



# Before & After-School Program Fall 2020 REGISTRATION FORM

Please fill out one Registration Form per Child

Member First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_\_ M \_\_\_ F Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Ethnic Background: African American \_\_\_ / Asian \_\_\_ / Caucasian \_\_\_ / Hispanic \_\_\_ / Multi Racial \_\_\_ / Native American \_\_\_ / Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Before & After-School Program Fall Session Dates are listed below

### Tuition

**Before-School: \$30.00 per week**

**After-School: \$50.00 per week**

**Before & After-School: \$75.00 per week**

**\*\*Weeks 5, 8 & 9: Before School \$24.00, After-School \$40.00\*\***

Payment methods: check or credit card (Visa or MasterCard only).

LIMITED FINANCIAL AID IS AVAILABLE ON A FIRST COME, FIRST SERVE BASIS.

### \*PLEASE CHECK BEFORE, AFTER OR BOTH\*

<u>Before</u>	<u>After</u>	<u>Both</u>	
			Week 1: September 16 through September 18
			Week 2 — September 21 through September 25
			Week 3 — September 28 through October 2
			Week 4 — October 5 through October 9
			*Week 5 — October 12 through October 16 (Closed on October 12)
			Week 6 — October 19 through October 23 (Early Release on October 22)
			Week 7 — October 26 through October 30 (Early Release on October 27)
			* Week 8 — November 2 through November 6 (Closed on November 3)
			*Week 9 — November 9 through November 13 (Closed on November 11)
			Week 10 — November 16 through November 20

**\*Week 11 — November 23 through November 27**

**(All Day Programming November 23-25, Closed November 26-27)**

September 2020						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2020						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## Registration Information Form

Teacher \_\_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Does your child receive Free or Reduced Lunch? No \_\_\_\_\_ FREE \_\_\_\_\_ REDUCED \_\_\_\_\_

### **Parent/Guardian Information**

Name of Legal Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Employers Business \_\_\_\_\_

Name of Legal Guardian # 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Employers Business \_\_\_\_\_

**E-Mail address to receive Club news:** \_\_\_\_\_

### **Emergency Contact Information (To be Contacted if both Parents/Guardians cannot be reached)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Emergency Medical Information**

Doctor Name: \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No

Does your family have medical insurance: \_\_\_ Yes \_\_\_ No

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Special Needs/Health Issues: \_\_\_ Yes \_\_\_ NO If Yes, please explain: \_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_

**Household Information:** The Boys & Girls Club is primarily funded through grants, answers to the below information are vital in securing our grant funding. All information is reported in aggregate and isn't shared with any outside organizations.

<p style="text-align: center;"><b><u>Family Income:</u></b></p> <table style="width: 100%;"><tr><td>___ 0-10,000</td><td>___ 60,001—60,000</td></tr><tr><td>___ 10,001-20,000</td><td>___ 60,001—70,000</td></tr><tr><td>___ 20,001—30,000</td><td>___ 70,001—80,000</td></tr><tr><td>___ 30,001—40,000</td><td>___ 80,001—90,001</td></tr><tr><td>___ 40,001—50,000</td><td>___ 90,001—100,000</td></tr><tr><td></td><td>___ over 100,000</td></tr></table>	___ 0-10,000	___ 60,001—60,000	___ 10,001-20,000	___ 60,001—70,000	___ 20,001—30,000	___ 70,001—80,000	___ 30,001—40,000	___ 80,001—90,001	___ 40,001—50,000	___ 90,001—100,000		___ over 100,000	<p style="text-align: center;"><b><u>Household</u></b></p> <p># under 18 _____</p> <p># over 18 _____</p> <p>Single Parent? Yes ___ No ___</p>	<p style="text-align: center;"><b><u>Member Lives With:</u></b></p> <table style="width: 100%;"><tr><td>___ Mom</td><td>___ Step Dad</td><td>___ Foster Parents</td></tr><tr><td>___ Dad</td><td>___ Step Mom</td><td>___ Other</td></tr></table> <p>Do you live on a Military Base? ___ Y ___ N</p>	___ Mom	___ Step Dad	___ Foster Parents	___ Dad	___ Step Mom	___ Other
___ 0-10,000	___ 60,001—60,000																			
___ 10,001-20,000	___ 60,001—70,000																			
___ 20,001—30,000	___ 70,001—80,000																			
___ 30,001—40,000	___ 80,001—90,001																			
___ 40,001—50,000	___ 90,001—100,000																			
	___ over 100,000																			
___ Mom	___ Step Dad	___ Foster Parents																		
___ Dad	___ Step Mom	___ Other																		

**PLEASE HELP! Did you know it costs \$800 per member to operate our Club? Your fee is only \$100. Please make a donation to the Boys & Girls Club of Cape Cod in addition to the membership fee to keep costs low.**

I can make a contribution of (check below)

\$5  \$10  \$15  \$25  \$50  \$100  \$500  \$1000  Other \$\_\_\_\_\_ **THANK YOU!!!**

**Boys & Girls Club of Cape Cod Parental Release Form (Please initial next to each you give consent to.)**

Medical Treatment

I give permission to the Boys & Girls Club of Cape Cod to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

School Information

I give my permission to the Boys & Girls Club of Cape Cod and my child's School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting the child's School District or the Boys & Girls Club of Cape Cod in writing.

Surveys and Questionnaires

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Cape Cod to survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments. I understand that such survey results will be reported in aggregate and not reflect information on individual children.

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club has rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Photos

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities.

Hand Sanitizer

I give permission for my child to use Antiseptic Hand Cleansing Gel at various times throughout a given camp day. The use of hand sanitizer will be in addition to, and not in place of, handwashing.

Miscellaneous

I understand that the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts, Club members may sign themselves out at any time. I also understand that the Club is not, nor does it claim to be, a licensed day care center.

I, the parent/guardian 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 Cape Cod, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors 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 my permission to the Boys & Girls Club of Cape Cod to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Cape Cod including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential and only reported on in the aggregate.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_