



BOYS & GIRLS CLUBS
OF MERCER COUNTY

MEMBERSHIP/ENROLLMENT APPLICATION

ALL INFORMATION MUST BE COMPLETED
AND A \$30.00 MEMBERSHIP FEE COLLECTED
BEFORE APPLICATION CAN BE PROCESSED
MEMBERSHIPS ARE RENEWED ANNUALLY

PLEASE PRINT

MEMBER TYPE: Youth member Teen Member Renewing Member

PROGRAMS FOR ENROLLMENT:

General Membership After- School Program Teen Program Tween Drop-In (5th-8th)
Teen Drop-In (9th-12th) Super Saturday

MEMBER'S BASIC INFORMATION:

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____

Gender: Male Female Trans Male Trans Female Non-Binary Other

Ethnicity: African American Hispanic Asian Caucasian Hispanic

Native Hawaiian Native American Multi-Racial Middle Eastern

Foster Care: Yes No

MEMBER'S SCHOOL INFORMATION:

Name of Child's School: _____

Elementary Intermediate Middle School High School Other

Teacher's Name: _____ Grade _____

Does your child participate in the school lunch program?

Free Regular Reduced Not Eligible

Does your child receive additional support/community?

Individualized Education Plan (IEP) 504(accommodation) Meets with School
or Private Counselor Speech Coach Caseworker/Social Worker Other

PARENT / GUARDIAN INFORMATION:

Primary - Parent / Guardian	Secondary - Parent / Guardian
Name: _____ Relationship to Child _____ Address: _____ City, State, Zip: _____ Phone # (_____) _____ Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone # (_____) _____ Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Email: _____ Employer: _____ Job Title: _____ (Primary Parent / Guardian is by definition always authorized to pick up the Child!)	Name: _____ Relationship to Child _____ Address: _____ City, State, Zip: _____ Phone # (_____) _____ Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone # (_____) _____ Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Email: _____ Employer: _____ Job Title: _____ Authorized to Pick up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACTS:

AUTHORIZED PICK UP:

Emergency Contact Name: _____ Relationship to Child _____ Phone # (_____) _____ Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone # (_____) _____ Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Authorized to Pick up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Pick Up Name: _____ Relationship to Child _____ Phone # (_____) _____ Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone Phone # (_____) _____ Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Authorized to Pick up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NOT AUTHORIZED PICK UP:

_____	_____
_____	_____

PRIMARY HOUSEHOLD FINANCIAL INFORMANTION:

PLEASE NOTE: Your family's financial information helps the Boys & Girls Club of Mercer County for grants and corporate donations (so we can keep program fees affordable). All information is kept strictly confidential.

Estimated total annual gross income for all persons living in the child's primary household? (Primary household refers to the home where your child lives most of the time)

<input type="checkbox"/> \$0 - \$ 5,000	<input type="checkbox"/> \$25,001 - \$30,000	<input type="checkbox"/> \$55,001 - \$60,000
<input type="checkbox"/> \$ 5,001- \$10,000	<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$60,001 - \$65,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$65,001 - \$70,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$40,001 - \$45,000	<input type="checkbox"/> \$70,001 - \$75,000
<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$75,001 - or more

Total number of people (Adults & Children) living in the child's primary household _____

Number of people under the age of 18 years living in child's primary household _____

Is there a member of the child's household who serves in the US Military? Yes No

Branch of Service: _____

Member lives in primary household with? (Check all that apply): Mother Father

Step-Mother Step-Father Grandmother Grandfather Foster Parent:

Other (Please Describe)? _____

Name of Parent/Guardian who is Head of the child's primary household? _____

Is the Child's Primary Household a Single-Parent Household? Yes No

If Yes, Single Parent Head of Household is? Female Male

Please list siblings (Brothers & Sisters) who are CURRENTLY MEMBERS of the Boys & Girls Club of the Mercer County.

(Name) (Age)

(Name) (Age)

(Name) (Age)

(Name) (Age)

(Name) (Age)

(Name) (Age)

MEMBER'S MEDICAL DECLARATION FORM:

Child's Name: _____

Does your child have any serious health problems? Yes No

If yes, please list: _____

Diagnosed Medical Conditions: Asthma Seizures ADD/ADHD Autism

Other _____

Food Allergies: Tree Nuts/Peanuts Gluten Eggs Dairy/Lactose Seafood/Shellfish Soy

Other _____

Medicine Allergies: Penicillin Aspirin Amoxicillin Other _____

Environmental Allergies: Bee Stings Pollen Dust Mold Grass

Will your child be taking any medication(s) regularly while attending program? Yes No

If yes, you need to complete a CARE PLAN FORM FOR CHILDREN WITH SPECIAL NEEDS

Does your child use an inhaler? Yes No

Does your child use an EpiPen? Yes No

Does your child use insulin? Yes No

Doctor's Name: _____ Doctor's Phone: () _____

Does your child(ren) have health and /or accident insurance? Yes No

Hospital Preferred: _____

Other Medical Conditions: Please list any physical, mental or medical limitations of your child below and discuss them with the Club Director upon submitting your application.



PARENT/GUARDIAN MEMBERSHIP AGREEMENT

Parent / Legal Guardian Permission Form for: _____
(Child's First and Last Name)

Publicity Release:

I/we agree that Boys & Girls Clubs of Mercer County (BGCMC) may photograph or videotape me or my child and Boys & Girls Clubs of Mercer County may use those photographs or video footage for its marketing purposes. I/we release Boys & Girls Clubs of Mercer County from any claim or liability related to that use, waive all claims for myself/ourselves, my heirs and assignee against Boys & Girls Clubs of Mercer County, their Board of Directors, volunteers or staff persons. I do give my permission I do NOT give my permission

Parent/Legal Guardian Initial _____

Transportation Permission:

I acknowledge that this transportation is being provided Mondays through Fridays when the Club is in operation. Bus pickups will occur promptly, weather permitting, at dismissal of full days and designated half days from schools. Due to scheduling, I recognize that the bus will not wait for my child, and if under any circumstance my child does not board the bus, I will be responsible for my child's whereabouts and hold the Club harmless from further responsibility and inquiry. Transportation is arranged via club owned vehicles and occasionally the use of private vehicles driven by approved staff members and volunteers. I give permission for my child to participate in all 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 or participate in a specific program, I must communicate this to the program director in writing. I hereby release the Boys & Girls Clubs of Mercer County its employees, volunteers, associates and contributors from any liability for any injury or loss sustained as a result of such transportation.

Parent/Legal Guardian Initial _____

Medical Treatment Authorization:

I declare that I am the parent or legal guardian of the above-named minor child and I have custody and control of this child. I realize that participation in Boys & Girls Club activities carries the risk of severe or permanent injury. In the event my child is injured or should require immediate medical attention, I hereby authorize Boys & Girls Club staff members and/or volunteers to secure any medical treatment for my child they deem necessary. I further acknowledge that I will be responsible for any medical, hospital, or ambulance fees and costs associated with my child's medical treatment. If possible, confirmation of any medical treatment should be made with me prior to any treatment. In case I cannot be reached, or case of emergency, Club Staff and/or volunteers may approve treatment for my child without further authorization. **Parent/Legal Guardian Initial** _____

Data Collection:

I give permission for my child to participate in all BGCMC programs/survey/mentoring, and for the BGCMC to collect and share data from my child's participation for related funders and grants. I give permission for my child's school to release information about my child to the BGCMC, US Soccer Foundation or 21st Century. I give permission for the school to release information about my child to the Boys & Girls Clubs of Mercer County. **Parent/Legal Guardian Initial** _____

Behavior Policy:

Boys & Girls Clubs of Mercer County (BGCMC) has a philosophy of self-discipline, respect and safety. BGCMC expects respectful, safe and gentle behavior. Given the nature of this expectation, children with a disclosed or undisclosed behavioral difficulty, children displaying unacceptable behavior, or that cannot perform to these standards while attending BGCMC programs, will be dismissed early, suspended or expelled. Children who are dismissed early, suspended or expelled for any reason are **not** entitled to a refund or credit or release from financial obligations. A copy of the Member Handbook can be found online at www.bgcmrcer.org or upon request at the membership office. **Parent/Legal Guardian Initial** _____

Medical Declaration:

You must submit a **fully** completed "**Medical Declaration**" form (attached). Please list **all** allergies, medications taken (if medication is to be administered during program hours), and/or special health needs. If medication needs to be administered while your child is with us, please have your child's doctor complete "**Care Plan for Children with Special Health Needs**" form. **Parent/Legal Guardian Initial** _____

My signature below indicates my acceptance of the policies above.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Primary Phone



PARENT/GUARDIAN PAYMENT CONTRACT

In consideration of my child/children's participation in youth programs of the Boys & Girls Clubs of Mercer County, I agree to the following:

1. I agree to pay a non-refundable membership fee of \$30.00 per calendar for each of my school-aged children participating in programs at the BGCMC.
2. **I agree to pay the fees for the applicable BGCMC programs my child is enrolled in, even if my child does not attend (this includes days missed due to sickness). I understand that enrollment and payment of fees in advance of service reserves my child's slot in the program(s)** Please provide 14 days, advance written notice of withdrawal from any of our programs. Children who just quit attending without notice will be charged a \$25.00 fee. Those members will not be able to enroll in our programs until payment is made on unpaid fees. ****All After School program payments are due on the 1st of the month, and will accrue a \$25.00 late fee if received after the 5th of the month.** I understand that the Boys & Girls Clubs of Mercer County does not prorate fees for partial weeks attended and that daily rates are not available.
3. I understand that all checks returned by the Bank to the Boys & Girls Clubs of Mercer County for any reason will be subject to a **\$25.00 NSF fee** charged to my account and I may be subject to additional fees and charges from a collection's agency. Parents who have bounced one check can no longer make any payment by check and will be required to pay all future fees in cash or by debit or credit card.
4. I agree that I will pick my child up by the closing time or earlier of program services; I also understand that it is my responsibility to provide alternate arrangements for pick-up of my child if I am unavailable to do so. **I understand that in the event that my child is not picked up by the closing time, a late fee of \$1.00 per minute/per child must be paid in cash at the time of pick up.** At 60 minutes past the closing time law enforcement officials and DCFS may also be contacted if we have not heard from a parent/guardian or an emergency contact.
5. I understand that the Boys & Girls Clubs of Mercer County reserves the right to remove my child from Youth Programs for any good cause which includes but is not limited to: Continued late payment, continued late pick up, refusal to pay any BGCMC fees, disruptive and/or threatening behavior on the part of parents/guardians, family members or youth members, repeated child behavior issues, bullying or failure to comply with Club policies. If a child has been removed from our program but continues to be dropped off at the BGCMC site, then BGCMC officials will have no choice but to contact law enforcement and DCFS officials to report child neglect.
6. **I agree to pay ALL fees for my child/children by the date due. I understand that all fee payments are Non-Refundable and Non-Transferable.** If an adjustment to a payment is necessary only a credit towards future services will be provided. This policy allows us to better plan for staffing and program supplies needed to provide quality services to all members.

Child's Printed Name(s) _____

Parent/Guardian Printed Name

Parent/Guardian's Signature

Date