



# Boys & Girls Club of Atlantic City: Teen Center

## SUMMER PROGRAM APPLICATION

### 2024 – 2025 REGISTRATION FOR STUDENT INFORMATION (AGES 13-18)



Last Name	First Name	Date of Birth	School	Grade
Home Phone	Street Address		City/State	
Guidance Counselor:	Guidance Counselor's Email Address:		Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Race		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Please circle your child's T-shirt size: Youth Large, Youth X-Large Adult Small, Adult Medium, Adult Large, Adult X-Large		Limited English proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Free Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PARENT(S) / GUARDIAN INFORMATION

Name/Guardian 1 – RELATIONSHIP	Day Phone	Cell Phone
Name/Guardian 2 - RELATIONSHIP	Day Phone	Cell Phone
Parent/Guardian's Email Address:		

### 2 EMERGENCY CONTACTS

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone:	Phone:

### DISMISSAL INSTRUCTIONS

**Yes**, I give my child permission to walk home at dismissal.

**I authorize the following adult(s) to pick up my child at dismissal:**

Name:	Relationship:
Name:	Relationship:

**CONSENT:** I give permission to the Boys & Girls Club of Atlantic City, 21st CCLC, and their advisors to take videos/pictures that may include my child and might be used in publications (e.g. newspaper, newsletters, reports, ACBGC website, 21st CCLC website).  
 **YES**  **NO**

**RULES OF CONDUCT:** The Boys & Girls Club and 21st CCLC Program wants your son/daughter(s) after school experience to be a positive one. Our goal is to provide a safe learning environment for all participants. Please review the following information with your son/daughter. I understand that students participating in the program will be held to the Boys & Girls Club of Atlantic City Code of Conduct. Repeated disruptions, disrespect for others and/or for their property as well as unexcused absences may result in removal from the program. I understand that there will be a penalty fee for late pickups.



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**THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH PARENT AND STUDENT**

<b>Student Signature:</b> _____	<b>Parent/Guardian Signature</b> _____	<b>Date:</b> _____
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**There will be a \$50 Registration Fee that will be applied towards T-shirts and Trips. Money must be paid by Money Order only: made out to Boys and Girls Club of Atlantic City.**

**MEDICAL INFORMATION:**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_ Permission for Treatment by Doctor/Hospital: Yes No

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Allergies: Yes No If yes, Please list: \_\_\_\_\_

Medication(s): Yes No If yes, explain: \_\_\_\_\_

Medication(s) child is allergic to: \_\_\_\_\_

Has your child been diagnosed with ASTHMA: Yes No

Any mental/emotional health needs and/or mental health service involvement? Yes No

If Yes, please explain \_\_\_\_\_

Medical Condition:  ADHD  Autism  Hearing Impairment  Physical Disability  Intellectual Disability  Dyslexia

Other: \_\_\_\_\_

**HOUSEHOLD VERIFICATION:**

Child lives with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparents \_\_\_ Other(s): \_\_\_\_\_

**Total Number in Household** \_\_\_ Adults \_\_\_ Children **Is there a member in the Household 65 years old or older:** Yes No

**Is there a member in the Household Disabled:** Yes No

**Current Head of Household:** \_\_\_ Female \_\_\_ Male **Single Parent:** Yes No

**DISCLAIMER:**  
 I \_\_\_\_\_ do hereby give my son/daughter \_\_\_\_\_ permission to attend and participate in activities sponsored by the Boys & Girls Club. I hereby release the Boys & Girls Club, it's employees, associates, and contributors from the liability from any injury, loss or theft incurred by son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. Furthermore, I give permission for my child's picture to be used in any Boys & Girls Club publication. The Boys & Girls Club does not administer any medication at any time. My signature indicates that I completely understand the above statement.

**Parent Signature:** \_\_\_\_\_ **Member Signature:** \_\_\_\_\_

**CUSTODY:**  
 Name of person PROHIBITED from picking up my child: \_\_\_\_\_. Please attached a copy of appropriate court order.

**SCHOOL RECORD RELEASE:**  
 By signing this box, I hereby grant the Director of the Boys & Girls Club permission to request from my child(ren) school or Board of Education any report cards, progress reports, school information, immunization records, and/or income data on behalf of my child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIPS & PERMISSION SLIPS:**  
 \_\_\_ I give permission for my child to participate in field trips within the center's regular program hours and within the surrounding area  
 \_\_\_ I do NOT give permission for my child to participate in field trips within the center's regular program hours or within the surrounding area  
 For field trips extended outside of normal club hours or outside of the surrounding areas, a more detailed permission slip will be distributed to your child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**DOCUMENTS REQUIRED TO ATTACH:**

- Shot Records**     **Birth Certificate**

**FOR OFFICE USE ONLY:**

**MEMBERSHIP #:** \_\_\_\_\_ **Entry Date:** \_\_\_\_\_

New:     Renewal:

**Processed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT INFORMATION**

**By Signing below, I am acknowledging receipt of the Boys & Girls Club Parent Information Booklet:**

- I have read and received a copy of the information to Parents Statements prepared by the Bureau of Licensing in the Division of Youth and family services.
- I have read and received a copy of the Boys & Girls Club of Atlantic City Disciplinary Policy.
- I have read and received a copy of the Policy on the management of Communicable Diseases.
- I have read and received information about BGCAC Wellness Center and agree to allow my child(ren) to participate in BGCAC Behavioral Health Services programming and/or activities.
- I understand that the members will only be released to the contacts listed in the application. In a case of a custody order, a copy must be provided to the Club and a written notification with the information of the person prohibited from picking up the child.
- I have completed the medical permission statement which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee.

CHILD(REN)'S NAME(S): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNED \_\_\_\_\_  
 PARENT and/or Guardian

DATE: \_\_\_\_\_