



Member Information

First Name: _____ Middle: _____ Last: _____

Nick Name: _____ Home Phone: _____

Date of Birth: ___/___/___ Age: _____ Ethnicity: _____

Gender: ___F___M Shirt Size: _____

Address: _____ City: _____

State: _____ Zip: _____

School Information:

Current school or school about to attend: _____

Teacher: _____ Grade: _____

Medical Information:

Doctor: _____ Telephone Number: _____

Permission for Doctor/Hospital: _____ Yes _____ No

Does this child have health and/or accident insurance? _____ Yes _____ No

Insurance Carrier: _____ Medicaid: _____ Yes _____ No

Medications: _____

Allergies: _____

Serious health problems or other Medical Limitations: _____

Any pertinent information that the staff should know: _____

General Information:

Kindergarten Certificate of Completion: _____ Yes _____ No
(Child must have completed Kindergarten before attending the Club.)

Because the Boys & Girls Club provides breakfast and lunch during the summer; we would like to be informed of any food allergies your child may have. _____

Household Data: (this is for national program reports ONLY)

Annual Gross Household Income: (Please circle one).

\$0-\$5000	\$30,001-\$35,000	\$60,001-\$65,000
\$5001-\$10,000	\$35,001-\$40,000	\$65,001-\$70,000
\$10,000-\$15,000	\$40,001-\$45,000	\$70,001-\$75,000
\$15,001-\$20,000	\$45,001-\$50,000	\$75,001-\$80,000
\$20,001-\$25,000	\$50,001-\$55,000	\$80,001-\$85,000
\$25,001-\$30,000	\$55,001-\$60,000	\$85,001-\$90,000+

Current # in Household: _____

Number of Siblings:

Brothers: _____

Sisters: _____

Child's Physical Description:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Special Features: _____

Payment Schedule and Program Fees:

I understand that upon registering my child at the Boys & Girls Club of Las Cruces, Inc, I will be responsible for the annual and weekly fees, which I understand are due in advance and are non-refundable. (Any unused program fees are useable and transferable.) I also understand that if I fail to keep responsible for the following payment schedule.

____ Weekly payments payable every Friday ____ Initials

____ Bi-weekly payments made payable twice a month ____ Initials

____ Monthly payments made payable once a month ____ Initials

*I understand that the registration fee due today is \$10.00 ____ Initials

**I understand that the weekly program fee is due before my child begins ____ Initials

***All childcare reimbursements (i.e. Foster Care) are the responsibility of the registering parent. Parents must pay the Club and in turn, give the receipts to the agency for reimbursement.

Parent/Guardian Signature: _____ Date: _____

Open Door Policy and Membership Card Requirements:

I hereby give my permission for my child to become a member of the Boys & Girls Club of Las Cruces, Inc. I understand that the Club has an OPEN DOOR POLICY that allows the members to come and go as they please. I understand that it is my responsibility to inform my child as to whether or not he/she can leave and with whom they can leave. I further understand that the Boys & Girls Club employees, volunteers, sponsors, facilities, equipment, vehicles, and others will not be held responsible for any illness, accident, or injury.

As part of the Open Door Policy, I also understand that it is my child’s responsibility to carry their membership card every day for entry to the Boys & Girls Club of Las Cruces. This membership card will be given out upon completion of mandatory Parent Orientation. I understand that a lost card replacement fee of \$1.00 per card will be issued if my child misplaces their membership card. I understand that my child may not be allowed to fully participate in Club activities without their membership card.

Parent/Guardian Signature: _____ Date: _____

Computer Consent:

Your child has the opportunity to succeed in the digital age with use of our computer lab. We are committed to providing your child with rewarding and safe online experiences. In addition, we are committed to protecting your child’s privacy.

As a parent/guardian of this student, I understand that access to the Boys & Girls Club of Las Cruces’ Network and Internet is designed for educational purposes and the Boys & Girls Club of Cruces has taken available precautions to educate members on appropriate educational materials. However, it is understood that no matter how much supervision and monitoring that the Club can offer, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold the Boys & Girls Club of Las Cruces responsible for materials acquired on the network.

Parent/guardian Signature: _____ Date: _____

General Consent

Did you understand and sign the insurance disclaimer and permission statements? ___ Yes ___ No

Does your child have permission to be used in public relations material such as photos and our website? ___ Yes ___ No

Can Your Child participate in all Boys & Girls Club activities in or adjacent to the Club building? ___ Yes ___ No

Do we have permission to transport your child using our insured Club vehicles? ___ Yes ___ No

Have you attended a Parent Orientation? ___ Yes ___ No

If yes, date attended: _____

I understand that in order for my child to participate in field trips and off site activities, they must be wearing the designated Boys & Girls Club shirt, which is available for \$5.00. I understand that my child will not be allowed to participate in the field trip without their designated Club shirt.

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts: Contacts are for emergency purposes **ONLY**, and not necessarily the only individuals that may pick up my child/ren. **Initials here.**
(First emergency contact must be the person lives with)

1). Name: _____ Relation to Child: _____

Employer: _____ Occupation: _____

Home #: _____ Work #: _____ Cell #: _____

Other #: _____

2).Name: _____ Relation to Child: _____

Employer: _____ Occupation: _____

Home #: _____ Work #: _____ Cell #: _____

Other #: _____

3). Name: _____ Relation to Child: _____

Employer: _____ Occupation: _____

Home #: _____ Work #: _____ Cell #: _____

Other #: _____

4). Name: _____ Relation to Child: _____

Employer: _____ Occupation: _____

Home #: _____ Work #: _____ Cell #: _____

Other #: _____

For Office Use ONLY:

New Member: _____ Returning Member: _____

Membership #: _____

Entry Date: ___/___/___ Expiration Date: ___/___/___

Is computer consent signed? _____ Yes _____ No

Is the emergency contact sheet complete: _____ Yes _____ No

Did the parent initial where the payment schedule and program fees are? _____ Yes _____ No