



**BOYS & GIRLS CLUB**  
OF THE NORTH COUNTRY

GREAT FUTURES START HERE.

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Staff Initials \_\_\_\_\_

**MEMBERSHIP FEES:**

\$150 per year, Afterschool Program

## AFTERSCHOOL REGISTRATION FORM 2015-16

**Member's General Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: Female Male Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade heading into 2015/2016 : \_\_\_\_\_

Member Lives With (*circle one*): BOTH PARENTS MOTHER FATHER GRANDPARENT GUARDIAN/OTHER

Does this Member Qualify for Free/Reduced Lunch (*circle one*): Yes No

**Primary Contact:**

1. Relationship to child (*circle one*): Mother Father Stepmother Stepfather Grandparent  
Other \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt #: \_\_\_\_\_

Employer: \_\_\_\_\_

**Secondary Contact:**

2. Relationship to child (*circle one*): Mother Father Stepmother Stepfather Grandparent  
Other \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt #: \_\_\_\_\_

Employer: \_\_\_\_\_

**Local Emergency Contact (*must be different than guardians*) :**

1. Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Child's Medical Information: (child's name)** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Allergies (drugs, foods, insect stings, pets, etc.): \_\_\_\_\_

Will member be taking Medication at the Club? (circle one):            Yes            No

Medications & Doses: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital (circle one):    Yes            No

Is there anything else we should know about child's physical or emotional condition? \_\_\_\_\_

\_\_\_\_\_

**Household Information: Please note this information will be kept strictly confidential. It is collected for grant writing and fund-raising purposes ONLY, which are to and will be used collectively to improve the quality of the Club, programming, and activities your child is involved with.**

**Household Information:**

Family members in Household under 18: \_\_\_\_\_

Family members in Household over 18: \_\_\_\_\_

Annual Household Income Level (circle one):

\$0—\$20,000    \$20,000—\$40,000    \$40,000—\$60,000    \$60,000—\$80,000    \$80,000—100,000+

Does anyone in the household receive Food Stamps/EBT Cards (circle one):            Yes    No

Does a member of the household have a disability (circle one):            Yes    No

Who: \_\_\_\_\_

Is a member of the household a veteran (circle one):            Yes    No            Who: \_\_\_\_\_

Is a member of the household in the military (circle one):            Yes    No            Who: \_\_\_\_\_

Does the child have any siblings? How many and their ages?: \_\_\_\_\_

**Permissions/Authorizations:**

- I give permission for my child's School Progress Reports, Report Cards & Attendance information to be released to the BGCNC  
(circle one):                      Yes                      No
- I give full permission for the BGCNC to be in contact with all of my child's teachers (circle one):                      Yes                      No
- This child has permission to be transported by BGCNC (circle one):                      Yes                      No
- This child has permission to participate in all cooking and gardening programs at the BGCNC (circle one):                      Yes                      No
- This child has permission to have his/her photograph or name appear in all the usual types of print, press, website, Facebook or radio media that are periodically issued by the BGCNC for publicity or public relation purposes. (circle one):                      Yes                      No
- This child has permission to have sunscreen and bug spray applied by staff before attending outdoor activities (circle one):  
Yes                      No

**Permissions/Authorizations for (child's name):** \_\_\_\_\_

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby request that (child's name:) \_\_\_\_\_ be accepted to attend the Boys & Girls Club of the North Country (BGCNC) Afterschool Program. I understand that he/she will be participating in many physical activities and the risk of injury exists. I assume this risk and agree to hold harmless the BGCNC, its staff and volunteers from all claims, damages, injury or illness that occur, accidental or otherwise, during or arising from participation in the activities of the program. I grant permission for BGCNC to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included in registration.

**Parent or Legal Guardian's Name (Please Print):** \_\_\_\_\_

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2572 Route 302, Lisbon, NH 03585 (603) 838-5954**

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