



# Boys & Girls Club of Oshkosh 2020-2021 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 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.

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

## 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 <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$49,999 <input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> \$75,000-\$99,999 <input type="checkbox"/> 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 <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$49,999 <input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> \$75,000-\$99,999 <input type="checkbox"/> 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.

Yes  No I give permission for my information and my child's information to be shared with community partners of the Boys & Girls Club of Oshkosh.

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 \_\_\_\_\_