



Boys & Girls Club of New Haven
 253 Columbus Avenue
 New Haven, CT 06519
 Phone: (203)787-0187 Fax: (203)865-2594
www.bgcnewhaven.org

Date: _____
 (mm/dd/yyyy)

AFTERSCHOOL DROP-IN PROGRAM

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is appreciated. Required fields are denoted with an asterisk (*).

MEMBER INFORMATION *(please print)*

 First Name* Middle Name Last Name*

 Nickname / /
 Birthdate (mm/dd/yyyy)

Gender *(check one)* Ethnicity *(check one)*

- | | | | |
|-------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> African-American | <input type="checkbox"/> Asian-Pacific Islander |
| | | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic |
| | | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Native American |
| | | <input type="checkbox"/> Other | |

 Pick-up Authorization Password School Grade

Family Setting *(check one)*

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Father Only | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Guardian | <input type="checkbox"/> Mother Only |

ADULT REGISTERING CHILD *(please print)*

 Relationship to Child First Name Last Name

Gender *(check one)* Family Income *(please check one)* Family Size _____

- | | | | | |
|-------------------------------|---------------------------------|--|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> 0-10,000 | <input type="checkbox"/> 10,001-20,000 | <input type="checkbox"/> 20,001-30,000 |
| | | <input type="checkbox"/> 30,001-40,000 | <input type="checkbox"/> 41,001-50,000 | <input type="checkbox"/> 50,000 + |

 Address (line 1)

Address Type:

 Address (line 2)

- Home Work Other _____



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Date: _____
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 City State Zip

 Phone Number Phone Type: Home Work Other _____

 Phone Number Phone Type: Home Work Other _____

 E-mail Address E-mail Type: Home Work Other _____

 Employer Job Title

 Military Branch Status Start Date End Date

OTHER PARENT/GUARDIAN *(please print)*

 Relationship to Child First Name Last Name

 Address (line 1) Address Type:
 Home Work Other _____

 Address (line 2)

 City State Zip

 Phone Number Phone Type: Home Work Other _____

 Phone Number Phone Type: Home Work Other _____

 E-mail Address E-mail Type: Home Work Other _____

 Employer Job Title Occupation

 Military Branch Status Start Date End Date



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The Boys & Girls Club of New Haven also uses the following to learn more about your child:

Neighborhood:

- Beaver Hills Dixwell East Rock East Shore Edgewood/West River
 Fair Haven Heights Hill Long Wharf Prospect Hill
 West Hills Westville Wooster Square Yale

Check all that apply:

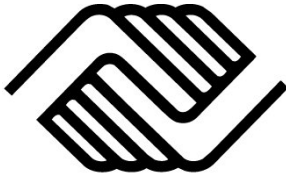
- TANF
 Food Stamps
 SSDI
 SSI
 Veterans Compensation
 Daycare Voucher
 Free School Lunch
 Reduced School Lunch
 Medicaid
 Can Swim

PICK-UP INFORMATION *(please print)*
Individuals authorized to pick up your child

 Relationship to Child First Name Last Name

 Phone Number Phone Type: Home Work Cell _____

- Emergency Contact Primary Emergency Contact Lives with Member



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 Relationship to Child First Name Last Name

 Phone Number Phone Type: Home Work Other _____

Emergency Contact Primary Emergency Contact Lives with Member

MEMBER MEDICAL INFORMATION *(please print)*

 Insurance Company Insurance Policy Number

Medications: Medical Problems/Allergies:

 Physician Physician Phone _____

 Hospital Hospital Phone _____

Please any physical or development disabilities or *any* other physical or behavioral issues that we should be aware of:

Preferred Hospital:
 Yale-New Haven Hospital Hospital of Saint Raphael

Boys & Girls Club of New Haven
Expectations and Policies

Please read the following information carefully and sign the bottom of the form. Your signature below indicates that you agree to follow the stated policies.

I have received a copy of the Membership Handbook and will read/review the handbook with my child.



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I understand that my child MUST be picked up on or before the designated time. I understand that if this expectation is NOT MET my child's participation in the Boys & Girls Club could be jeopardized.

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeness of any kind made of the child are and shall remain the property of the Boys & Girls Club of New Haven. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by the Boys & Girls Club of New Haven including advertisement in any media, and with or without testimonial copy or other form of advertising or display.

I understand that the Boys & Girls Club of New Haven will take all necessary and reasonable precautions to ensure that my child will not have access to inappropriate materials on the internet. While precautions are being taken, it is possible that (s)he may access inappropriate sites. The Boys & Girls Club will not be responsible for the consequence of such access. I further understand that not only will Boys & Girls Club of New Haven staff discuss internet safety with my child, but that I, as the parent/guardian, must discuss this with my child as well.

I give my child permission to participate in all Club programs including but not limited to Power Hours, Smart Moves, Triple Play, Be Great Graduate, Passport to Manhood, Smart Girls, etc.

The Boys & Girls Club of New Haven from time to time asks members to complete surveys/evaluations. I give consent for my child to participate in any and all surveys/evaluations.

If in the event I cannot be reached in an emergency, I hereby give permission to the Boys & Girls Club of New Haven staff to administer First Aid to my child according to their certification. I also give permission for my child to be transported to a hospital by ambulance if the need arises. Parent/Guardian will be responsible for any/all costs of such medical attention and treatment.

Club Members should not bring valuables to the Club, such as expensive clothing, excessive amounts of money, games, cell phones, and/or pagers. The Boys & Girls Club of New Haven will not be responsible for any lost or stolen items.

The Boys & Girls Club of New Haven has a zero tolerance policy pertaining to incidents of violence, weapons, drugs, and alcohol. Violators will face immediate suspension or expulsion.

By signing this, I agree to the above Expectations and Policies of the Boys & Girls Club of New Haven.

Member's Name

Parent/Guardian Signature

Date



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Boys & Girls Club of New Haven
Parental Waiver/Release Form

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release waive, acquit, and forever discharge the Boys & Girls Club of New Haven, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury, or death and any claims of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organization either at or away from the Club.

Walkers

The Boys & Girls Club of New Haven gives children permission to walk home if parents or guardians call or sends a written notice through the child.

Member's Name

Parent/Guardian Name

Relationship

Parent/Guardian Signature

Date (mm/dd/yyyy)