

Boys & Girls Club of Oshkosh 2021-22 Membership Application



BOYS & GIRLS CLUB
OF OSHKOSH

Radford Center
501 E. Parkway
Oshkosh, WI 54901

The Club (Teen Center)
532 Broad St.
Oshkosh, WI 54901

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 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.

Parent / Guardian Signature _____ **Date** _____

CHILD INFORMATION

First Name			Middle Name		Last Name		
Child's Home Address					City, State, Zip		
Birth Date ____/____/____		Age	Gender	Race	Free/Reduced lunch? YES / NO	Child's Cell Phone (____) _____ - _____	
School			Grade	Total in Household		First Day of Attendance:	
Child currently lives with: <i>(circle all that apply)</i> Mother Father Step Father Step Mother Grandparent(s) Foster Mother/Father Other: _____							

PARENT / GUARDIAN INFORMATION

All parents/guardians listed are permitted to visit during center hours and are allowed to pick up the child. If access is prohibited or restricted, please attach a court order.

Parent/Guardian Name			Relationship to Child		
Address			City, State, Zip		
Phone (____) _____ - _____		Email		Annual Income	
Employer				Employer Phone (____) _____ - _____	
Employer Address			Employer City, State, Zip		

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Parent/Guardian Name			Relationship to Child		
Address			City, State, Zip		
Phone (____) _____ - _____		Email		Annual Income	
Employer				Employer Phone (____) _____ - _____	
Employer Address			Employer City, State, Zip		

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

Continued on reverse

MEDICAL INFORMATION

Child Allergies		Health Insurance? Yes / No
Medications Child is currently taking		
Child's Physician's Name	Medical Facility	Physician's Phone () -

EMERGENCY CONTACT INFORMATION

One emergency contact person is REQUIRED.

EMERGENCY CONTACT #1 <i>(This person must be someone other than the parent / legal guardian)</i>		
First & Last Name _____	Relationship to Child _____	
Address _____	City _____	State _____ Zip _____
Phone () -	Employer _____	Employer Phone () -
Employer Address _____	City _____	State _____ Zip _____
EMERGENCY CONTACT #2 <i>(This person must be someone other than the parent / legal guardian)</i>		
First & Last Name _____	Relationship to Child _____	
Address _____	City _____	State _____ Zip _____
Phone () -	Employer _____	Employer Phone () -
Employer Address _____	City _____	State _____ Zip _____

PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD

AUTHORIZED PICK UP PERSON <i>(This person must be someone other than the parent / legal guardian)</i>		
First & Last Name _____	Relationship to Child _____	
Address _____	City _____	State _____ Zip _____
Phone () -	Employer _____	Employer Phone () -
Employer Address _____	City _____	State _____ Zip _____

AUTHORIZATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child to participate in field trips and other activities during operating hours.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand that it is my responsibility to update my contact information in writing to the Club if it changes.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 of Parent/Guardian	Date Signed
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OFFICE USE ONLY:

ID # _____	Yearly Membership Fee Paid \$ _____	If free, please list reason/group _____
Staff Name _____	Date Turned In _____	