



BOYS & GIRLS CLUB

Membership Application

SOE Program Start Date is **6/1/2021**

Program Start Date for Child(ren):

S T A F F U S E			
S O E P	Membership Type		Program Enrollment
	NEW RENEWAL	BGC/CYC TEEN	
A S P	Membership Type		Program Enrollment
	NEW RENEWAL	BGC CYC _____ TEEN	
Cornerstone Partner (circle):		FAURECIA	NTN Reams
Qualified Discounts _____/_____/_____		EXP: _____	
Scholarship Special Prg Adtl. Notes			
STAFF INITIALS: _____ RecTrac _____ KidTrax			

#1 Child First _____ Middle _____ Last _____

Gender Male Female Date of Birth _____ Ethnicity _____

School _____ Grade - 2021-22 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO

List Medications Taken _____

Allergies: _____ Food Allergies _____ Dietary restrictions _____

Additional Health Issues, Medications, reactions, other, etc. (explain) _____

#2 Child First _____ Middle _____ Last _____

Gender Male Female Date of Birth _____ Ethnicity _____

School _____ Grade - 2021-22 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO

List Medications Taken _____

Allergies: _____ Food Allergies _____ Dietary restrictions _____

Additional Health Issues, Medications, reactions, other, etc. (explain) _____

#3 Child First _____ Middle _____ Last _____

Gender Male Female Date of Birth _____ Ethnicity _____

School _____ Grade - 2021-22 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO

List Medications Taken _____

Allergies: _____ Food Allergies _____ Dietary restrictions _____

Additional Health Issues, Medications, reactions, other, etc. (explain) _____

#4 Child First _____ Middle _____ Last _____

Gender Male Female Date of Birth _____ Ethnicity _____

School _____ Grade - 2021-22 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO

List Medications Taken _____

Allergies: _____ Food Allergies _____ Dietary restrictions _____

Additional Health Issues, Medications, reactions, other, etc. (explain) _____

Permissions- (required) Do you give permission for your child(ren) to: Swim? YES NO Walk Home? YES NO (if yes explain when)

Walk Home Explained _____

Medical Information - (required) Medical Insurance: YES NO Insurance Name _____ Policy # _____

Are Immunizations Current? YES NO Doctor/Physician Name: _____ Phone # _____

Parent #1

Parent/Guardian Information - (required)

First Name

Middle

Last

Gender:

Date of Birth

Employer Name:

Relationship

Other

Ethnicity

Primary #

Type:

Secondary #

Type

Address

City

State

Zip

Email Address

Parent #2

First Name

Middle

Last

Gender:

Date of Birth

Employer Name:

Relationship

Other

Ethnicity

Primary #

Type

Secondary #

Type

Address

City

State

Zip

Email Address

Additional Emergency Contacts - (2 required)

First Name:

Last

Gender:

Phone #

Type

Do you authorize this person for pickup?

*** (If yes - **DO NOT** list below) ***

Relationship

Ethnicity

First Name:

Last

Gender:

Phone #

Type

Do you authorize this person for pickup?

*** (If yes - **DO NOT** list below) ***

Relationship

Ethnicity

Additional - AUTHORIZED to Pick up - *** (not listed above) ***

First Name

Last Name

Gender

Relationship

NOT AUTHORIZED to Pick up

First Name

Last Name

Gender

Relationship

Parent/Guardian Policy and Waiver Acknowledgment

MEMBERSHIP | REGISTRATION | PAYMENT | REFUND POLICY

1. Membership/Registration Policy:

- I understand that Membership **DOES NOT** guarantee a weekly spot for my child.
- I understand that it is my responsibility to pre-register online by 12:00 pm the Sunday **prior** to the week care is needed for my child. I understand that payment is expected at time of registration.
- I understand that I may be called to pick my child up if I have not pre-registered & maximum limits at have been reached.

2. Payment / Refund Policy:

- I understand that my child's attendance will be suspended if my account becomes more than 2 weeks behind.
- I understand that if I do not pre-register I will be charged an additional \$5.00 late registration/billing fee per child per week.
- I understand that should collection efforts or legal action be required to recover money that I owe FFY then I will incur an additional collection fee of 35% of my balance due FFY and be responsible for additional attorney fees incurred by FFY.
- Families may transfer activity registrations by Thursday 5:00 pm prior to the week at no additional cost.
No refunds/transfers will be given after Thursday 5:00 pm prior to the week.
- Refunds are subject to a \$5.00 fee and may take up to 30 days for mail delivery.
- No refunds will be given due to a suspension.

RISK AND SAFETY WAIVER: COVID-19 CHILDCARE

1. I have completed the Registration form to the best of my knowledge.
2. I recognize that there are inherent risks in any indoor programming pursuit, and agree to follow instructions and directions given by leaders, act prudently, use good judgment, and assume a shared responsibility for safety.
3. I understand that information may be collected and shared for the purposes of demonstrating outcomes or securing funding.
4. I agree that participation is voluntary, and further agree to indemnify, release, and hold harmless the Foundation For Youth, its directors, officers, and employees from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment, and/or participation in Foundation For Youth activities.
5. I allow the Foundation For Youth Staff to provide routine health care, administer prescribed and parent provided OTC medications, and seek emergency medical treatment where deemed necessary.
6. I understand and agree to the following COVID-19 Protocols as instructed by the Family and Social Services Administration (FSSA). I further understand that the following policies are effective immediately:
 - ALL YOUTH will be required to WEAR MASKS and socially distance while attending indoor programs;
 - If a child presents a temperature over 100.4 degrees Fahrenheit or exhibits additional symptoms, you will be contacted to pick-up your child;
 - Children are to remain home until they are fever free for 24 hours without fever reducing medications, as well as free of other symptoms of diarrhea and vomiting for at least 24 hours from the last episode.
7. Parents will take everyday preventive measures to help protect their families and our facility from the spread of COVID-19:
 - REMAIN OUTSIDE THE BUILDING unless absolutely necessary;
 - WEAR MASKS while inside the facility;
 - Avoid close contact with people who are sick;
 - Keep your child at home if sick with any illness. If their symptoms worsen, contact your healthcare provider;
 - Be prepared if your child's school or childcare facility is temporarily closed due to exposure.

Acknowledgment of Membership/Registration and Payment/Refund Policy, Risk and Safety Waiver

I acknowledge that I have been provided the Parent/Member Information and that I have read and understand all information provided.

By printing my name below and submitting this membership form I agree to follow all policies.

First and Last Name of Parent/Guardian

Date