



MEMBER INFORMATION *Required*

First Name		Last Name	
Birthdate (MM/DD/YY)		Is this child in foster care?	<input type="checkbox"/>
Gender (circle <u>only one</u>)	Female Male Non Binary Transgender Choose not to answer		
Racial/Ethnic Identity (circle <u>all that apply</u>)	American Indian or Alaska Native Asian Bi-racial Black or African American Choose Not to Answer Hispanic or Latino	Middle Eastern or North African Multi-Racial Native Hawaiian or other Pacific Islander Other White	
Street Address		City	
State		Zip	

PRIMARY CONTACT *Required*

ADDITIONAL GUARDIAN

First Name		First Name	
Last Name		Last Name	
Relationship (circle <u>only one</u>)	Father Mother Step Mother Step Father Brother Sister Aunt Uncle Cousin Grandmother Grandfather Other	Relationship (circle <u>only one</u>)	Family Father Mother Parent Sibling Aunt Uncle Cousin Grandmother Grandfather Grandparent
Mobile Phone		Mobile Phone	
Home Phone		Home Phone	
Work Phone		Work Phone	
Email		Email	
<p>I certify that I am the subscriber to the provided cellular or other wireless number. To stay informed and receive the best service, I authorize the Boys & Girls Club to contact me regarding my member at any current and future numbers that I provide for my cellular telephone or other wireless device using automatic dialing systems, artificial or prerecorded messages, and/or SMS text messages. I understand that standard message and data rates may be charged by my service provider(s).</p> <p>By checking this box, I opt-in to receive text messages from Boys & Girls Club of Atlantic City.</p>			<input type="checkbox"/>



SCHOOL INFORMATION *Required*

INSURANCE INFORMATION

Grade		Insurance Carrier	
School Name			
School ID Number		Group Number	
Teacher		Member/Policy Number	
Was your child promoted to the next grade?	Yes No	Doctor's Name *Required*	
School Lunch Status of This Child (circle <u>only one</u>)	Free Reduced Entire School is Free Not Eligible	Doctor's Phone Number *Required*	

MILITARY STATUS *Required*

Current/Former Military Family Member? (circle <u>only one</u>)	Yes No	Branch (circle if applicable)	Air Force Army Coast Guard Marine Corps National Guard Navy Veteran
Currently Deployed	<input type="checkbox"/>		

ALLERGIES

Food Allergies (please list, if any, or write NONE)	
Environmental Allergies (please list, if any, or write NONE)	
Medicine Allergies (please list, if any, or write NONE)	
Other Allergies (please list, if any, or write NONE)	
Does the member use an EpiPen?	<input type="checkbox"/>

MEDICAL INFORMATION

Diagnosed Medical Conditions (circle all that apply) *Required*	None ADD/ADHD Anxiety/Depression Asthma Autism Diabetes Hearing Impairment	Oppositional Defiance Disorder Seizures Visual Impairment Other: _____
Does the Member Receive Additional Support in the School/Community? (circle all that apply)	504 (accommodation) Individualized Education Plan (IEP) Meets with school or private counselor Speech Coach Other: _____	



Does this Member Use an Inhaler?	<input type="checkbox"/>	Can this Member Self-Administer Medication?	<input type="checkbox"/>
Does this Member Use Insulin?	<input type="checkbox"/>		

HOUSEHOLD SUPPORT INFORMATION *Required*

Primary Language Spoken in Home (circle <u>only one</u>)	English Spanish Other: _____	Housing Type (circle <u>only one</u>)	Permanent (Rent or Own) Foster Group Home Homeless Public Housing Transitional Housing Other: _____
Number of Adults in Household		Number of Youth in Household	
Who does the member primarily live with? (circle <u>only one</u>)	Parents Mother Only Father Only Grandparent Grandparents Legal Guardian	Foster Care Joint Custody Other: _____ Self /emancipated/18 Choose not to answer	
Household Income Range (circle <u>only one</u>)	\$0 - 10,000 \$10,001 - 15,000 \$15,001 - 20,000 \$20,001 - 25,000 \$25,001 - 30,000 \$30,001 - 35,000 \$35,001 - 40,000 \$40,001 - 45,000 \$45,001 - 50,000 \$50,001 - 55,000 \$55,001 - 60,000 \$60,001 - 65,000 \$65,001 - 70,000 \$70,001 - 75,000	\$75,001 - 80,000 \$80,001 - 85,000 \$85,001 - 90,000 \$90,001 - 95,000 \$95,001 - 100,000 \$100,001 - 105,000 \$105,001 - 110,000 \$110,001 - 115,000 \$115,001 - 120,000 \$120,001 - 125,000 \$125,001 - 130,000 \$130,001 - 135,000 \$135,001 - 140,000 \$140,001 - 145,000	\$145,001 - 150,000 \$150,001 - 155,000 \$155,001 - 160,000 \$160,001 - 165,000 \$165,001 - 170,000 \$170,001 - 175,000 \$175,001 - 180,000 \$180,001 - 185,000 \$185,001 - 190,000 \$190,001 - 195,000 \$195,001 - 200,000 \$200,000+ Choose not to answer
Assistance Programs (circle <u>all that apply</u>)	Childcare Assistance Food Stamps/SNAP Housing Assistance Medicaid Medicare SSDI (Social Security Disability Insurance) SSI (Supplemental Security Income)	TANF Veteran's Compensation WIC (Women Infants and Children) Other Choose not to answer None	
Do you have home internet?	Yes No	Does your family receive assistance from the Rutgers Childcare Assistance Program?	Yes No



CUSTODY *Required*

Name of person(s) prohibited from picking up your child:	Is there an active court order?	Yes No
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EMERGENCY CONTACT 1 *Required*

EMERGENCY CONTACT 2 *Required*

First Name		First Name	
Last Name		Last Name	
Mobile Phone		Mobile Phone	
Alternate Phone		Alternate Phone	
Email		Email	
Relationship		Relationship	
Authorized to Pickup? <input type="checkbox"/>		Authorized to Pickup? <input type="checkbox"/>	

EMERGENCY CONTACT 3

EMERGENCY CONTACT 4

First Name		First Name	
Last Name		Last Name	
Mobile Phone		Mobile Phone	
Alternate Phone		Alternate Phone	
Email		Email	
Relationship		Relationship	
Authorized to Pickup? <input type="checkbox"/>		Authorized to Pickup? <input type="checkbox"/>	

DISMISSAL INSTRUCTIONS

Authorized to Pickup 1 Name		Authorized to Pickup 1 Relationship	
Authorized to Pickup 2 Name		Authorized to Pickup 2 Relationship	
Authorized to Pickup 3 Name		Authorized to Pickup 3 Relationship	
Authorized to Pickup 4 Name		Authorized to Pickup 4 Relationship	
Authorized to Pickup 5 Name		Authorized to Pickup 5 Relationship	
Authorized to Pickup 6 Name		Authorized to Pickup 6 Relationship	



PERMISSIONS *Required*

<p>PERMISSION FOR CHILD TO WALK HOME I understand that if I grant permission for my child to walk home unsupervised, I release the Boys & Girls Club of any responsibility or actions in the event of an emergency upon the child's release from the Boys & Girls Club. I hereby grant permission for my child to leave the premises of the Boys & Girls Club of Atlantic City to walk home.</p>	<p>Yes No</p>
<p>PHOTO & VIDEO RELEASE As a parent or guardian, I hereby consent Boys & Girls Club of Atlantic City to the use of photographs/video taken for publicity, promotional and/or educational purposes (including publications, reports, presentations or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages. As parent or guardian, I hereby consent Boys & Girls Club of Atlantic City to photograph my child for program purposes.</p>	<p>Yes No</p>
<p>FIELD TRIPS & PERMISSION SLIPS For field trips that extend outside the normal hours of business or the basic coverage area, a more detailed permission slip will be distributed by the staff of the Club. I give permission for my child to participate in field trips within the center's regular program hours and basic coverage area.</p>	<p>Yes No</p>
<p>SCHOOL RECORD RELEASE By signing my name in the box below, I hereby grant the Director of the Boys & Girls Club permission to request from my child's school or Board of Education any report cards, progress reports, school information, immunization records, and/or income data on behalf of my child. I grant the Director of the Boys & Girls Club to request this information from my child's school or Board of Education.</p>	
<p>Signature:</p>	
<p>DISCLAIMER I do hereby give my child permission to attend and participate in activities sponsored by the Boys & Girls Club of Atlantic City. I hereby release the Boys & Girls Club, its employees, associates, & contributors from the liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination, emergency treatment, and mental health screenings for my child by a qualified licensed physician in the event of an accident/incident. 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.</p>	
<p>Signature:</p>	



PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above childcare center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon. I authorize my consent to treatment in case of an emergency; the Boys & Girls Club of Atlantic City employees and volunteers are held harmless from any actions taken in good faith. As a parent/guardian of the above participating child, I certify that she/he is in good physical health and may participate in all of the Boys & Girls Club of Atlantic City's lessons, programs, activities, and events at the Boys & Girls Club.

Signature:

INFORMATION BOOKLET RECEIPT

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 Department of Children & Families.

- I have read and received a copy of the Boys & Girls Club of Atlantic City Expulsion/Disciplinary Policy.
- I have read and received a copy of the Policy on the management of Communicable Diseases.
- I have read and received a copy of the Policy on the Release of Children.
- I have read and received a copy of the Policy on the Use of Technology and social media.
- I have read and received a copy of the Policy on parental notification.
- I have read and received a copy of the Policy on Safety
- I have read and received a copy of the Policy on Medication Administration.
- I have read and received a copy of the Policy on Serving youth with disabilities.
- 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.

Signature: