



**BOYS & GIRLS CLUB
OF BURLINGTON**

2020 - 2021 School Year Registration
After School Programming

(Each child MUST have their own individual form completed.)

Program(s) registering for: Kindergarten – 5th Grade: *After school at IAA until 5:30pm*
 6th – 8th Grade: *After school at the CLUB until 5:30pm*

Child's Name: (FIRST) _____ (MI) _____ (LAST) _____

Child's Home Address: _____

Grade (as of September 2020): _____ School Attending: _____ Date of Birth: ____/____/____

Parent/Guardian: _____ Relationship to Child: _____

Address: (if different than child): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Primary resident of child: Yes ___ No ___

Parent/Guardian: _____ Relationship to Child: _____

Address: (if different than child): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Primary resident of child: Yes ___ No ___

Emergency Contact(other than parent/guardian): _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Permission to pick up: Yes ___ No ___

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Cell Phone: _____ Home Phone: _____ Permission to pick up: Yes ___ No ___

Allergies/Dietary Requirements: _____

Child's Physician: _____ Physician's Phone Number: _____

Child's Dentist: _____ Dentist's Phone Number: _____

Current Medications: _____ Preferred Hospital: _____

My child will be attending on: **A Days** (Monday & Thursday) _____ **B Days** (Tuesday & Friday) _____

I give my permission for:

-My child to walk home at 5:30pm: Yes ___ No ___

-My child to watch a movie rated up to: G ___ PG ___ PG-13 ___ R ___

-My child to use the internet/electronics for academics and age appropriate games: Yes ___ No ___

-My child to go on trips whether by foot, van, or other contracted transportation (while observing social distance and mask requirements): Yes ___ No ___

-The BGC to take photographs/videos for use by the Boys & Girls Club: Yes ___ No ___

-The BGC to speak with my child's school regarding their development, behavior & education: Yes ___ No ___

Other than the above listed parents/guardians and/or emergency contacts, the following people have permission to pick my child on any given day:

Name of Authorized Pick-Up Person(s):	Daytime/Cell Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

NOT AUTHORIZED TO PICK-UP: 1. _____ 2. _____

DEMOGRAPHIC & CONFIDENTIAL INFORMATION:

As a non-profit we rely on outside funding sources to continue to offer our services at such a low cost (in some cases, at no cost). The information collected in the section below is required to secure that funding. **This information is never reported with you/your child's name. This information is strictly confidential and does not in any way affect eligibility for Club programming.**

Member Name: _____ **Gender:** _____ **Number of people in Household:** _____

Ethnicity (choose the <u>ONE</u> that applies best):	Household Income:	Is a Parent/Guardian incarcerated?
___ American Indian/Alaska Native	___ \$0-\$4,999	Yes ___ No ___
___ Asian	___ \$5,000-\$9,999	Member's household receives the following Services: ___ Food Stamps ___ Free/Reduced Lunch ___ General Assistance ___ Unemployment
___ Black or African American	___ \$10,000-\$14,999	
___ Hispanic, Latino, Spanish Origin	___ \$15,000-\$19,999	
___ Native Hawaiian/Pacific Island	___ \$20,000-\$24,999	
___ White	___ \$25,000-\$29,999	
___ Mixed Ethnicity	___ \$30,000-\$34,999	
___ Other	___ \$35,000-\$39,999	
___ Unknown	___ \$40,000-\$44,999	
	___ \$45,000-UP	

Is a parent/guardian an active member of the military? Yes ___ No ___

I understand my child will not be able to leave the Club for any reason without written permission or phone call from a parent/guardian. I give the Boys and Girls Club of Burlington permission to Survey my child for use in reports and general knowledge. I give permission for the Boys and Girls Club to access and report my child's immunization records. In case of emergency, the Boys and Girls Club Staff has my permission to give first aid or take the participant to a hospital for treatment and call a doctor for medical or surgical care for my child. Should an emergency arise, I understand that a conscientious effort will be made to locate me or an emergency contact before any action is taken, but I agree to accept any expenses associated with such emergency if it is not possible to locate me in advance of treatment. I hereby, for myself, my child, my heirs, executors and administrators waiver and release any and all rights and claims for damages I or my child may have against the Boys and Girls Club of Burlington for any and all injuries suffered by my child at any activity sponsored by these listed organizations. I have been informed that the Boys & Girls Club of Burlington has a freedom of access policy and complaint procedures concerning the welfare of children outlined in the parent handbook.

I have read, understand, and agree to the policies and procedures outlined in the Afterschool Parent Handbook. I have explained the rules, policies, and expectations outlined in the After School Handbook to my child.

Parent/Guardian Signature: _____ **Date:** _____