas
- Anderson Youth Center...** (805) 493-2917
1980 E. Avenida de las Flores, Thousand Oaks
- Johnston Club ...** (805) 449-1309
1450 E. Hillcrest Drive, Thousand Oaks
- Catlin Club...** (818) 735-9518
5844 Larboard Lane Agoura Hills
- Morton Club...** (805) 375-5635
2855 Borchard Road, Newbury Park
- Notter Club ...** (805) 371-4045
233 W. Gainsborough Road, Thousand Oaks

PROGRAM

↓ Please Select

- ALL Program
Before &/or After School
- 10-Day Pass
- Lunch Club
- Transportation

PROGRAM FEES

- ★ **LUNCH CLUB FEE: \$50** per year (Anderson, Catlin, Johnston, Morton, Notter)
- ★ **MONTHLY ALL PROGRAM FEE**
 - **Anderson Youth Center, Johnston, Notter & Morton Clubs:**
\$235 (Lunch Club fee not required for monthly members)
 - **Catlin Club:**
\$205 (Lunch Club fee not required for monthly members)
 - **AC Stelle & Marley Club:**
\$195 (Club Open After School Only)
- ★ **10-DAY PASS: \$175.** . . .10-Day Pass is non-transferable, non-refundable and can only be used during the purchased school year.
(Lunch Club fee not required for monthly members)
- ★ **TRANSPORTATION: \$60**
(Anderson, Catlin, Johnston, Morton & Notter Only)

MEMBER INFORMATION

✓ When paying Program Fees, please make checks payable to: **BGC/GCV** ✓ **VISA/MC** are accepted.
 Credit Card Number: ____/____/____/____ Expiration: ____/____ Security Code: ____
 I would like my Credit Card to be charged monthly \$____ Signature: _____

Name (Last) _____ (First) _____ (Middle) _____ Male Female

Date of Birth ____/____/____ School _____ New Member Returning Member

Grade _____ Age _____ Other Family Members Attending/Attended Club _____

Member's Email _____ Member's Cell Phone _____

MOTHER/GUARDIAN INFORMATION. Check if this is the Member's primary residence.

Name _____ Employer _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Mother's Email: _____ (BGC/GCV sends important Club activity information, plus Club Newsletter)

FATHER/GUARDIAN INFORMATION. Check if this is the Member's primary residence.

Name _____ Employer _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Father's Email: _____ (BGC/GCV sends important Club activity information, plus Club Newsletter)

EMERGENCY CONTACT

#1 – Emergency Contact _____ Relationship to Member _____

Best Contact Number _____ home cell work

#2 – Emergency Contact _____ Relationship to Member _____

Best Contact Number _____ home cell work

GRANDPARENTS' INFORMATION. Check if this is the Member's primary residence.

Name of Grandparents _____ Name of Grandparents _____

Address of Grandparents _____ Address of Grandparents _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Email of Grandparents _____ Email of Grandparents _____

MEDICAL INFORMATION

Name of Doctor _____ Doctor's Phone Number _____

Health Insurance Company _____ Policy and Certificate # _____

Medical Restrictions (allergies, necessary medications, sports restrictions, etc.) _____

ETHNICITY

American Indian/Alaska Native

African American

Asian

Caucasian

Hispanic or Latino

Native Hawaiian/Pacific Islander

Two or More Races

Other _____

ANNUAL HOUSEHOLD INCOME:

\$10,000 or below \$40,001 - \$50,000

\$10,001 - \$20,000 \$50,001 - \$60,000

\$20,001 - \$30,000 \$60,001 +

\$30,001 - \$40,000

DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH:

Yes No

MILITARY: Yes No

SINGLE PARENT HOUSEHOLD:

Yes No

I WOULD BE INTERESTED IN VOLUNTEERING: Working with Children Data Entry Fundraising Events Administration Parent Club Council Public Relations Front Desk Assistance Special Events Other _____

PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY (BGC/GCV)

- In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary.
- I hereby give permission for my child to become a member and participate in activities of the Boys & Girls Clubs of Greater Conejo Valley. My child promises to take care of their Club and its property and to follow Club rules.
- 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 At Home My Child Can Decide Each Day
- 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 BGC/GCV will periodically show movies rated PG-13 or lower and play T rated video games.
- 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 give permission for the release and exchange of confidential information from the Conejo Valley Unified School District or 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, Conejo Valley Unified School District, Las Virgenes Unified School District and their officers, employees and agents against any and all loss, liability charges, expense (including attorney fees) and costs of whatsoever character which may arise by reason of participation in any program.
- I understand there will be a late fee of **\$15.00 per member** for each 15-minute increment used after 6:30 p.m. The Police Department will be asked to watch your child if we have not heard from the parent/guardian by 7:30 p.m.
- I understand the BGC/GCV Parent Handbook is available on our website at www.bggconejo.org, and that it is my responsibility to read this Parent Handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it.
- I understand that the Boys & Girls Club of Greater Conejo Valley is not responsible for any staff outside of club duties.

Print Name of Parent/Guardian: _____ Best Contact Number: _____

Signature of Parent/Guardian _____ Date: _____

PLEASE VISIT OUR WEBSITE, www.bggconejo.org to learn about activities and events at our Clubs and if you or someone you know would like to make an on-line donation to the Boys & Girls Clubs of Greater Conejo Valley.

Financial Assistance is available on a case-by-case basis. A confidential 'Request for Financial Assistance' is required to be completed. Requirements include: Total income of household members, previous year's tax returns, and most recent form of income.

CLUB USE ONLY

Club Location: _____ Club ID Number: _____

Entered Into Daxko by: _____ Date Entered Into Daxko: _____

Date Membership Paid: _____ Amount Paid: _____ Receipt #: _____