



Boys & Girls Club of Oshkosh 2019-2020 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
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Office Use	Card
KidTrax ID# _____	
Reg. Fee Paid \$ _____	
___ ASC ___ Core ___ LSH	
Staff _____ Date _____	

Policies: I have received a Parent Handbook and I understand and agree to the rules of the Boys & Girls Club and have explained the rules to my child. I request that my child be admitted into membership. 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 and the Great Explorer's Program). 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. It is my responsibility to keep my contact information up to date at 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 agree to compensate the Club for any damages caused by my child through intentional misuse or misconduct. 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 responsively 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			Middle Name			*Last Name		
*Home Address					*City, State, Zip			
*Birth Date (mm/dd/yy)	*Age	*Gender M / F	*Race	*Free/Reduced lunch? YES / NO	Child's Cell Phone			
*School			*Grade	# of sisters	# of brothers	*Total in Household		
Who does child live with? (<i>please circle</i>) Mom & Dad / Mom Only / Dad Only Joint Custody (Mom & Dad) / Mom & Stepdad / Dad & Stepmom / Grandparent(s)/ Other 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.

*Parent/Guardian Name:						This parent's Annual Income ___ Less than \$15,000 ___ \$15,000-\$24,999 ___ \$25,000-\$34,999 ___ \$35,000-\$49,999 ___ \$50,000-\$74,999 ___ \$75,000-\$99,999 ___ More than \$100,000
Home Address						
City				State	Zip	
*Cell Phone (Required)	Home Phone		Email			
Employer			Employer Phone			
Employer Address			City	State	Zip Code	

Other Parent/Guardian Name:						This parent's Annual Income ___ Less than \$15,000 ___ \$15,000-\$24,999 ___ \$25,000-\$34,999 ___ \$35,000-\$49,999 ___ \$50,000-\$74,999 ___ \$75,000-\$99,999 ___ More than \$100,000
Home Address						
City				State	Zip	
Cell Phone (Required)	Home 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 - *One emergency contact person is REQUIRED.

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

*Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

*Cell Phone _____ Home 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 _____

*Cell Phone _____ Home 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) (required).

*Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

*Cell Phone _____ Home 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 in our Parent Handbook 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.

Yes No 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.

Yes No I understand that it is my responsibility to update my contact information in writing to the Club if it changes.

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