BOYS & GIRLS CLUBS
OF GREATER CONEJO VALLEY

SCHOOL YEAR MEMBERSHIP APPLICATION 2026-2027

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 Location: (CVUSD)
- ☐ Anderson Club - Los Cerritos campus (805) 493-2917
- ☐ Johnston Club - Colina campus (805) 449-1309
- ☐ Morton Club - Sequoia campus (805) 375-5635
- ☐ Notter Club - Redwood campus (805) 371-4045

Club Location: (LVUSD)
- ☐ Catlin Club – Lindero campus (818) 735-9518

Questions?
Contact your Club for details on 5th Grade Transportation & Non-School Day Programs.

Club Membership Options	Full Club Access	10-Day Pass	Before School	Tuesday AM Club	Lunch Club	One Hour Club
What's Included	Before school, lunch & after-school access	Flexible access before school, at lunch, or after school	Morning coverage from 7am	Coverage for late-start Tuesdays	Lunch access & activities	Coverage after 5th period dismissal
Best For	Families needing regular daily support & flexibility	Occasional or flexible after-school needs	Early drop-off needs	Tuesday morning supervision (Johnston only)	Students wanting midday connection	Shorter after-school coverage (Johnston & Notter only)
CVUSD Pricing	$315/mo (7am-6pm)	$260/10 visits	$160/mo	$140/mo	$145 annually	$140/mo
LVUSD Pricing	$290/mo (Lunch-6pm)	$260/10 visits	–	–	–	–

MEMBER INFORMATION

Member Name (Last)_____(First)_____(Middle)_____Gender_____

Date of Birth____/____/____ School_____Grade as of **8/1/26** _____ Age_____

Other Family Members Attending/Attended Club _____

MOTHER/GUARDIAN INFORMATION . . . .❒ **Check if this is the Member's primary residence.** Authorized to pick up ❒ NO ❒YES

Name_____Employer_____

Street Address_____City_____State____Zip_____

Home Phone_____ Cell_____Work_____E-Mail_____

FATHER/GUARDIAN INFORMATION. . . . . ..❒ **Check if this is the Member's primary residence.** Authorized to pick up ❒ NO ❒YES

Name_____Employer_____

Street Address_____City_____State____Zip_____

Home Phone_____ Cell_____ Work_____E-Mail_____

EMERGENCY CONTACT: (Need Contact Info for people not listed above)

Emergency Contact_____Relationship to Member_____Phone Number _____
Authorized to pick up ❒ NO ❒YES

Emergency Contact_____ Relationship to Member_____Phone Number _____
Authorized to pick up ❒ NO ❒YES

MEDICAL INFORMATION

Name of Doctor: _____ Doctor's Phone Number:_____

Health Insurance Company: _____ Policy and Certificate # _____

Has your child ever had the following ❒ EAR INFECTIONS ❒ ASTHMA ❒ CONVULSIONS ❒ MEASLES ❒ CHICKEN POX ❒ MUMPS ❒ HAY FEVER ❒ DIABETES ❒ HEARING AIDS ❒ CONTACT LENSES ❒ BEHAVIORAL PROBLEMS?

Has your child had an allergic reaction to:❒ INSECT STING/BITES ❒ POISON OAK OR IVY ❒ FOOD IF SO, PLEASE LIST: _____

Is your child current with all immunizations? ❒ NO ❒ YES

Has your child had any operations, serious injuries, diseases, or problems with physical activity that may limit him/her? ❒ NO ❒ YES

Please Explain:_____

Does your child need to take medication during Club hours? ❒ NO ❒ YES

MEDICATION(S):_____

How can we help your child thrive? ❒ If you would like to provide additional information, please click the check box. An email will be sent to the email address on file, and you will be able to provide additional information via a confidential form so we can help your child thrive at the Club.

ALL MEDICINE MUST BE CLEARLY LABELED IN ITS ORIGINAL CONTAINER AND GIVEN TO THE CLUB DIRECTOR, ALONG WITH WRITTEN AUTHORIZATION TO ADMINISTER MEDICATION.

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

- Video and/or audio surveillance is in use in and around the Club Facility, on Club property, and on Club Transportation.
- 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 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 regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I understand that the Boys & Girls Club of Greater Conejo Valley is not responsible for any staff outside of club duties.
- I understand the BGC/GCV COVID guidelines are subject to change, and the BGC/GCV aligns with the CDC Government Agency and the CA State requirements.
- I understand the **BGC/GCV Parent Handbook** is available on our website at **https://www.bgcconejo.org/join-the-club/helpful-resources/** 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.

Membership Application Waiver section:
In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary. ❒ NO ❒ YES

I give permission for my child to be transported to and from program areas, on field trips, and in the case of an emergency. ❒ NO ❒ YES
I expect my child to stay at the Club until picked up: ❒ NO ❒ YES

Member Behavior Waiver:
BGC/GCV reserves the right to dismiss any Club Member whose conduct is dangerous, illegal, or to the judgment of the Club Director, detrimental to the camp and/or to other youth. Any unused tuition will not be refunded. ❒ NO ❒ YES

Photo Waiver:
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 waives all rights for compensation. ❒ NO ❒ YES
If your child is feeling sick, you agree to pick them up within 60 minutes of notification. 60-Minute Illness Pickup Waiver ❒ NO ❒ YES

More information is available in our Parent Handbook on our website at www.bgcconejo.org

"Change a life and sponsor another deserving child for a month or for Summer Camp! Visit our website to donate, call Resource Development at (818) 706-0905, or email resourcedevelopmentandmarketing@bgcconejo.org"

CONFIDENTIAL HOUSEHOLD INFORMATION

Please note, this is for statistical & fundraising purposes

ETHNICITY:
❒ American Indian/Alaska Native
❒ Asian
❒ Black/African American
❒ Hispanic/Latino
❒ Native Hawaiian/Pacific Islander
❒ White
❒ Other_____

ANNUAL HOUSEHOLD INCOME:
❒ $10,000 or below
❒ $40,001 - $50,000
❒ $10,001 - $20,000
❒ $20,001 - $30,000
❒ $30,001 - $40,000
❒ $50,001 - $60,000
❒ $60,001 +

DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH?
❒ Yes ❒ No
ASSISTANCE PROGRAMS:
MILITARY: ❒ Yes ❒ No
Head of Household: _____
NUMBER OF ADULTS IN THE HOUSEHOLD: NUMBER OF YOUTH IN THE HOUSEHOLD: _____

PLEASE VISIT OUR WEBSITE, www.bgcconejo.org, to learn about activities and events at our Clubs and if you.

Print Name of Parent/Guardian_____ **Date:**_____

Signature of Parent/Guardian_____ **Best Contact Number:** _____

Financial Assistance is available on a case-by-case basis. Please complete a confidential **'Request for Financial Assistance.'**
Documentation required: Total income of household members, previous year's tax returns, and proof of most recent form of income.