

Facebook "Boys & Girls Club of Alton, IL"



BOYS & GIRLS CLUB OF Alton

(Membership Application)

Club location: MAIN CLUBHOUSE

2019 Membership Fee - \$20/yr.

Membership No. Status: New Renewal Former member (For office use only) Date of application Amt. Paid Staff

Member Information: (circle) Male / Female Age: Birth date (must be 6-18yrs. old)

Name: Race: W B H Multi Racial O Address City State Zip code Home Phone School Grade

- Parent/Guardian Information

Mother's Name Phone Mother's Employer Work phone Father's Name Phone Father's Employer Work phone

Emergency Information:

Emergency Name (other than parent/guardian) Phone (Relationship) Preferred Hospital Insurance Co. Allergies: Medicaid: Yes / No My child (Please explain if you answer yes to any of the following questions) 1. Takes medication regularly yes no (explain) 2. Has special needs yes no (explain) 3. Has learning disabilities yes no (explain)

Household Information: (Check all that apply)

Child lives with: Mother Step-mother Sisters Grandparents Father Step-father Brothers Foster parents

Total number of people living in home Is there a female head of household? yes no

Please check the appropriate income level for your household:

\$0- \$5,000 \$ 5,001- \$12,000 \$12,001 - \$22,000 \$22,001- \$32,000 \$32,001-\$40,000 \$40,001- \$52,000 \$52,001 - \$60,000 \$60,001 +

Does child receive free or reduced school Lunch? Yes No

Parent/Guardian Signature

Date

Parent's email address: _____

Boys & Girls Club of Alton CONSENT

_____ I hereby understand and agree that the Boys & Girls Club of Alton is not liable for the loss of property or injury of my child.

_____ I hereby consent to my child participating in the programs and activities of the Boys & Girls Club and being transported by BOYS & GIRLS CLUB OF ALTON employees or volunteers in a BOYS & GIRLS CLUB OF ALTON authorized vehicle to and from such activities if necessary. (Permission slips are required for any child participating in field trips.)

_____ I consent to having BOYS & GIRLS CLUB OF ALTON survey and interview my child for the purpose of determining how well the BOYS & GIRLS CLUB OF ALTON is meeting my child's need and to identify areas of needed improvement. I understand that my child's responses may be compiled with the other children's responses for general public presentation of the findings, however my child's identity and individual results shall remain confidential and shall not be publicly linked to my child.

_____ I hereby consent to the use of any photos, videos, audio recording, or quotes of my child for the positive promotion of the BOYS & GIRLS CLUB OF ALTON and or any of its affiliates. Including webpage, social media, newspaper, newsletters, etc.

_____ In the event the BOYS & GIRLS CLUB OF ALTON cannot notify me in a timely manner and if deemed necessary by the BOYS & GIRLS CCLUB OF ALTON, I give permission for my child to be treated by a doctor or emergency room selected by the BOYS & GIRLS CLUB OF ALTON.

_____ I understand that there's a late fee of \$1 per minute if my child(ren) are not picked up by closing hours. I also understand that I may be required to pick my child up (1) hour prior to closing once I've violated the pick-up policy.

I have read and fully understand the information contained in this application and the consent and agreement that I have made.

Parent Signature

Date

PARENT CONSENT – RELEASE OF RECORDS

K – 12

In order for use to obtain the permanent and or/temporary records from the school of your son or daughter is attending, we must have a written consent for the release of this information. Please complete this section immediately below and return both copies to us so we may forward this request.

**I authorize Alton Community Unit School District No. 11 (_____)
(School or Attendance Center)**

**Located at (_____)
(Complete address of school or attendance center)**

To release or send a copy(ies) of grade point average, report cards, school attendance records, grade advancement information and graduation information to

**_____ of the Boys & Girls Club of Alton
(Name of Representative of Boys & Girls Club of Alton)**

**For (_____)
(Student's Name) (Student's Date of Birth)**

This release is to further an outreach program for at risk students and shall authorize information on a quarterly basis for the current school year.

**Signed _____
(Parent/Guardian)**

**_____
(Printed Name)**

As a parent of authorized representative, you have the right to inspect and copy such records, challenge the consent of such records, and limit this consent to designated records of designated portions of information within these records before transmitted.

_____ For Office Use Only

Principal or Designate _____ School _____

Full Address of School _____ Date _____

Principal – Forward one copy to person requesting. Retain one copy for record release file.