



BOYS & GIRLS CLUBS
OF ST. HELENA AND CALISTOGA

OFFICE USE ONLY

- School Year
- Summer
- Guest Only

Member Registration Form

- New Member
- Renewing Member

Member Information			
First Name		Middle Name	Last Name
Member #			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic		Birth Date ____/____/____ School _____ Grade ____ K-6 Teacher _____
Home Address		City	State Zip
Mailing Address		City	State Zip
Father/Guardian Information			
Full Name		Cell Phone () -	
Email Address		Home Phone () -	
Employer		Occupation	Work Phone () -
Mother/Guardian Information			
Full Name		Cell Phone	
Email Address		Home Phone	
Employer		Occupation	Work Phone () -
Other Contacts: The following people may also pick up my child from the Boys & Girls Club (Photo ID Required):			
Name	Relationship	Phone Number	
1.		()	
2.		()	
3.		()	
4.		()	
5.		()	
The following people are NOT allowed to pick up my child:			
Name	Relationship	Age	
1.			
2.			
Member Household Information			
Primary language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify) _____			
Child Lives With (check one): <input type="checkbox"/> Both Parents (married) <input type="checkbox"/> Both Parents (divorced) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Guardian: _____			
<i>Is child receiving free/reduced lunch from the school:</i>			
<input type="checkbox"/> My child does receive free and reduced lunch at school. <input type="checkbox"/> My child does not receive free and reduced lunch at school.			
<i>Are you interested in volunteering for any of the following</i>			
<input type="checkbox"/> Power Hour (Homework) <input type="checkbox"/> Programs and Activities <input type="checkbox"/> Fundraising <input type="checkbox"/> Other			

Member Health Information

Allergies	<input type="checkbox"/> Severe <input type="checkbox"/> Mild	Known symptoms or Reactions to Allergies:
Health Issues / Medications		Preferred Hospital
Additional Notes:		

Early Release Policy

Due to State and Federal grant guidelines, members of the Boys & Girls Clubs of St. Helena and Calistoga are required to attend every school day from school release until 5:50pm in order to ensure that the program is utilized effectively and consistently. Students may leave the Club early under the following circumstances (please check all that apply):

- Member attends a parallel program. (i.e. Intervention, community sports leagues, or community group)
- Student receives district sponsored transportation and must leave at a designated time.
- Family schedule makes it difficult for child to leave or be picked up at 6:00pm.
- Student has other non-program obligations.
- Student has a medical appointment
- Weather conditions make it difficult for child to leave or be picked up at 6:00pm.

Please Read Carefully

By signing below I hereby give my permission to my child to become a member of Boys & Girls Clubs of St. Helena and Calistoga. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Clubs of St. Helena and Calistoga and its property are not responsible for personal injury or loss of property.

By signing below I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a Boys & Girls Clubs of St. Helena and Calistoga program. It is understood that the cost thereof will be at my expense. To protect the safety of staff and our members and reduce liability, Boys & Girls Clubs of St. Helena and Calistoga staff does not dispense or store medication of any kind for our members.

By signing below I hereby give my permission for my child's grades and STAR test results to be released to Boys & Girls Clubs of St. Helena and Calistoga only in conjunction with programs related to education and case management (ASES Program). I understand that the student test scores will NOT be shown or used outside of Boys & Girls Clubs of St. Helena and Calistoga.

By signing below I hereby give my permission for my child to be photographed, videotaped and/or interviewed for use by Boys & Girls Clubs of St. Helena and Calistoga and Boys & Girls Clubs of America in promotional materials.

By signing below I hereby give my permission for my son/daughter to participate in routinely scheduled activities that occur *off-site* at nearby facilities; i.e., park, swimming pool, library and other youth agencies. I understand that in these cases my child will be accompanied with a staff when walking or using public transportation. For certain special events or field trips, you will receive a separate permission slip.

By signing below I understand that attendance is contingent upon members following Club expectations and exhibiting positive behavior. Club staff reserve the right to suspend or terminate attendance and/or membership at any time if those guidelines are not followed.

Parent/Guardian Signature

Date

*******OFFICE USE ONLY*******

Form Received & Reviewed by _____	Scholarship
Membership Term Expires _____	<input type="checkbox"/> Full <input type="checkbox"/> Partial % _____
Payment:	SSID# _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Member ID# _____
Amount Paid \$ _____	____ initial when entered in system
Receipt # _____	
Site: <input type="checkbox"/> St. Helena <input type="checkbox"/> Calistoga <input type="checkbox"/> Calistoga Teen Center <input type="checkbox"/> Diversion	

Notes: