



BOYS & GIRLS CLUB
OF THE GRAND STRAND

Myrtle Beach Family Learning Center Unit
3101 N. Oak St., Myrtle Beach, SC 29577
843-213-1185 Voice 843-213-1186 Fax
www.bgclubgs.org Web Site

After-School Program MEMBERSHIP APPLICATION

ALL INFORMATION MUST BE COMPLETED
BEFORE THIS APPLICATION CAN BE PROCESSED!

PLEASE PRINT

Date: _____

YOUTH'S BASIC INFORMATION:

(For Staff Use) - Membership # _____

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Youth's Date of Birth: ____/____/____ Age? ____ Home Phone: (____) _____

Youth's Gender? Male Female

Youth's Ethnicity? African-American Asian Caucasian Hispanic
 Native American Multi-Racial

PARENT / GUARDIAN INFORMATION:

Primary - Parent / Guardian	Secondary - Parent / Guardian
Name: _____	Name: _____
Relationship to Child _____	Relationship to Child _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone # (____) _____	Phone # (____) _____
Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Phone # (____) _____	Phone # (____) _____
Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Phone # (____) _____	Phone # (____) _____
Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email: _____	Email: _____
Employer: _____	Employer: _____
Job Title: _____	Job Title: _____
Primary Parent / Guardian is by definition always authorized to pick up the Youth!	Authorized to Pick up Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No

YOUTH'S SCHOOL INFORMATION:

Name of youth's School: _____

Primary Elementary Intermediate Middle School High School Other

Teacher's Name: _____ Grade _____

School Meal Cost Status? Free Reduced Regular

(Please provide us with documentation from the school regarding your child's FREE or REDUCED cost meal status)

YOUTH'S MEDICAL INFORMATION:

Doctor's Name: _____ Doctor's Phone: (_____) _____

Does your family have health and/or accident insurance? Yes No

Insurance Carrier: _____

Policy # _____ Group # _____

Does your child have any serious health problems? Yes No

If Yes Explain? _____

Known Allergies?: _____

Please Note: It is recommended that you provide the Boys & Girls Club with a copy of your child's shot record from his or her doctor or school for our files in case of an emergency!

PRIMARY HOUSEHOLD FINANCIAL INFORMANTION:

PLEASE NOTE: Your family's financial information helps the Boys & Girls Club of the Grand Strand apply for grants and corporate donations (so we can keep program fees affordable). All information is kept strictly confidential.

Estimated total annual gross income for all persons living in the child's primary household?
(Primary household refers to the home where your child lives the majority of the time)

<input type="checkbox"/> \$0 - \$ 5,000	<input type="checkbox"/> \$25,001 - \$30,000	<input type="checkbox"/> \$55,001 - \$60,000
<input type="checkbox"/> \$ 5,001- \$10,000	<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$60,001 - \$65,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$65,001 - \$70,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$40,001 - \$45,000	<input type="checkbox"/> \$70,001 - \$75,000
<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$75,001 -or More!

Total number of people (Adults & Children) living in the child's primary household? _____

Is there a member of the child's primary household who is 65 years old or older? Yes No

Is there a member of the child's primary household who is handicapped? Yes No

Youth lives in primary household with? (Check all that apply): Mother Father
 Step-Mother Step-Father Grandmother Grandfather Foster Parent:
 Other (Please Describe)? _____

Name of Parent/Guardian who is Head of the youth's primary household? _____

Is the Youth's Primary Household a Single-Parent Household? Yes No

If Yes, Single Parent Head of Household is? Female Male

Please list siblings (Brothers & Sisters) who are currently MEMBERS of the Boys & Girls Club of the Grand Strand?

_____	(Age) _____	_____	(Age) _____
(Name)		(Name)	
_____	(Age) _____	_____	(Age) _____
(Name)		(Name)	
_____	(Age) _____	_____	(Age) _____
(Name)		(Name)	

PAST MEMBERSHIP INFORMATION:

Is your child renewing his or her membership with the Boys & Girls Club of the Grand Strand? <input type="checkbox"/> Yes <input type="checkbox"/> No	(For Staff Use) <input type="checkbox"/> Renewal? <input type="checkbox"/> New Member?
If yes, when did your child first join the Boys & Girls Club of the Grand Strand? (Year) _____	

I understand that the Boys & Girls Club of the Grand Strand's Discipline Policy is as follows:

- 1st Offense: Communication with child and removal from the activity. Written discipline notice completed and parent notified.
- 2nd Offense: Same as above plus One day suspension
- 3rd Offense: Same as above plus Two day suspension
- 4th Offense: Same as above with Expulsion
- We reserve the right to immediately suspend or expel a youth based on the severity of the offense. If a youth is suspended or expelled from the club NO refund will be given!

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Printed Name _____

Name of staff member accepting the application? _____ Date _____

FOR OFFICE USE: (Verifying staff member should check appropriate boxes & put initials following items that have been completed and/or verified)

- Parent Signature on Application? _____ Parent has Completed Permission Form? _____
 Emergency Contact Info Sheet Completed? _____ SC-DJJ/Court Referral? _____
 Free/Reduced Cost Meal Letter from School Attached? _____ Shot Record on File? _____



Parent / Legal Guardian Permission Form for: _____

(Please Print Child's Name Here)

Open Door Policy:

I understand that the Boys & Girls Club of the Grand Strand has an Open Door Policy which means children are free to come and go at will (subject to the rules established by their parents and/or guardians). I understand that the Boys & Girls Club of the Grand Strand does NOT provide a custodial care program. Parents and/or guardians who wish their children to attend a club program or activity on a set schedule and/or wish them to wait until they are picked up by an authorized person each day must instruct their children accordingly. The Boys & Girls Club of the Grand Strand is not responsible for children who leave a Club program or activity. Club staff will make every effort to assist parents and/or guardians with the supervision of their children's comings and goings but the ultimate responsibility lies with the child and his or her family. The Boys & Girls Club program is only suitable for children who are mature enough to follow club rules and the rules established by their parents and/or guardians!

I acknowledge the above policy Parent/Legal Guardian Initials: _____

Publicity Release:

I understand that my child's picture may appear in newspapers, on brochures, in video clips or other promotional materials in conjunction with his or her participation in Boys & Girls Club of the Grand Strand programs and activities. I give my permission for his or her likeness to be used without the expectation for further authorization or for compensation for my child or myself.

I do give my permission I do NOT give my permission Parent/Legal Guardian Initials: _____

Report Card & Student Progress Report Permission:

I understand that the Boys & Girls Club of the Grand Strand offers literacy & homework assistance programs to help Club members succeed in school. I hereby authorize my child's school and/or teacher to release report card and student progress report information to the Boys & Girls Club of the Grand Strand.

I do give my permission I do NOT give my permission Parent/Legal Guardian Initials: _____

Field Trip Transportation Permission:

I understand that the Boys & Girls Club of the Grand Strand provides transportation for club members participating in field trips away from our service sites. Transportation is arranged via public & private carriers (taxi, school bus, city bus, etc.), club owned vehicles and occasionally the use of private vehicles driven by approved staff members and volunteers. I hereby release the Boys & Girls Club of the Grand Strand, its employees, volunteers, associates and contributors from any liability for any injury or loss sustained as a result of such transportation.

I acknowledge the above policy Parent/Legal Guardian Initials: _____

Medical Treatment Authorization:

I declare that I am the parent or legal guardian of the above named minor child and I have custody and control of this child. I realize that participation in Boys & Girls Club activities carries the risk of severe or permanent injury. In the event my child is injured or should require immediate medical attention, I hereby authorize Boys & Girls Club staff members and/or volunteers to secure any medical treatment for my child they deem necessary. I further acknowledge that I will be responsible for any medical, hospital, or ambulance fees and costs associated with my child's medical treatment. If possible, conformation of any medical treatment should be made with me prior to any treatment. In case I cannot be reached, or case of emergency, Club Staff and/or volunteers may approve treatment for my child without further authorization.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Primary Phone



BOYS & GIRLS CLUB
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Emergency Contact Information Sheet for _____

(Please Print Child's Name Here)

Please PRINT & fill out all Information completely.

<p>Emergency Contact</p> <p>Name: _____ Relationship to Child _____</p> <p>Address: _____ City, State, Zip: _____</p> <p>Phone # (_____) _____</p> <p>Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone # (_____) _____</p> <p>Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone # (_____) _____</p> <p>Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p>Employer: _____ Job Title: _____</p> <p>Authorized to Pick up Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Emergency Contact</p> <p>Name: _____ Relationship to Child _____</p> <p>Address: _____ City, State, Zip: _____</p> <p>Phone # (_____) _____</p> <p>Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone # (_____) _____</p> <p>Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Phone # (_____) _____</p> <p>Telephone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p>Employer: _____ Job Title: _____</p> <p>Authorized to Pick up Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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