



Junior Club Program Registration Form

Please print clearly using ink

1144 NE Cedar Street, Roseburg, OR
 Phone: (541) 440-9505
 Fax: (541) 440-9661
 E-mail: contactus@bgcuv.org
 Website: www.bgcuv.org

Family Information			
Parent/Guardian (child lives with)			
Mailing Address		City	Zip
E-Mail Address			
Cell Phone		Home Phone	
Employer	Position	Work Phone	
Other Parent/Guardian			
Address (if different)		City	Zip
Cell Phone		Home Phone	
Employer	Position	Work Phone	
Living with:			
<input type="checkbox"/> Both parents	<input type="checkbox"/> Father & Step-Mother	<input type="checkbox"/> Mother & Step-Father	
<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Other _____	
Is either parent in the Military? Branch _____ Status: <input type="checkbox"/> Active <input type="checkbox"/> Guard <input type="checkbox"/> Reserve			
Member Information			
Child's First Name		Middle Name	Last Name
Birth date		Gender (circle one) Male Female	
School		Grade	
Ethnic Information: Check all that apply			
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	<input type="checkbox"/> Other: _____
Insurance Information			
Children must have health insurance as a pre-requisite for membership. If your child is not covered by health insurance please ask membership services for information on enrolling in the Oregon Health Plan.			
Insurance Company Name			
Insurance Policy Number		Insurance Policy Group Number	

Confidential Information	
<i>This information will be kept in strict confidence and is important because it helps us to identify members who qualify for services including scholarships, free eye care and free dental care. It also makes the Boys & Girls Club eligible to receive federal grant funding.</i>	
Family Income:	
<input type="checkbox"/> \$0 - \$28,000 <input type="checkbox"/> \$36,001 - \$40,000 <input type="checkbox"/> \$46,401 - \$49,600 <input type="checkbox"/> \$28,001 - \$32,000 <input type="checkbox"/> \$40,001 - \$43,200 <input type="checkbox"/> \$49,601 - \$52,800 <input type="checkbox"/> \$32,001 - \$36,000 <input type="checkbox"/> \$43,201 - \$46,400 <input type="checkbox"/> Over \$52,800	
Number of people in your household: _____	
Check all programs for which your family qualifies:	
<input type="checkbox"/> Free School Lunch <input type="checkbox"/> Reduced Fee School Lunch <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps	
Medical Information	
Does your child have any medical problems or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Please list any medications your child is taking:	
Note: The staff of the Boys & Girls Club cannot administer medication. All medication must be kept in the administrative offices. Please ask membership services for the Club's full medication policy.	
Does your child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please ask membership services for the Club's information sheet on serving members with special needs.	
Emergency Contacts	
In case of emergency, the Club will make every effort to reach the parents/guardians listed. However, in case we are unable to reach a parent/guardian, please list at least two other local emergency contacts.	
(1) Emergency Contact Person:	Cell Phone:
Relationship to child:	Home Phone:
(2) Emergency Contact Person:	Cell Phone:
Relationship to child:	Home Phone:

Parent/Guardian Agreement

As a partner in your child's positive development, the Boys & Girls Club of the Umpqua Valley is committed to providing the best possible after-school program for your child. The following are expectations for parents/guardians of members of the Club.

Please initial your understanding of each statement:

_____ The Boys & Girls Club is a youth development program; not a child care facility. The program design requires members to be self-directed and responsible for choosing an activity throughout the day from the schedule provided. Our staff helps guide members through problem-solving and decision making. If you believe your child would be better suited to a child care environment, we are happy to provide information on child care options in the community.

_____ The Club operates with a "Safe Passages" policy. For members under 6th grade, a parent, guardian, or other adult must come to the Greeter's desk to pick up his/her child. Members in 6th grade and up may leave the Club unescorted with written permission from a parent/guardian and a signed release of liability. No member will be allowed to return to the Club once they leave the premises for the day. It is each parent's responsibility to discuss the Safe Passages Policy with his/her child and ensure that he/she complies.

_____ Be sure that your child has his/her membership card every day. Scanning in and out of the Club each day your child attends is **mandatory**. The member's participation in most Club activities is also dependent on having their card with them as they move from area to area. If your child comes without a membership card, a courtesy note will be given as a reminder. If your child comes without a membership card a third time, a replacement card, bag tag, & lanyard will be provided to your child and a **\$5.00 fee will be charged to your account**.

_____ I understand that my child must attend a full day of school in order to attend the after-school program.

_____ I understand that any violation of Club rules by my child will result in disciplinary action as laid out in the member's Code of Conduct. I accept that the Club has the right to take the disciplinary action necessary.

_____ I understand that my child's account of an event may differ from that of another member and/or staff member. In these situations, the staff does their best to determine the truth and to administer discipline fairly. By allowing my child to come to the Club I understand that I must respect and support Club Director's decisions regarding incidents that occur.

_____ If my child is sick or injured or if he/she is suspended due to a discipline issue, I am required to pick up my child within 1 hour of notification by the Club.

_____ I understand that I am expected to pick up my child on time. The Club closes at 6:30pm during the school year and 5:30pm during the summer, winter and spring breaks. If your child is picked up late, the Greeter will issue a warning notice. If your child is picked up late a second time, your child's membership may be suspended and a \$50.00 late pick up fee will be assessed in order to reinstate the membership.

Parent/Guardian Agreement continued

_____ Parents, guardians or family members who exhibit behavior or language that is offensive and/or inappropriate **or** engage in physical/verbal abuse or threat of harm to any staff, volunteer or member will be subject to removal from the facility.

_____ I acknowledge that I will encourage my child's positive participation in Club programs and will adhere to all Club policies. I understand that failure to abide by these rules could result in suspension of my child's membership.

Parent/Guardian Permission

_____ I give permission for my child to become a member of the Boys & Girls Club of the Umpqua Valley and take part in the club's physical, educational, cultural and social activities.

_____ I allow my child to be transported to participate in off-site activities while accompanied by leadership staff. I understand that reasonable measures will be taken to safeguard the health and safety of all participants.

_____ I waive any claims against the board, staff or volunteers except claims arising from gross negligence or willful acts of the board or its agents that may arise from participation in Club activities.

_____ I give permission for the Club to use photographs and/or videos in which my child appears for publicity or programming purposes.

Payment Information:

\$ 25 Club Membership Fee (one-time, non-refundable)

\$ 150 1st month Junior Club Program Fee

(\$____) Minus Scholarship (\$50 if applicable)*

*Scholarship requests must be accompanied by the free or reduced fee lunch eligibility letter from the school district at the time of registration.

\$____ Total

I agree to pay the monthly program fee of \$____ for my child to participate in the Junior Club Program. Monthly payments are due by the last business day of each month for the following month's programming.

Payments not made by the last business day of the month will incur a \$10 late fee; non-payment by the 5th of the month or a second late payment will result in the loss of your child's space in the program.

Parent/Guardian Signature _____ Date _____

Office Use Only:

<input type="checkbox"/> New Member	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check # _____
<input type="checkbox"/> Renewing Member	Rcpt. # _____ Initials _____ Date _____
BGCUV # _____ Expires ____/____/____	Orientation Scheduled ____/____/____