BOYS & GIRLS CLUBS
OF NEWARK

For office use only ☐ New ☐ Renewal

Date Received: _____ Date Enrolled: _____

Staff Name: _____

Receipt# _____ Payment: _____

Scholarship _____

MEMBERSHIP ENROLLMENT FORM

Please note: You must complete all fields for your child to be enrolled in the Club programs.

Members Name: _____ Birth Date: ____/____/_____
Last First MI Month/Day/Year

Gender: □ Male □ Female Race/Ethnicity: □ African-American □ Latino □ Asian □ Caucasian □ Native American □ Mixed □ Pacific Islander

Special Needs:	□ Yes	□ No	□ Unspecified
Limited English Proficiency:	□ Yes	□ No	□ Unspecified
Special Education:	□ Yes	□ No	□ Unspecified
Free/Reduced Lunch:	□ Yes	□ No	□ Unspecified

Grade: _____ School Attending: _____ Homeroom Teacher: _____

Please note you must complete the above fields for your child to be enrolled in the Boys & Girls Clubs of Newark

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

_____
First Name Last Name

_____
Relationship to Member

_____
Home Phone

_____
Employer

_____
Work Phone

_____
Other Phone

_____
E-mail

_____
Street Address

_____
City State Zip

Parent/Guardian # 2

_____
First Name Last Name

_____
Relationship to Member

_____
Home Phone

_____
Employer

_____
Work Phone

_____
Other Phone

_____
E-mail

_____
Street Address

_____
City State Zip

RELEASE OF CHILD

I give my child permission to walk home alone at dismissal. □ Yes □ No

My child will be picked up at the Club by me or one of the following individuals:

_____
Name Relationship to Child Telephone

_____
Name Relationship to Child Telephone

_____
Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

_____
Name Relationship to Child

_____
Name Relationship to Child

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 9:00pm if you are not available.

First Name Last Name	First Name Last Name
Relationship to Member	Relationship to Member
Home Phone	Home Phone
Employer	Employer
Work Phone	Work Phone
Other Phone	Other Phone
E-mail	E-mail
Street Address	Street Address
City State Zip	City State Zip

INFORMATION ABOUT CHILD

What are your child's interests? _____

INFORMATION ABOUT HOUSEHOLD

FAMILY INCOME

- ☐ less than $23,000
- ☐ $23,001-$28,000
- ☐ $28,001-$34,000
- ☐ $34,001-$40,000
- ☐ $40,001-$46,000
- ☐ $46,001-$52,000
- ☐ $52,001-$57,000
- ☐ above $57,000

HOUSEHOLD TYPE

- ☐ Mother & Father
- ☐ Single Mother
- ☐ Step-Father
- ☐ Single Father
- ☐ Step-Mother
- ☐ Granparent
- ☐ Guardian

CHECK ALL THAT APPLY

- ☐ TANF
- ☐ Food Stamps
- ☐ General Assistance
- ☐ SSDI
- ☐ SDI
- ☐ Veterans Compensation
- ☐ Day Care Voucher
- ☐ Free School Lunch
- ☐ Medicaid
- ☐ Can Swim

FAMILY SETTING

# of Brothers _____

# of Sisters _____

PARENT/GUARDIAN SIGNATURE

The Boys & Girls Clubs of Newark uses surveys as part of our overall improvement process. These surveys address almost every outcome we are trying to improve in your child's life through our Clubs. All data is confidential and is used strictly for the purpose of improving the Club and the programs we offer.

☐ *Yes, I give the Boys and Girls Clubs of Newark permission to survey my child.*

☐ *No, I do not give the Boys and Girls Clubs of Newark permission to survey my child.*

I give my child permission to participate in the Boys & Girls Clubs of Newark Programs, including the afterschool program at our school based sites.

_____

Parent/Guardian Signature Date

EMERGENCY MEDICAL CARE *(To be completed by the parent or guardian.)*

Member's Name: _____ Date of Birth: _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.

3. **Following emergency medical care, my child may be released to the following people:**

Name: _____ Relationship to Child: _____

Address: _____ Employer: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Employer: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Employer: _____

Home Phone: _____ Work Phone: _____

4. **Health/Insurance Information:**

Member's Doctor: _____ Insurance Company: _____

Phone: _____ Policy Holder's ID: _____

Allergies: _____ _____

Last Tetanus: _____ MEDICATION(S) BEING TAKEN: _____

Doctors Address

_____

Additional Comments: _____

_____

5. ***I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in the Boys & Girls Clubs of Newark.***

_____

Parent/Guardian Signature Date

HEALTH RECORD *(To be completed by the parent or guardian)*

This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of the Boys & Girls Clubs of Newark. Feel free to continue your notes on back of this form.

Member's Name: **Date of Birth:**

1. Please provide your child's medical history.

CONDITION	YES (if yes, write approx. date)	NO
Asthma	☐ _____	☐
Convulsions/Seizures	☐ _____	☐
Diabetes	☐ _____	☐
Ear Infections	☐ _____	☐
Chicken Pox	☐ _____	☐
Measles	☐ _____	☐
German Measles	☐ _____	☐
Rheumatic Fever	☐ _____	☐
Mumps	☐ _____	☐
Corrective Device (glasses, hearing aid, etc.)	☐ _____	☐
Does your child use an inhaler?	☐ _____	☐

ALLERGY	YES	NO
Penicillin	☐	☐
Insect Stings	☐	☐
Foods	☐	☐
Plants	☐	☐
Hay Fever	☐	☐
Topical ointments	☐	☐
Other	☐	☐

If "yes" to any of the above, please specify allergy and describe reaction.

2. List significant illnesses or surgeries. Provide the date and any instructions.

3. Special situations or needs that program staff should be aware of:

☐ Child has behavioral/emotional difficulties

☐ Child has physical disabilities

☐ Other (describe)

4. Special Health Care Needs

Does your child have special health care needs that require treatment and/or medication? ☐ YES ☐ NO

If yes, describe below. If your child requires treatment and/or medication during Club hours, complete the *Health Care Plan for a Child with Special Health Care Needs* form.

5. Medication

Does your child take medication for any condition or illness? ☐ YES ☐ NO If yes, describe below.

If your child requires medication during after-school hours, complete the *Medication Consent* form.

6. Sunscreen and Bug Repellent

Do you give permission to the Boys & Girls Clubs of Newark to provide sunscreen or bug repellent on your child?

☐ YES ☐ NO

7. Activities to be encouraged:

8. Activities your child cannot participate in:

9. My child may participate in all program activities, except those noted in number 8 above.

Parent/Guardian Signature **Date**

PHOTO/VIDEO/INTERVIEW CONSENT

(To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of *(name of child)* _____

whose date of birth is *(month/day/year)* _____/_____/_____

I understand that Boys & Girls Clubs of Newark features special events both on-site and off-site. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote the Boys & Girls Clubs of Newark.

I give permission for my child to be photographed or otherwise recorded during Boys & Girls Clubs of Newark events and activities, and for any and all such photographs to be displayed by Boys and Girls Clubs of Newark in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

_____

SIGNATURE OF PARENT OR GUARDIAN DATE

If you do not wish for your child to participate in the activities described above, please review this section of this form.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during Boys & Girls Clubs of Newark events and activities. As a result, my child may not be able to participate in these events and activities.

_____

SIGNATURE OF PARENT OR GUARDIAN DATE

TECHNOLOGY USE POLICY

Please do . . .

Understand that all regular Club rules apply to computer use.

Use the Clubs' computers for educational purposes.

Use the network to learn about computers and technology.

Use the computers to play games provided for you by the Club.

Use the Internet to search for appropriate information.

Use the Clubs computers to type papers and do projects for school

Use the computers and the Internet o learn about careers you might like to pursue when you are older.

Use the Internet to communicate with elected officials

Tell the Lab Instructor or other Staff member if you receive a message that is inappropriate or makes you feel uncomfortable.

Tell the Lab Instructor or other Staff member if someone you meet or talk to on-line asks to me you in person.

Ask permission from the Lab Instructor before downloading anything.

Please do not . . .

Post personal information about yourself or anyone else, including full name, address, phone number, school name or address, Club name or address, parent's names, etc.

Offer, provide or purchase products or services over the Internet.

Agree to meet someone in person you have met on-line.

Try to get into the Clubs' network from school or home, or when otherwise told not to do so.

Try to disrupt the performance of the network.

Use the network to discuss or plan any illegal activities.

Share your password with anyone.

Use the network to discuss or plan any illegal activities.

Change setting of any kind on the computers.

Install software of any kind on any Club computer

Use obscene or disrespectful language.

Send anyone messages after they've asked you to stop.

Say things about others that are un-true or might hurt them in any way.

Take the ideas or writing of others and claim them to be yours

Use the system to access material that is obscene, that supports illegal acts, or that encourages violence or discrimination.

I understand and agree to follow these rules.

Printed Name of Member: _____ Age:_____

Signature of Member: _____ Date: _____

PARENT/GUARDIAN TECHNOLOGY AGREEMENT

A parent or guardian for all members under the age of 18 must sign this section.

I have read the Boy and Girls Club of Newark Technology Use Policy.

I hereby release the Boys & Girls Clubs of Newark, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Boys & Girls Clubs of Newark's internet and Technology Systems, including but not limited to claims that may arise from the unauthorized use of the Internet and Technology Systems to purchase products or services.

I understand that access to The Boys & Girls Clubs of Newark Network and the Internet is designed for educational purposes and that The Boys & Girls Clubs of Newark has taken available precautions to educate students on appropriate educational materials. However, it is understood that, no matter how much supervision and monitoring the Club can utilize, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold The Boys & Girls Clubs of Newark responsible for material acquired on the Network.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in The Boys & Girls Clubs of Newark Technology Use Policy. I will emphasize the importance of following the rules for personal safety.

☐ I give permission for my child to utilize The Boys & Girls Clubs of Newark Technology Program, including, but not limited to, the Computer Lab computers, printers, computer software, internet access, network access, database access, and audio-visual equipment and to issue an account for my child and certify that the information contained in this form is correct.

☐ No, I do not wish to give permission for my child to use the Clubs' Technology Programs.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____