

## **Child Registration Instructions**

- All Sections of the application must be answered.
- Sign, Print your name, and date the application.
- Staff will first review the application to ensure completeness.
- Staff must first verify sufficient space for your child's age group prior to approving membership in the club.
- At least one "at risk factor" must be identified on the application to be eligible for a scholarship to reduce fees.
- Fees must be paid prior to attending the club.
- Every day, all members ages ( 5 – 12 years old ) must be signed out by an authorized adult prior to leaving the club.

## **The Following Forms Must Accompany Your Application**

Please download and fill out each form listed below and return to the Boys & Girls Club of Highlands County. Please check off each form below to be included with your application.

### **Forms Can Be Found On Our Forms Download Page**

Child Registration application	_____
BGCHC Scholarship application	_____
Comprehensive Health History	_____
Online Pledge – Member	_____
Photo Release Form	_____
SMART Moves	_____
Student Records Release	_____
Walk Home Release	_____
Terms & Conditions	_____
Authorized to Pickup Child Form	_____

**"Please Continue to the Child Registration Application"**

# BGCHC Child Registration Application

## General Student Information

Renewing Member \_\_\_\_\_ New Member \_\_\_\_\_ BGCHC ID# \_\_\_\_\_ Club \_\_\_\_\_

After School \_\_\_\_\_ Teen Extended Nights \_\_\_\_\_ Both \_\_\_\_\_

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First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender Male / Female

Race/Ethnicity      Black – African American \_\_\_\_\_ Hispanic / Latino \_\_\_\_\_ White – Caucasian \_\_\_\_\_ Haitian \_\_\_\_\_  
Asian American \_\_\_\_\_ 2 or More Races \_\_\_\_\_ American Indian \_\_\_\_\_ Other \_\_\_\_\_

T-Shirt Size      **CHILD** Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_      **ADULT** Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_

School \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

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Estimated Household Income ( Last Year )

Less than \$30,500 \_\_\_\_\_ \$30,501 - \$46,500 \_\_\_\_\_ \$46,501 - \$62,500 \_\_\_\_\_ \$62,501 - \$87,500 \_\_\_\_\_ Above \$78,500 \_\_\_\_\_

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## Parent / Guardian Contact Information – Authorized to Pick Up Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Location of Employer (city ) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Location of Employer (city ) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Location of Employer (city ) \_\_\_\_\_

## Member Information

Previously a member of the Boys & Girls Club: Yes / No Which Club: \_\_\_\_\_

Member will leave at the end of the day by: Car Rider \_\_\_\_\_ Bike Rider \_\_\_\_\_ Walker \_\_\_\_\_ Bus ( If available ) \_\_\_\_\_

**The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. If you are requesting a scholarship you must answer YES to at least one of the following questions.\***

My child is currently on the Free or Reduced Lunch Program. YES / No

My child has been involved with the juvenile justice system. YES / No

My child has friends or family members that have been involved in criminal behavior or gang association. YES / No

My child would be home after school without adult supervision if not attending the Boys & Girls Club. YES / No

My child has been suspended from school or truant from school. YES / No

My child has excessive absences from school. YES / No

My child is currently functioning below the appropriate grade level for their age. YES / No

My child has a learning disability. YES / No

My child currently has a day care voucher through the Early Learning Coalition. YES / No

My child is currently involved in the foster care system. YES / No

## Health & Emergency Information

Primary First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Secondary First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Clinic Name \_\_\_\_\_ Clinic Phone \_\_\_\_\_ Hospital Name: \_\_\_\_\_

List All Medical Problems, Warnings, Allergies and Special Needs:

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List All Medications:

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**General Information**

How many typically live in your household? \_\_\_\_\_

List the names of any siblings who also attend the Boys & Girls Club of Highlands County

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Family Setting Member Lives With:

Both Parents \_\_\_\_ One Parent \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Grandparent \_\_\_\_

Aunt \_\_\_\_ Uncle \_\_\_\_ Brother \_\_\_\_ Sister \_\_\_\_ Guardian \_\_\_\_

Military Service Parent or Guardian: Not applicable \_\_\_\_ Currently Serving \_\_\_\_ Veteran \_\_\_\_

Branch of Service \_\_\_\_\_

**Additional Persons Authorized to Pick Up Member**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

**Notes / Other Information to share:**

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Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Print Name \_\_\_\_\_