



Boys & Girls Club of Oshkosh

2011 – 2012 Membership Application

Radford Center
501 E. Parkway
Oshkosh, WI 54901
(920) 233-1414
www.bgco.us

The Club (Teen Center)
532 Broad St.
Oshkosh, WI 54901
(920) 233-1414
www.bgco.us

Tri-County
344 Broadway
Berlin, WI 54923
(920) 361-2717
www.bgcaberlin.org

Office Use	Card
KidTrax ID# _____	
Reg. Fee Paid \$ _____	
<input type="checkbox"/> ASC <input type="checkbox"/> Core <input type="checkbox"/> EMC	
Staff _____ Date _____	

Policies: I understand the rules of the Boys & Girls Club and I request that my child be admitted into membership. I have explained the rules to my child and I agree to compensate the Club for any damages caused by my child through intentional misuse or misconduct. The Club may freely **transport my child** within the confines of the Oshkosh Area School District without further permission. I understand that the Boys & Girls Club facility operates with an **open door policy** that allows children to come and go at will (with the exception of the licensed after-school programs). It is my responsibility to be sure that my child understands their departure procedure from the Club. The Boys & Girls Club accepts no responsibility for children who choose to leave the Club. The Club has my permission to use my **child's photo or likeness** in any media designed to inform or educate the public about the Club. In the event of an emergency, injury, or illness I understand that the Club will make a reasonable effort to contact me. If I cannot be reached I **authorize the physician or treatment center** selected by the Club to provide immediate care for my child. I understand in the event my child is suspended from the Club no fees or dues will be refunded. I understand that additional charges will be assessed if I pick up my child after the Club closes.

Parent / Guardian Signature _____ **Date** _____

1) CHILD INFORMATION

First Name		Nickname		Middle Name		Last Name	
Home Address				City, State, Zip			
Birth Date	Age	Gender M / F	Race	Home Phone		Child's Cell Phone	
School			Grade	Free/Reduced lunch? YES / NO	Email		
Who does child live with? (<i>please circle</i>) Mom & Dad / Mom Only / Dad Only Joint Custody (Mom & Dad) / Mom & Stepdad / Dad & Stepmom / Other				# of sisters	# of brothers	Total in Household	
Other: _____				First Day of Attendance			

2) PARENT / GUARDIAN INFORMATION - All parents/guardians listed are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

NAME Primary Parent/Guardian: Ms./ Mrs./ Mr. _____

Home Address				This parent's Annual Income <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000-\$15,000 <input type="checkbox"/> \$15,000-\$20,000 <input type="checkbox"/> \$20,000-\$25,000 <input type="checkbox"/> \$25,000-\$30,000 <input type="checkbox"/> \$30,000-\$35,000 <input type="checkbox"/> \$35,000-\$45,000 <input type="checkbox"/> More than \$45,000			
City		State	Zip				
Home Phone	Cell Phone	Email					
Employer		Employer Phone					
Employer Address		City	State Zip Code				

NAME Other Parent/Guardian: Ms. / Mrs. / Mr. _____

Home Address				This parent's Annual Income <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000-\$15,000 <input type="checkbox"/> \$15,000-\$20,000 <input type="checkbox"/> \$20,000-\$25,000 <input type="checkbox"/> \$25,000-\$30,000 <input type="checkbox"/> \$30,000-\$35,000 <input type="checkbox"/> \$35,000-\$45,000 <input type="checkbox"/> More than \$45,000			
City		State	Zip				
Home Phone	Cell Phone	Email					
Employer		Employer Phone					
Employer Address		City	State Zip				

Is a parent/guardian registered with the military or live on a military base? Yes No

Continued on reverse

3) MEDICAL INFORMATION

List if your child has any allergies.

List any medications your child is taking.

Do you have health insurance?

Preferred Medical Care Facility

4) EMERGENCY CONTACT INFORMATION-Provide information for the person to contact when parents/guardians cannot be reached.

EMERGENCY CONTACT #1 (This person must be someone other than the parent / legal guardian).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT #2 (This person must be someone other than the parent / legal guardian).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

5) PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD - Provide information requested for each person. If no one, write "None."

AUTHORIZED PICK UP PERSON (This person must be someone other than the parent / legal guardian).

Name(s) _____ Relationship to Child _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

6) AUTHORIZATION

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Yes No I have had an opportunity to review the policies of the child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

Yes No I give permission for my child to participate in field trips and other activities during operating hours.

Yes No Transported Walking

Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

To the best of my knowledge this information is complete and accurate.

SIGNATURE-Parent/Guardian/Legal Custodian

Date Signed