

**FOR OFFICE USE ONLY**

Computer Updated \_\_\_\_\_ Membership # \_\_\_\_\_ Free/Reduced lunch \_\_\_\_\_  
Low  Mod  Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Renewal  Yes  No

**2017-2018 SCHOOL YEAR/SUMMER CAMP MEMBERSHIP REGISTRATION FORM**  
**BOYS & GIRLS CLUB OF WESTMINSTER, MD - (410) 386-0135**



**BOYS & GIRLS CLUB**  
OF WESTMINSTER

Registration form must be filled out completely & correctly  
Reg fee and every item must be answered before application will be processed & accepted

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Child's Race:** (Circle) African American Asian Caucasian Multi-Racial Hispanic Native American Other

Did your child attend BGW during the 2016 – 2017 school year?  Yes _____ No _____	<b>Custody Dispute</b> Yes _____ No _____	Is Your Child Enrolled In Any Special Education Program At School? [Circle All That Apply]  ESE ESOL  Other: _____  T-Shirt Size (Please Circle) <b>YM YL AS AM AL</b>
	Name of Parent/Spouse Who Cannot Pick up Child  _____  Copy of Court Document Stating Conditions of Custody/Visitation Must Be Included with Member Application	

**SCHOOL INFORMATION:**

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Does your child receive free or reduced lunch at school? Yes \_\_\_\_\_ No \_\_\_\_\_

**Annual Household Income (circle one)** \_\_\_\_\_ **Please indicate Family Size** \_\_\_\_\_  
\$0 - \$19,999 \$20,000-39,999 \$40,000 - \$59,999 \$60,000 - \$89,999 90,000 and above

**FAMILY INFORMATION (please provide all requested information)**

**MOTHER/GUARDIAN'S NAME** \_\_\_\_\_ Pref. Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Mother's Work Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Work Hours \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**FATHER/GUARDIAN'S NAME** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
Work hours \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**LATE PICK UP:**

The Boys & Girls Club closes promptly each day at 6:00 pm. Pickup after 6:00 pm is considered to be late. Pickup after 6:00 pm [or 5:00 PM/school breaks] is considered late. For any child remaining after the stated closing time, a late fee will be charged. Beginning at 1 minute passed the closing time a late fee of \$1.00 per minute per family will be charged. The late fee must be paid in full before the child may return to the program. There will be no exception to this rule. We will notify the appropriate authorities for any child remaining 30 minutes after the close of business. I agree that I am responsible for picking up special notices and flyers each day which will alert me to any changes in scheduling. If someone else is picking up my family, I agree that they are responsible for picking up notices and flyers. **I understand that if I am frequently late, my child's membership may be revoked without refund.**

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission to contact Doctor/Hospital in case of a medical emergency: \_\_\_ Yes \_\_\_ No

Child's Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**MEDICAL LIMITATIONS**

List any medical or physical limitations that would limit your child's participation in the program or that we should know about - (be specific)

\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR**

Does your child have any specific behavior conditions? (This does not restrict your child from enrolling)

Emotional Issues \_\_\_ SLD \_\_\_ ADD \_\_\_ ADHD \_\_\_ OTHER \_\_\_\_\_

**ALLERGIES**

Does your child have any known allergies (such as dust, medicine, plants, animals, food, etc) \_\_\_ No \_\_\_ Yes

If yes, what are they allergic to? \_\_\_\_\_

\_\_\_\_\_

**MEDICATION**

List any medication(s) that your child is currently taking & the dosage. (If your child's condition requires medication please note that we are unable to administer or hold as we do not have a nurse on site. Therefore, if medication (Epi-Pens, inhalers, etc) is needed member must keep them in their bag and be able to administer properly.) Please be specific

\_\_\_\_\_  
\_\_\_\_\_

What is the specific medical condition that requires the above listed medication?

\_\_\_\_\_

**MEDICAL EMERGENCY**

In case of accidental injury, the undersigned authorizes Boys & Girls Club Staff to see that the necessary medical treatment is obtained in the event the parent or legal guardian is unable to be reached or is otherwise inaccessible. In this event, the undersigned authorizes a Boys & Girls Club Staff Member to sign for and authorize the physician (of his/her choice) to provide emergency care. In case of accidental injury, the undersigned agrees to assume financial responsibility for cost incurred.

***I have read the above and agree to the stipulations.***

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

**LEGAL AND/OR BEHAVIOR ISSUES**

Please list any legal and/or behavior issues that your child is currently dealing with. This includes probation and the conditions of probation, behavior issues both in school or with law enforcement and any charges or allegations that they may be facing that are unresolved. (This does not restrict your child from enrolling.)

\_\_\_\_\_  
\_\_\_\_\_

**(If child is on probation or is assigned a counselor – contact information for that individual must be listed):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# PERSONS AUTHORIZED TO PICK UP CHILD INCLUDING YOURSELF

IF AUTHORIZED CONTACTS CHANGE PLEASE NOTIFY CLUB STAFF IMMEDIATELY

Name	Relationship	Phone Number	Emergency Y/N

## MEMBERS 13 & OLDER ONLY

PERMISSION TO WALK, DRIVE A CAR, OR RIDE A BIKE - HOME

I give permission for my child to check in/out each day. I understand that the Boys & Girls Club is not responsible for him/her before arrival to the Club or after they leave the program. I give permission for my child to:

(Please Circle One)                      Walk                                      Ride a Bike                                      Driving a Car

I give permission for my teen child to check in / out their younger siblings.                      \_\_\_ Yes                      \_\_\_ No

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

Sr. Staff Signature: \_\_\_\_\_

## HOUSEHOLD INFORMATION

This section Must Be Completed and is used for our information only. This information does not determine membership status and all information is kept confidential.

**Reason for Joining Club (circle all appropriate answers):**

Fun    Academic Support    Sports    Friends are Members    School Referral    Enrichment Programs    Other \_\_\_\_\_

**The Club Member lives with (check all that apply):** Mom \_\_\_\_\_ Dad \_\_\_\_\_ Step Mom \_\_\_\_\_ Step Dad \_\_\_\_\_

Grandparent \_\_\_\_\_ Guardian \_\_\_\_\_ Other: \_\_\_\_\_

**Single Parent:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Current head of household (check one):** Male \_\_\_\_\_ Female \_\_\_\_\_ Both \_\_\_\_\_

**Total Number of people living in household:** \_\_\_\_\_ **Number of members in household age 65 or older:** \_\_\_\_\_

**Parent in the Military?** Yes \_\_\_\_\_ No \_\_\_\_\_ Branch: \_\_\_\_\_

**Parent Incarcerated?** Yes \_\_\_\_\_ No \_\_\_\_\_ Previously (when/how long): \_\_\_\_\_

**Information on other children in the household who will be attending the Boys & Girls Club After School Program:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**TRANSPORTATION/FIELD TRIP PERMISSION**

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that necessitate transportation in vehicles. I understand that often local day trips will be unannounced. Out of town trips will be posted in advance. I understand that all trips will be under the supervision of the Boys & Girls Club Staff. I will not hold the Boys & Girls Club responsible in case of an accident. Notice of all trips will always be available at the administrative office.

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

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**SWIMMING PERMISSION**

I hereby give my permission and full consent for my child to participate in swimming activities at local pools and facilities as conducted by the Boys & Girls Club. I hereby fully release the Boys & Girls Club of Westminster, MD and its Directors, Instructors, Officers and Staff, from any cause of action, claim or liability for damages or expenses. These include, but not limited to any claims for personal injuries resulting or arising out of any swimming activity or related activities. I give permission to the Boys & Girls Club to administer sunscreen (as provided by parent) on my child as needed.

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

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**BOYS & GIRLS CLUB RIGHT TO REFUSE PICK UP OF CHILD**

I understand the Boys & Girls Club may refuse to allow my child to be transported home by anyone (including myself) that they feel may have their driving ability impaired due to drugs or alcohol or other circumstances. I understand that this is for safety reasons only and that the Boys & Girls Club will contact another authorized individual included on this application to pick up my child. I further agree that any late fees incurred because of the situation will be my responsibility.

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

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**COMPUTER USE PERMISSION**

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that use the internet. I understand that all computer use will be under the supervision of the Boys & Girls Club Staff. I understand my child may only go to internet sites that are pre-approved by the Boys & Girls Club Staff. ***Any inappropriate use of the computer will result in suspension and may result in my child's membership to be revoked.***

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

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**SCHOOL INFORMATION**

I give permission to the Boys & Girls Club of Westminster, MD and the Carroll County School District to exchange information including report cards, regarding the minor child listed on this application. The purpose of the exchange is to help both organizations to do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Carroll County School District or the Boys & Girls Club of Westminster, MD in writing.

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

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**SURVEYS & QUESTIONNAIRES**

I, the parent/guardian of the minor child listed in this application, give permission for the Boys & Girls Club of Westminster, MD to Survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments.

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

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**BOYS & GIRLS CLUB OF AMERICA**

I give permission to the Boys & Girls Club of Westminster, MD to share information about the minor child listed on this application with the Boys & Girls Club of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

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

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**PHOTO/VIDEO RELEASE**

I understand that from time to time, the Boys & Girls Club will have publicity photos and/or videos taken during programming for use in local media, brochures and on their website. I give permission for my child to be included in all photo opportunities with BGCW and their partners.

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

# CODE OF CONDUCT

## PARENT/CHILD AGREEMENT – RULES & DISCIPLINE PROCEDURES

Should we experience any behavior problems with your child our normal discipline procedure is: verbal warning, and/or time out; however, should the club member continue to be disruptive or disrespectful, they will be written up which requires a signature by parent/guardian. Note that some instances Out of Club Suspension (OCS) and/or Revocation of Membership is automatic.

1. I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged which must be paid before my child (or ward) can return to the Club.
2. My child and I understand that they are responsible for getting on the correct bus each day at the correct time from school. If they miss the bus or fail to get on the correct bus, I am responsible for my child.
3. I agree that my child will wear proper clothing and footwear at all times. The following clothing articles are not allowed at the Club: bare feet, open-toed shoes (flip-flops) sandals, Heelys shoes, baggy pants without belts, clothing with inappropriate "sayings" or pictures, short skirts or shorts, midriff shirts and those with thin spaghetti straps.
4. My child and I understand and agree that if they deface property, steal, harass/bully, fight or use physical contact they will **immediately receive Out-Of-Club Suspension.**
5. We understand that Boys & Girls Club is **not responsible for any items that are lost or stolen.** That includes: coats or other clothing items, personal games, toys, collectors cards/notebooks, Silly Bands, cell phones, CD/MP3 players, video games and other electronic devices. If you are concerned about losing such items please do not send them with your child.
6. I have explained to my child that for their safety they are not to be in any staff office, kitchen, storage areas, hallways, restrooms or outside play areas without permission. My child and I understand that for their safety they are to remain with their assigned group and group leader at all times. **If my child leaves the group for any reason without permission, they understand that they will be given a written notice and that appropriate consequences will follow.**
7. **Above all I have explained to my child and we both agree that they will respect and obey CLUB staff at all times. If my child is disrespectful, abusive, and combative or disobeys the instructions of CLUB staff, they will be suspended and may also forfeit future swimming and/or field trip privileges.**
8. Internet Usage Agreement: The opportunity to use Club's computers is based upon clear guidelines and agreements: (1) always be respectful of others, (2) never give out personal information over the computer, (3) always remember you are responsible for what you do online, (4) always follow the computer lab supervisor's instructions, (5) never agree to meet in person with anyone you meet online and (6) never visit 'off-limits' web sites. Failure to uphold these agreements will result in revocation of the member's online privileges.

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

Club Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENT/GUARDIAN AGREEMENT

I understand that I am responsible for coming into the building and checking my child whether IN or OUT, I am also responsible for coming into the Club to check out my child each afternoon/evening, unless your child is 13 or older and an approved walker. **I may not drop off my child without coming inside the building for any reason.** I understand that the Club program does not open each day after school until 2:30 PM. For early dismissals and special closings I am responsible for checking the Boys & Girls Club calendar.

I understand that the parent parking is located across the street in the church parking lot. Parking in the neighbors housing complex or "temporary" **parking anywhere that is not an authorized space is not allowed.**

I understand that any **authorized adult, including myself**, that I send to drop off or pick up my child must know my child's name and will not be allowed to pick up my child for any reason without a proper photo ID. **I understand that a proper photo ID must be shown each and every time. No exceptions.**

I understand that if my child breaks any rule which will result in their Out-Of-Club Suspension, I understand that the Boys & Girls Club Sr. Staff will speak with me when I pick up my child at the end of the day unless the situation requires an immediate pick-up. **Importantly, I understand and agree that my behavior as a parent/guardian may also determine whether or not my child is allowed to attend the Boys & Girls Club. If I am abusive, combative, disrespectful or aggressive with any Staff member of the Club for any reason, my child's membership will be revoked.**

I understand that my child will be involved in recreational, active and sports related activities at the Club. I understand that from time-to-time they may fall down or be struck by a ball in the course of normal active play. I understand that in the course of growing up, all children will fall and scrape their knees and experience normal bumps and bruises that are associated with active play and that are not a result of neglect. I understand that no phone calls will be made home if my child receives a minor bump or scrape. **I understand and agree that the Boys & Girls Club will not be financially responsible for any injury that is a direct result of appropriate active "play" or caused by the child disobeying any rule.**

I understand that the Boys & Girls Club **does not have a nurse on staff** and therefore is unable to store, handle or dispense medication of any kind, including Epi-Pens and inhalers. Should my child require medication, **I accept full responsibility for seeing that they take the proper amount of medication at the proper time. I agree that the Boys & Girls Club will accept no responsibility for the medication or for the dispensing of medicine.**

I understand that prevention programming is available for my child at the Boys & Girls Club. A "primary" staff member has my permission to discuss, at a level determined to be age and developmentally appropriate, the following subject matters: alcohol and drug abuse, chemical abuse, human anatomy, any mental health issues, and interpersonal relationships and values clarification. I understand that any such discussion will be on the same level and contain similar information as that being taught in the appropriate school grade.

**I acknowledge that all the above information is correct and that I understand and agree to all the information contained in this application. I acknowledge that I have read completely the Parent/Club Member Policy & Procedures packet and that I fully understand and agree with all the information contained therein.**

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

## CARROLL COUNTY PUBLIC SCHOOLS TRANSPORTATION PERMISSION LETTER

Carroll County Public Schools, East Middle School, West Middle School, William Winchester Elementary School, Friendship Valley Elementary School, Westminster Elementary School, Cranberry Station Elementary School, Robert Moton Elementary School, Winters Mill High School, and Westminster High School have partnered with the Boys and Girls Club of Westminster located at 25 Union Street, Westminster, MD., to provide a quality after-school program for students.

Subject to available space, Carroll County Public Schools will provide school bus transportation at no cost to participating families. Students will be transported on an approved school bus using existing school bus routes. The bus will leave \_\_\_\_\_ each school day at the conclusion of the school day.  
(School name)

The bus will drop club members off at the closest bus stop to the Boys & Girls Club of Westminster. The Boys and Girls Club of Westminster, MD, will be responsible for students once they disembark the bus at the bus stop. Parents need to make it clear to their children that they are to disembark the bus at their appropriate bus stop and go directly to the present Boys and Girls Club staff member.

Only students at East MS, West MS, William Winchester ES, Friendship Valley ES, Westminster ES, Cranberry Station ES, Robert Moton ES, Winters Mill HS, and Westminster HS who have enrolled in the Boys and Girls Club of Westminster after-school program are eligible to ride the school bus. Families are responsible for picking up students at the conclusion of the program.

*Thank you,  
Boys and Girls Club of Westminster  
410-386-0135*

**Please complete this document and return it to the Boys & Girls Club of Westminster**

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### Transportation Permission Form

\_\_\_\_\_, a student at \_\_\_\_\_,  
Student's Name Name of School

is enrolled in the Boys and Girls Club of Westminster after-school program. I give my permission for him/her to ride the approved school bus on the days listed below, unless there is a special exception. I will notify both the school and the Boys and Girls Club if my child will not be attending on a day they are scheduled to attend. I will also notify both the school and the Boys and Girls club of any permanent changes. These are the days that I expect my child to ride the bus to the Boys and Girls Club:

Mon       Tues       Wed       Thurs       Fri

I understand that I am responsible for picking up my student at the conclusion of the after-school program.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Telephone Number

**OFFICE USE ONLY:**

Faxed or emailed to school \_\_\_\_\_ Notified date: \_\_\_\_\_



BOYS & GIRLS CLUB  
OF WESTMINSTER

**GREAT FUTURES START HERE.**

*Alternate Emergency Contact and Closure Plan for your Child*

**PLEASE NOTE OUR INCLEMENT WEATHER POLICY:**

If CCPS closes because of weather then BGCW is closed.

If CCPS closes EARLY because of weather then BGCW is closed.

*Please indicate below what you have instructed **your child and school** to do in case of inclement weather*

\_\_\_\_\_  
Child's Name

\_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
#1 Contact Number

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
#2 Contact Number

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

**Alternative Emergency Contacts**

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

**Early Dismissal Plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date