



2023-2024 SCHOOL YEAR Membership Application

For Front Office Use Only:	
Registration	New or Renew
Club Membership Number	
Date received/staff name and sign	
Financial Assistance/Other _____	Date Approved:
Military Family	Yes No

Member Information

Name (Last): _____ (First): _____ (Middle): _____

Gender	Date of Birth	Ethnicity (Check All That Apply)	Grade Entering (2023-2024)	Name of School
He or She	/ /	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____		

Street Address: _____ Home Phone Number: (____) _____

City: _____ State: _____ Zip: _____ Cell Phone Number: (____) _____

Child's Age: _____ Guardian/Parent Email: _____

Guardian/Parent Information: (Primary Contact)

Name: _____

Relationship to Member: _____

Lives in same household as member? Yes No

Employer: _____

Work Address: _____

Work City: _____ State: _____ Zip: _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Guardian/Parent Information:

Name: _____

Relationship to Member: _____

Lives in same household as member? Yes No

Employer: _____

Work Address: _____

Work City: _____ State: _____ Zip: _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Emergency Contacts (other than guardian/parent & must be someone living in close proximity):

Name: _____

Relationship to Member: _____

Lives in Same Household as Member? Yes No

Work Phone: (____) _____

Cell Phone: (____) _____

Authorized to Pick Member Up? (Circle One): Y / N

Name: _____

Relationship to Member: _____

Lives in Same Household as Member? Yes No

Work Phone: (____) _____

Cell Phone: (____) _____

Authorized to Pick Member Up? (Circle One): Y / N

Please list below any additional contacts authorized to pick up member: (Please list 1 out of state contact if possible)

Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	

It is the parent's responsibility to notify the Site Coordinator/Front Desk Staff of any changes in address, contact information, or phone numbers.

Medical Information:

Doctor's Name: _____ Insurance Carrier: _____

Phone Number: (____) _____ Policy #: _____ Group #: _____

Please check if any of the following may apply ADD/ADHD Asthma Allergies Autism Developmental Delay Diabetes

If you checked any of the above, please provide details _____

Other medical or health issues: _____

Any medications currently taken _____

*Medication is the responsibility of the parent/s and family physician. Parent/s are encouraged, with the advice of your child's physician to work out a schedule of administering medicine at home, outside of the Club hours. Club staff is first aid and CPR certified but is not qualified to administer medication to your child. The Club is willing to safeguard inhalers for asthmatics, but is not responsible for the replacement cost if lost or stolen

The following is requested to support our non-profit grant writing/fund development efforts. All information will remain strictly confidential.

Annual Gross Household Income:

\$ _____

Or Select A Range Below:

- \$0 - \$10,000 \$50,001 - \$60,000
- \$10,001 - \$20,000 \$60,001 - \$70,000
- \$20,001 - \$30,000 \$70,001 - \$80,000
- \$30,001 - \$40,000 \$80,001 - \$90,000
- \$40,001 - \$50,000 Over \$90,000

Member lives with:

- Mother Stepmother Father Stepfather
- Grandparent Foster Parent Other: _____

Please list all members who reside in the household:

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

*If more space is needed please use back of application

Total Household Size: _____ Number Under 18: _____

Single Parent (circle) Yes / No Number over 65: _____

Head of Household (circle): Male / Female / Both

Military Affiliation:

Active Military (circle):

No / Yes

Branch: _____

Lives on base (circle)

No / Yes

Other Military Affiliation:

*Please bring military identification with you for verification.

Please check if you are receiving any of the following:

Free Lunch Program Reduced Fee Lunch Program Cal Works Cal Fresh

Parent/Guardians Please Read and Initial:	Parent Initial:
I understand that the Boys & Girls Clubs of Whittier is not, nor does it claim to be, a licensed daycare. It is the parent or guardian's responsibility to instruct their child whether or not the child can leave the Club and when and with whom they may leave.	
I give my permission to the Boys & Girls Clubs of Whittier to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude any individual responses.	
I give my permission to the Boys & Girls Clubs of Whittier, the Whittier City School District and East Whittier City School District, Los Nietos School District, South Whittier School District and El Rancho Unified School District to exchange information regarding the minor child listed on this application in order to help both organizations do a better job of helping the student be successful.	
I understand that the Boys & Girls Clubs of Whittier may share information about the minor child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. All information provided will be kept confidential.	
I give my permission for my child's picture, moving pictures, or any other graphic depiction or likeness to be used by the Boys & Girls Clubs of Whittier, Boys & Girls Clubs of America, and their affiliates in publicity materials.	

I, the guardian/parent of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Whittier, Boys & Girls Clubs of America, and their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors, Board Members or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations or participation in activities of said organizations either at or away from the Club. **I give permission to the Boys & Girls Club of Whittier to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.**

I have read the complete application and I understand the rules and the conditions of membership of the Boys & Girls Club of Whittier as presented in attached form. By signing below, I agree to these policies and conditions and request that my child be admitted into the Club as a member.

Guardian/Parent Name (Please Print)

Guardian/Parent Signature

Date

Conditions of Membership

Guardians/Parents please read the following and sign below:

Parent
Initials

Club Policies

- _____ **Club hours** Mondays - Friday from school dismissal to 6:00p.m. (Unless otherwise noted in Club Calendar)
- _____ **Late Fee** of \$1.00 per minute beginning at 6:15pm. After 6:30pm, we reserve the right to notify our local police department if the child has not been picked up and communication has not been made with club staff.
- _____ **Refunds** Please adhere to our refund policy for field trips or program fees. Fees for program/field trips and any special event are due at the time of registration unless otherwise noted
- _____ **Pick up** Main Clubhouse Parents/Guardians please come into the Club lobby to pick up your child/children. School site members can be signed out every day by Guardian/Parent at designated pick up area. Members are welcomed to wait in the lobby while waiting for parents to pick them up. When picking up members, guardians/parents please enter through the front door and the front desk staff will page your child
- _____ **Membership** - Your child's membership is contingent upon them following rules and avoiding incidents that compromise the physical and/or emotional safety of other members, staff or themselves.

Parent
Initials

Rules of Conduct

For all members of the Boys & Girls Club of Whittier, it is understood that my child will:

- _____ Treat all staff, Club volunteers, and Club visitors with respect and follow all directions.
- _____ Acknowledge that if he/she brings their cell phone or electronics or any other items to the club that Boys & Girls Clubs of Whittier is not responsible for lost, damaged or stolen items.
- _____ Acknowledge that the Club has a zero-tolerance policy for fighting, teasing, name-calling, threatening language, horseplay, stealing, destruction of Club property or sexual harassment or bullying in any way. Club staff will work in partnership with parent/guardians to communicate any behavioral concerns.
- _____ My child will treat all Club property and equipment with respect. I may be held financially responsible for any damage caused by my child.
- _____ Acknowledge that my child will have access to the internet. While on the internet, my child should follow all staff directions, only access appropriate sites.
- _____ Acknowledge Club dress code. Members should refrain from clothing such as short-shorts, bare midriff tops, spaghetti strap tops, and garments with inappropriate images or messages, flip-flops, sandals, shoes with wheels or open-toed shoes.

My signature below confirms that I have read and understand the above policies:

Guardian/Parent Name (Please print) _____

Guardian/Parent Signature _____

Date _____