



BOYS & GIRLS CLUB
OF THE NORTH COUNTRY

GREAT FUTURES START HERE.

BOYS & GIRLS CLUB OF THE NORTH COUNTRY

P.O. Box 111 Littleton, NH 03561

603-838-5954

BGCNorthCountry.org

REGISTRATION FORM

OFFICE USE ONLY:

Date: __/__/__ Staff Initials: _____

Amount Received \$ _____
(Circle one) Cash or Check # _____

2017-2018

CHILD'S INFORMATION

LAST NAME:	FIRST NAME:	GENDER:	BIRTH DATE:	AGE:
SCHOOL NAME:	HOME PHONE:	GRADE COMPLETED:	MY CHILD: (circle one) Cannot Swim Beginning Swimmer Proficient Swimmer	

FAMILY INFORMATION: APPLIES TO PARENT(S)/ GUARDIAN(S)

****** IF A PARENTING PLAN OR ANY OTHER COURT DOCUMENT(S) ARE IN PLACE PROHIBITING A PARENT(S)/ GUARDIAN(S) FROM PICKING UP A MEMBER(S), A COPY OF THE DOCUMENT(S) MUST BE PROVIDED TO CLUB.

PRIMARY CONTACT LAST NAME:	FIRST NAME:	CELL PHONE NUMBER:	EMAIL:
RELATIONSHIP TO CHILD			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
EMPLOYER:	PHONE:		
SECONDARY CONTACT LAST NAME:	FIRST NAME:	CELL PHONE NUMBER:	EMAIL:
RELATIONSHIP TO CHILD			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
EMPLOYER:	PHONE:	**Person(s) who may not have contact with or pick up child:	

EMERGENCY CONTACTS

LAST NAME:	FIRST NAME:	PHONE:	RELATIONSHIP:
LAST NAME:	FIRST NAME:	PHONE:	RELATIONSHIP:

MEMBER _____

.MEDICAL INFORMATION

NOTE: IF A MEMBER NEEDS TO TAKE PRESCRIPTION MEDICATION WHILE AT THE CLUB, WE REQUIRE SIGNED DOCUMENTATION BY THE MEMBER'S PHYSICIAN SPECIFYING MEDICATION(S), DOSAGE AND ANY SPECIAL INSTRUCTIONS

MEDICAL RELEASE WAIVER

PHYSICIAN	ADDRESS:	
PLEASE LIST ANY ALLERGIES, PHYSICAL DISABILITIES, CHRONIC CONDITIONS, PSYCHOLOGICAL, EMOTIONAL OR BEHAVIORIAL DISORDERS AND ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD'S PHYSICAL OR MENTAL HEALTH:		

If in the judgment of the staff, my child requires medical care, I authorize and instruct the BGCNC to inform the Parent/Guardian or emergency contact listed above. If the authorized person or I cannot be promptly reached, I authorize the BGCNC to transport my child to the nearest hospital or clinic for such medical treatment. I am covered by:

NAME OF MEDICAL INSURER:		
CARD/POLICY NUMBER:	SIGNATURE:	DATE:

MINOR MEDICAL TREATMENT /SUNSCREEN APPLICATION RELEASE WAIVERS

If in the judgment of the staff, my child requires treatment for minor injuries and cuts or the application of sunscreen, I authorize the staff to administer it.

INITIAL:

TRANSPORTATION RELEASE WAIVERS

I hereby give permission for the BGCNC to transport my child to and from the Club and/ or to pre-approved club activities.

INITIAL:

PARTICIPATION WAIVER

I, the parent/person having legal custody/guardianship request that said minor be accepted to attend the Boys & Girls Club of the North Country (BGCNC) program. I understand that he/she will be participating in programs (informal & instructional) such as; fitness, sports, general cardiovascular activities, swimming, hiking, overnight activities, and other programs and services, AND ACKNOWLEDGE, that these activities may involve risk of injury. 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 program activities.

INITIAL:

PHOTO/ VIDEO WAIVER

I authorize the BGCNC to use any video /photographs/ audio taken of my child's participation in programs in any manner related to advertising, publicity and public relations programs.

INT.

FINANCIAL OBLIGATION

I understand that BGCNC has a dedicated group of Donors and Volunteers who help the BGCNC raise the money each year that allows us to offer our programs. Their efforts enable the Club to provide After School and Vacation programs at very reasonable cost. We ask that tuition payment be made in a timely manner. While my child is always welcome to attend the BGCNC during normal operating hours regardless of payment, I understand if tuition is overdue certain extra programs and privileges, such as after-club activities and vacation Camps, may not be available to my child until my balance is brought current or a payment plan is in place with the Executive Director .

INITIAL:

<u>After School Enrollment</u>	<u>Init.</u>	___/___/2017	<u>Winter Vacation Camp</u>	<u>Init.</u>	___/___/2018	<u>Spring Vacation Camp</u>	<u>Init.</u>	___/___/2018	<u>SUMMER CAMP</u>	<u>Init</u>	___/___/2018
I have read all the terms of enrollment and accept the terms as stated						SIGNATURE:			DATE:		
PARENT/GUARDIAN'S NAME:											

OTHER INFORMATION

The Boys & Girls Club of North Country is an independent 501(c)(3) charity as defined by the IRS. Our funding is obtained by the generous financial support of foundations, individuals, and corporations. The following information is necessary for our records and for the funding our organization receives. These funding opportunities are critical for BGCNC to continue to provide quality programs at an affordable cost. This anonymous confidential information will not be revealed in conjunction with your name to anyone and is bundled with groups of information for funding requests.

Child's primary home is with:	Ethnicity:	Number of Children in Household	Does Family Utilize:
<input type="checkbox"/> 2 Parents	<input type="checkbox"/> Caucasian	_____	<input type="checkbox"/> Free School Lunch Program
<input type="checkbox"/> 1 Parent	<input type="checkbox"/> African American	_____	<input type="checkbox"/> Reduce School Lunch Program
<input type="checkbox"/> 1 Parent and 1 Step Parent	<input type="checkbox"/> Hispanic	Total Number in Household	<input type="checkbox"/> Government Housing Assistance
<input type="checkbox"/> 1 Parent and 2 nd Adult	<input type="checkbox"/> Asian	_____	<input type="checkbox"/> TANF
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other		<input type="checkbox"/> WIC
<input type="checkbox"/> Foster Parents			<input type="checkbox"/> Food Stamps
			<input type="checkbox"/> General Assistance Programs

Household Income:	Parent Active in Military:	
Check Box		
<input type="checkbox"/> Under \$14,999	<input type="checkbox"/> Mother	
<input type="checkbox"/> \$15,000-19,999	<input type="checkbox"/> Father	
<input type="checkbox"/> \$20,000-24,999		
<input type="checkbox"/> \$25,000-29,999		
<input type="checkbox"/> \$30,000-34,999		
<input type="checkbox"/> \$35,000-39,999		
<input type="checkbox"/> \$40,000-44,999		
<input type="checkbox"/> \$45,000-49,999		
<input type="checkbox"/> \$50,000-54,999		
<input type="checkbox"/> \$55,000-59,999		
<input type="checkbox"/> \$60,000-64,999		
<input type="checkbox"/> \$65,000-69,999		
<input type="checkbox"/> \$70,000-74,999		
<input type="checkbox"/> Over \$75,000		

Please Check if Applicable	
<input type="checkbox"/>	Has child's family been without permanent residence?
<input type="checkbox"/>	Currently?
<input type="checkbox"/>	Within the last 12 months?

Does Child have an IEP in place?	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in volunteering?	Yes	No
<input type="checkbox"/> Teach a craft, skill or activity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Help at a fundraiser	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Provide supplies for Club activities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supply baked goods for Club related events	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cleaning/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>