



BOYS & GIRLS CLUBS
OF GREATER KANSAS CITY

Unit: _____

**Membership Fee / Money Order
Receipt #**

Membership Application

CHILD INFORMATION (PLEASE PRINT)

Child's Name (First Middle Initial Last)		Home Telephone Number () -	
Address (Street, City, State, Zip Code)			
Race/Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Native Hawaiian and Other Pacific Islander	
<input type="checkbox"/> Asian <input type="checkbox"/> White		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (MMDDYY)
School Child Will Be Attending		Grade	School Day Teacher, if known

IDENTIFYING INFORMATION (PLEASE PRINT)

① Parent/legal Guardian Name (First Middle Initial Last)		Home Number () -	
Address (Street, City, State, Zip Code)		Cell Phone or Pager Number () -	
Employed By (Or School Attending)		Hours of Employment From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm	
Address (Street, City, State, Zip Code)		Work/School Number () -	
② Parent/legal Guardian Name (First Middle Initial Last)		Home Number () -	
Address (Street, City, State, Zip Code)		Cell Phone or Pager Number () -	
Employed By (Or School Attending)		Hours of Employment From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm	
Address (Street, City, State, Zip Code)		Work/School Number () -	

EMERGENCY CONTACTS / AUTHORIZED PICK-UP (PLEASE PRINT)

① Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)		Telephone Number () -	
Address (Street, City, State, Zip Code)		Relationship to Child	
② Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)		Telephone Number () -	
Address (Street, City, State, Zip Code)		Relationship to Child	

ACADEMIC ENHANCEMENT AUTHORIZATION

I give the Boys & Girls Clubs of Greater Kansas City permission to receive copies of my child's () grade reports, test scores, and progress notes to assist with his/her academic enhancement.

School _____ grade _____ Teacher _____

Parent Signature: _____

Please check all programs that apply:

TANF SSDI SSI Food Stamps General Assistance School Lunch Program Day Care Voucher Veterans Compensation

Is Parent member of: Active Military Reserve Military None

Annual Household Income: Please Indicate with an "X"

9,000 or below 16,000 – 25,999 51,000 – 79,999 100,000 or above

9,001 – 15,999 26,000 – 50,999 80,000 – 100,000

Additional Parent Information

Date of Enrollment:	Siblings enrolled in the Club? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clubs Attended / When? _____	Program Participation: <input type="checkbox"/> RBI <input type="checkbox"/> RIF <input type="checkbox"/> Jr. WNBA <input type="checkbox"/> NBA
Enrolled in Club last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which site?	Attending: <input type="checkbox"/> Daily Program <input type="checkbox"/> School Out Days <input type="checkbox"/> Summer Program
Sign up for a date for Parent Orientation: Date: _____ Time: _____	Program End Date:

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize employees of the **Boys & Girls Clubs of Kansas City** to contact:

Doctor/Clinic Name	Doctor/Clinic Phone Number () -
Doctor/Clinic Address (Street, City, State, Zip Code)	

For Emergency Medical Treatment of My Child, My Preferred Hospital is:

Hospital Name	Hospital Phone Number () -
Hospital Address (Street, City, State, Zip Code)	

TRIP AND ACTIVITY PERMISSION

I give consent for my child to take part in field trips or excursions with the Boys & Girls Clubs of Kansas City under proper supervision. It is my understanding that I will be notified when such trips are planned.

I do not give consent.

In the event that my child misses his/her bus during the A.M. program at the Boys & Girls Clubs of Greater Kansas City.

I give consent for my child to be transported to school in a Club-approved vehicle in the event that he/she misses his/her bus during the A.M. program from _____ Unit to _____ located at _____.
(name of school) (address)

I do not give consent.

AGREEMENTS

I have received a copy of this facilities parent handbook.

I have been informed that a copy of the Licensing Rules for Child Care Centers for Missouri is available at this facility for review.

The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

I agree to keep the facility updated on my changes of information on the enrollment form.

When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.

I understand that this facility will contact or notify me about any medical emergency, accident, injury, or at-risk situation.

I do give consent for my child and family to be included in pictures, recordings, evaluations, and screenings associated with the Boys & Girls Clubs of Kansas City.

I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs of Greater Kansas City will not be responsible for any accidents to my child while on Club premises or engaged in any of its activities away from the Club.

The information given herein is true and complete. I understand and agree to the policies indicated above. I am hereby enrolling my child _____ in the Boys & Girls Clubs of Greater Kansas City.

Parent Signature: _____ **Date:** _____

HEALTH REPORT FOR SCHOOL AGE CHILD

Child's Health History and Current Health Problems

Please list any allergies, special medical conditions, including chronic health problems. An **Individualized Care Plan** must be completed by your health care professional prior to acceptance in the program when these conditions exist.

Any special medication and/or restrictions. An **Individualized Care Plan** must be completed by your health care professional prior to acceptance in the program if special medication and/or restrictions apply.

Comments On Child's Development: (Note: allergies, habits, special languages, etc...)

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in school-age care.

Parent or Legal Guardian Signature:

Date:

