

**2009 MEMBERSHIP
Registration Form**



Unit:		_____ Before School Only		_____ After School Only		Date Pd. _____
_____ Beverly Hills	_____ Before School Only	_____ Before/After School	_____ School Out Days			Amt Pd: _____
_____ Inverness						
_____ Westside						

MEMBER INFORMATION
Please Print and Fill Out Completely

Address: _____ City: _____ Zip _____ Home Phone: _____
 Email Address: _____ School Attending: _____ Grade: _____

Are your children eligible for: _____ FREE LUNCH _____ REDUCED LUNCH _____ NOT ELIGIBLE

RACE/ETHNICITY OF CHILD:

_____ African American _____ Caucasian
 _____ Latino/Hispanic _____ Haitian American
 _____ Asian/Pacific _____ Other _____

CHILD LIVES WITH:

_____ Both Natural Parents _____ Mother Only _____ Father Only
 _____ Mother Stepfather _____ Father & Stepmother
 _____ Grandparents _____ Foster Home
 _____ Other (list) _____
 _____ # of Brother _____ # of Sisters _____ Total # in Household

	MEM #	LAST	FIRST	M.I.	SEX	SS#	DOB	AGE	GRADE
Child 1							/ /		
Child 2									
Child 3									

MEDICAL INFORMATION

Please indicate which child information pertains to

Physician or Clinic: _____ City: _____ Telephone# _____
 Physical Challenges _____ Disabilities _____ Allergies _____
 Is your child/children allergic to any medication: yes no; if yes, please list: _____
 Is your child/children currently on any medication: yes no; if yes, please list: _____

RELEASE OF CHILD / EMERGENCY PHONE NUMBERS

FAMILY INFORMATION

Mother / Guardian: _____ Home# / Cell#: _____
 Place of Employment: _____ Dept: _____ Business Phone: _____ Ext: _____
 Father / Guardian: _____ Home# / Cell#: _____
 Place of Employment: _____ Dept: _____ Business Phone: _____ Ext: _____

ADDITIONAL CONTACTS

Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____

TERMS & CONDITIONS

Please INITIAL that you have read each paragraph...

_____ **KNOW YOUR CHILD’S DAY CARE CENTER** I have received and agree to review the childcare brochure.

_____ **PARENT HANDBOOK** I have received a copy of the Boys & Girls Clubs of Citrus County handbook. I agree to become familiar with the contents of this book.

_____ **CLUB RULES & CODE OF CONDUCT** I agree to review the Clubs rules and consequences along with the Code of Conduct with my children. I understand that membership can be suspended or revoked should behavior warrant such action.

_____ **LATE FEES** I will adhere to the program hours. I understand that I will be charged \$1 for every minute/per child according to the clock on site. I understand that membership may be suspended until payment is made or discharge, in the event my child/children are picked up late three times.

_____ **PICTURE RELEASE** I release the right to all photographic material that the Boys & Girls Club might use for promotional activities without obligations to me or my child/children.

_____ **RELEASE OF INFORMATION** I understand that this program is funded through multi-funding Agencies. I understand that generic information for all those served must be shared with these funders due to grant requirements and that this data will only be used for program monitoring, funding, coordination and planning purposes.

_____ **SCHOOL RELEASE INFORMATION** I give the Boys & Girls Clubs of Citrus County permission to obtain academic information from the Citrus County School Board for the purpose of monitoring the progress for academic enrichment programs.

_____ **MOVIE RELEASE** I give my child/children permission to watch PG movies in the event of rain, early release days or as an optional activity.

It is expressly understood and agreed that the Boys & Girls Clubs of Citrus County is not liable for the loss of property or injury.

I understand that I am responsible for any damages that my child/children’s actions may incur and that membership could be suspended until restitution is made.

I give my permission for the Club’s staff or representative to administer first aid. In the event that my child/children may require medical attention I hereby authorize the Boys & Girls Clubs of Citrus County, Inc. to secure such treatment, if neither parent/guardian is available to grant permission.

I fully understand and agree to all terms and conditions stated on this form.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

HOUSEHOLD INCOME

Income data is used to secure additional monies for funding.

_____ \$0-\$8,000 _____ \$8,001-\$16,000 _____ \$16,001-\$25,000 _____ \$25,001-\$32,000 _____ \$32,001-UP

MEMBERSHIP DUES / FEES

\$10 Yearly Membership Fee

\$20 Weekly Fee – Before School \$5 – drop in Fee

\$50 Monthly Fee – After School \$3 – Drop-In Fee

\$104/ month for Before & After School

\$10 Fee – School Holidays

Sibling Discount Available

NO REFUNDS