

2024 Membership Form



**BOYS & GIRLS CLUBS
OF ST. CHARLES COUNTY**

Instructions

You **must** provide **all** contact information for any person or employer listed on this form. **Please complete all fields.** Write "N/A" or "none" if the field does not apply to you. This form must be submitted with a copy of the child's birth certificate & a current report card. In order to be fully registered to attend, all paperwork must be completed and fees paid in full.

OFFICE USE ONLY	NEW member <input type="checkbox"/>	RENEW member <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Current Report Card <input type="checkbox"/>
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MEMBER INFORMATION	Wright City Unit <input type="checkbox"/>	St. Charles Unit <input type="checkbox"/>	O'Fallon Unit <input type="checkbox"/>
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Child's First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
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Date of birth: <input type="text"/>	Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary	School: <input type="text"/>	District: <input type="text"/>	Grade: <input type="text"/>
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Home street address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
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Ethnicity/ National Origin: Choose ONE <input type="checkbox"/> European <input type="checkbox"/> African <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American, Non-Hispanic or Latino	Race/Cultural Background: Choose one of the following. If your child is two or more races, choose all that apply. <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other: <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander
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MEMBER'S FAMILY/HOUSEHOLD INFORMATION

BGCSTC receives public funding and is often required to provide basic information about the families we serve. Please help us to continue receiving these funds by providing information about your family. All information provided is kept confidential.

Single parent household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living Arrangement: Member primarily lives with... (Check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Shared custody <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Family Member <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Other:	Children under 18: # <input type="text"/> Total family size: # <input type="text"/>
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Parent in active, reserves, or retired, military? <input type="checkbox"/> Yes <input type="checkbox"/> No branch & status: <input type="text"/>	One or both parents incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Assistance Programs: Check all that apply <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> SSID <input type="checkbox"/> SSI <input type="checkbox"/> Public Housing <input type="checkbox"/> Club Scholarship <input type="checkbox"/> None	Lunch Assistance: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid In Full	Mark the income range that best matches your annual household income: <input type="checkbox"/> \$0 - \$12,600 <input type="checkbox"/> \$21,721 - \$26,200 <input type="checkbox"/> \$35,161 - \$39,640 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$12,601 - \$17,240 <input type="checkbox"/> \$26,201 - \$30,680 <input type="checkbox"/> \$39,641 - \$44,120 <input type="checkbox"/> \$60,001 - \$70,000 <input type="checkbox"/> \$17,241 - \$21,720 <input type="checkbox"/> \$30,681 - \$35,160 <input type="checkbox"/> \$44,121 - \$50,000 <input type="checkbox"/> \$70,000 +
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PARENT/GUARDIAN INFORMATION

Please do not leave an item blank. If no employer information or Parent/Guardian 2 information write "N/A" or line through the entire section.

Parent/Guardian 1 information	First Name: <input type="text"/>	Last Name: <input type="text"/>	Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary	Relationship to member: <input type="text"/>
	Fill in only if different from the above address			
	Street address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
	Cell Phone Number: <input type="text"/>	Home Phone Number: <input type="text"/>	Work Phone Number: <input type="text"/>	Email: <input type="text"/>
	Employer: <input type="text"/>	Employer Contact Name: <input type="text"/>	Job title/ Occupation: <input type="text"/>	
Employer address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	

Parent/Guardian 2 information	First Name: <input type="text"/>	Last Name: <input type="text"/>	Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary	Relationship to member: <input type="text"/>
	Fill in only if different from the above address			
	Street address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
	Cell Phone Number: <input type="text"/>	Home Phone Number: <input type="text"/>	Work Phone Number: <input type="text"/>	Email: <input type="text"/>
	Employer: <input type="text"/>	Employer Contact Name: <input type="text"/>	Job title/ Occupation: <input type="text"/>	
Employer address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	

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Child's First Name: _____	Middle Name: _____	Last Name: _____
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MEMBER MEDICAL & HEALTH INFORMATION

Does child have health insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name on insurance: _____	Policy Number: _____
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Parent's Health Statement for School-Age Children

(check **one** statement)

- My child is in good health, is able to participate in group care, and **has no special health or medical requirements.**
- My child is able to participate in group care, but **has special health or medical requirements as listed below**

Please list any allergies and special medical conditions, including chronic health problems and disabilities (such as asthma, seizures) behavior disorders, special needs, etc. :

If your child has asthma, you must submit a copy of his/her ASTHMA ACTION PLAN from a certified medical professional.
If your child has a severe allergy, you must submit a copy of his/her ALLERGY ACTION PLAN from a certified medical professional.
If your child has an Individual Education Plan (IEP), 504 Plan or Behavioral Intervention Plan (BIP) you must submit a copy.

(If you selected that your child has no special health or medical requirements, place "N/A" or line through section)

Does your child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medications: _____	Does your child have an IEP, 504 or BIP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	Does your child have Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	Can your child swim? <input type="checkbox"/> Yes, my child swims well <input type="checkbox"/> Yes, but My child only knows basic swimming <input type="checkbox"/> No, I will provide an approved floatation device for my child <small>(It is required for parents to provide necessary floatation device such as arm floaties or life jacket for members who can not swim)</small>
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Authorization for Medical Care

I do hereby authorize Boys & Girls Clubs of St. Charles County (BGCSTC) to secure and authorize emergency medical treatment as child listed on the application might require while under the supervision of said provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. I authorize my child to be taken to the nearest medical facilities for care. I do hereby identify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization. Further, my signature verifies that all Medical Information and Health Report Statements listed above are accurate and complete.

Note: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it will be necessary to have the following signature on file:

Signature of Parent or Legal Guardian: _____ Date: _____

EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

Photo ID required for pick up, and must match the name listed below. Individuals listed must be reviewed and updated annually. One individual provided below must be different than parents/guardians listed on page 1.

Emergency 1	First Name: _____	Last Name: _____	Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary	Relationship to member: _____
	Cell Phone Number: _____	Home Phone Number: _____	Work Phone Number: _____	Email: _____
Emergency 2	First Name: _____	Last Name: _____	Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary	Relationship to member: _____
	Cell Phone Number: _____	Home Phone Number: _____	Work Phone Number: _____	Email: _____

PERMISSION TO WALK

My child has permission to sign themselves out and walk home Yes No
 Daily check out time: _____ Parent/guardian signature: _____ Date: _____

ADDITIONAL INDIVIDUALS AUTHORIZED TO PICK UP

Individuals that are only authorized to pick up member and are not considered an emergency contact. List individuals other than parents/guardians on page 1 and emergency contacts listed above. **Photo ID required for pick up.**

1	First Name: _____	Last Name: _____	Relationship to member: _____	Lives with member? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell Phone Number: _____	Additional Number: _____	Comments or notes: _____	
2	First Name: _____	Last Name: _____	Relationship to member: _____	Lives with member? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell Phone Number: _____	Additional Number: _____	Comments or notes: _____	
3	First Name: _____	Last Name: _____	Relationship to member: _____	Lives with member? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell Phone Number: _____	Additional Number: _____	Comments or notes: _____	

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Child's First Name:

Middle Name:

Last Name:

REQUIRED RELEASE INFORMATION

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 Boys & Girls Clubs of St. Charles County (BGCSTC) and Boys & Girls Clubs of America (BGCA), 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 claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

School Information: I give my permission to Boys & Girls Clubs of St. Charles County (BGCSTC) and my child's school district to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in BGCSTC, and in life. This release is valid for one year and may be revoked at any time by contacting the school district or BGCSTC in writing. Surveys and Questionnaires I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Clubs of St. Charles County (BGCSTC) to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA's) National Youth Outcomes Survey or other survey instruments. A full explanation of the National Youth Outcomes Survey can be found in the Parent/Member Handbook.

Technology: As a member of Boys & Girls Clubs of St. Charles County (BGCSTC), your child will have access to the Internet. While precautions are being taken, it is possible that she/he may access inappropriate sites. BGCSTC rules and consequences are set in place at the Club for such behavior; however we will not be responsible for the consequences of such access. A full explanation of the Children's Online Privacy Protection Act (COPPA) can be found in the Parent/Member Handbook.

Photos/Media: I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Boys & Girls Clubs of St. Charles County (BGCSTC), Boys & Girls Clubs of America (BGCA), its programs, and its activities.

Miscellaneous: I understand that Boys & Girls Clubs of St. Charles County (BGCSTC) is not responsible for lost or stolen items. Parents and Club members who are not participating in School transportation are responsible for their own transportation to the Club. Parents and Club members are responsible for their own transportation from the Club.

Permission: I give my permission to Boys & Girls Clubs of St. Charles County (BGCSTC) to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) and BGCSTC partners for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA may include the information provided on this membership application form, the information provided by the minor child's school or school district, and other information collected by BGCSTC including data collected via surveys or questionnaires. All information will be kept confidential

PARENT/GUARDIAN ACKNOWLEDGEMENTS

Initial to acknowledge you have read & understand each statement. Signature mandatory at the end.

A	I have received a copy of BGCSTC Parent/Member Handbook containing policies pertaining to the admission, care and discharge of children. I have been given the opportunity to ask questions regarding its content.	P/G Initials: <input type="text"/>
B	BGCSTC and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs. I understand BGCSTC is not able to provide specialized care or support	P/G Initials: <input type="text"/>
C	When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.	P/G Initials: <input type="text"/>
D	<input type="checkbox"/> Yes, I do or <input type="checkbox"/> No, I do not give permission for my child to go on field trips. I understand I will be notified in advance of the trip when planned.	P/G Initials: <input type="text"/>
E	<input type="checkbox"/> Yes, I do or <input type="checkbox"/> No, I do not give permission for BGCSTC to transport my child.	P/G Initials: <input type="text"/>
F	I understand that if I am tardy picking up my child I must pay a late fee at the time of pick up or my child will not be able to participate the next day. All fees are non-refundable	P/G Initials: <input type="text"/>
G	I understand all membership fees are non-refundable. Membership renewal is due within 30 days of expiration date. Expiration will remain on the same date for the following year(s).	P/G Initials: <input type="text"/>



Signature of Parent or Legal Guardian:

Date:

MEMBERSHIP CONSENT

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. By signing this document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification by CDA, HUD or their representatives. I have read the completed application and this form, agree that membership is governed by the rules of Boys & Girls Clubs of St. Charles County (BGCSTC), and request that my child be admitted into membership.

Boys & Girls Clubs of St. Charles County provides the following specific services to members. Check all those that you request your child participate in:

- Mentoring Services Tutoring Services/Homework Help Reading Tutoring Prevention Programs



Signature of Parent or Legal Guardian:

Date: