



Boys & Girls Club of Oshkosh 2017-2018 Membership Application

Radford Center
501 E. Parkway
Oshkosh, WI 54901
(920) 233-1414
www.bgcosh.org

The CLUB (Teen Center)
532 Broad St.
Oshkosh, WI 54901
(920) 233-1414
www.bgcosh.org

Office Use	Card
KidTrax ID# _____	
Reg. Fee Paid \$ _____	
<input type="checkbox"/> ASC <input type="checkbox"/> Core <input type="checkbox"/> LSH	
Staff _____ Date _____	

Policies: I understand and agree to the rules of the Boys & Girls Club and I request that my child be admitted into membership. I have explained the rules to my child and I agree to compensate the Club for any damages caused by my child through intentional misuse or misconduct. The Club may freely **transport my child** within the confines of the Oshkosh Area School District without further permission. I understand that the Boys & Girls Club facility operates with an **open door policy** that allows children to come and go at will (with the exception of the licensed after-school programs). It is my responsibility to be sure that my child understands their departure procedure from the Club. The Boys & Girls Club accepts no responsibility for children who choose to leave the Club. The Club has my permission to use my **child's photo or likeness** in any media designed to inform or educate the public about the Club. In the event of an emergency, injury, or illness I understand that the Club will make a reasonable effort to contact me. If I cannot be reached I **authorize the physician or treatment center** selected by the Club to provide immediate care for my child. I understand in the event my child is suspended from the Club no fees or dues will be refunded. I understand that additional charges will be assessed if I pick up my child after the Club closes. I understand that all members must have the physical, mental, and emotional maturity to act and interact independently and responsibly in the Club setting. I agree to pay any fees that are charged to my account. I understand that I can receive a copy of the parent handbook at any time.

1) CHILD INFORMATION

First Name		Nickname		Middle Name		Last Name	
Home Address				City, State, Zip			
Birth Date	Age	Gender M / F	Race	Home Phone		Child's Cell Phone	
School			Grade	Free/Reduced lunch? YES / NO	Email		
Who does child live with? (<i>please circle</i>) Mom & Dad / Mom Only / Dad Only Joint Custody (Mom & Dad) / Mom & Stepdad / Dad & Stepmom / Other				# of sisters	# of brothers	Total in Household	
Other: _____				First Day of Attendance: _____			

2) PARENT / GUARDIAN INFORMATION-All parents/guardians listed are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

Name of Primary Parent / Guardian: Ms. / Mrs. / Mr. _____

Home Address				This parent's Annual Income <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000-\$15,000 <input type="checkbox"/> \$15,000-\$20,000 <input type="checkbox"/> \$20,000-\$25,000 <input type="checkbox"/> \$25,000-\$30,000 <input type="checkbox"/> \$30,000-\$35,000 <input type="checkbox"/> \$35,000-\$45,000 <input type="checkbox"/> More than \$45,000			
City		State	Zip				
Home Phone	Cell Phone	Email					
Employer		Employer Phone					
Employer Address	City	State	Zip Code				

Name of Other Parent / Guardian Ms. / Mrs. / Mr. : _____

Home Address				This parent's Annual Income <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000-\$15,000 <input type="checkbox"/> \$15,000-\$20,000 <input type="checkbox"/> \$20,000-\$25,000 <input type="checkbox"/> \$25,000-\$30,000 <input type="checkbox"/> \$30,000-\$35,000 <input type="checkbox"/> \$35,000-\$45,000 <input type="checkbox"/> More than \$45,000			
City		State	Zip				
Home Phone	Cell Phone	Email					
Employer		Employer Phone					
Employer Address	City	State	Zip				

Is a parent/guardian registered with the military or live on a military base? Yes No

3) MEDICAL INFORMATION

List if your child has any allergies:

List any medications your child is taking.

Do you have health insurance?

Physician's Name

Address/Medical Facility

Telephone Number

4) EMERGENCY CONTACT INFORMATION-Provide information for the person to contact when parents/guardians cannot be reached.

EMERGENCY CONTACT #1 (This person must be someone other than the parent / legal guardian).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT #2 (This person must be someone other than the parent / legal guardian).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

5) PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD - Provide information requested for each person. If no one, write "None."

AUTHORIZED PICK UP PERSON (This person must be someone other than the parent / legal guardian).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

6) AUTHORIZATION

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Yes No I have had an opportunity to review the policies of the child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

Yes No I give permission for my child to participate in field trips and other activities during operating hours.

Transported Walking

Yes No I understand that I will be informed about any pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

My child and I understand the policies listed above and to the best of my knowledge, this information is complete and accurate.

SIGNATURE-Parent/Guardian/Legal Custodian

Date Signed