



Membership Application

Unit: _____

Membership Fee \$15.00

Money Order # _____

Receipt # _____

Enrollment date: _____

CHILD INFORMATION (PLEASE PRINT)

Child's Name (First Middle Initial Last)		Home Telephone Number () -	
Address (Street, City, State, Zip Code)			
Race/Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (MMDDYY)
School Child Will Be Attending (also, Teachers name if known)		Grade	Age
How did you find out about the club? <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Flyer <input type="checkbox"/> Friend (who? _____)			

IDENTIFYING INFORMATION (PLEASE PRINT)

① Mother/Legal Guardian's Name (First and Last)	Email	Home Number () -
Address (Street, City, State, Zip Code) (OR <input type="checkbox"/> check if same as Child)		Cell Phone () -
Employed By (Or School Attending)		Hours of Employment
Employer or School Attending Address (Street, City, State, Zip Code)		Employer/School Number () -
② Father/Legal Guardian's Name (First and Last)	Email	Home Number () -
Address (Street, City, State, Zip Code) (OR <input type="checkbox"/> check if same as Child)		Cell Phone () -
Employed By (Or School Attending)		Hours of Employment
Employer or School Attending Address (Street, City, State, Zip Code)		Employer/School Number () -

EMERGENCY CONTACTS / AUTHORIZED PICK

① Name - Other Than Parent(s) (First and Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship to Child
② Name - Other Than Parent(s) (First and Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship to Child

ACADEMIC ENHANCEMENT AUTHORIZATION

I give the Boys & Girls Clubs of Greater Kansas City permission to receive copies of my child's (_____) grade reports, test scores, and progress notes to assist with his/her academic enhancement.

School _____ grade _____ Teacher _____

Parent Signature: _____

Please check all programs that apply.

TANF SSDI SSI Food Stamps General Assistance School Lunch Program Day Care Voucher Veterans Compensation

Is Parent member of: Active Military Reserve Military None

Annual Household Income. Please Indicate with an "X"

9,000 or below 16,000 – 25,999 51,000 – 79,999 100,000 or above
 9,001 – 15,999 26,000 – 50,999 80,000 – 100,000

Additional Parent Information

Date of Enrollment:	Siblings enrolled in the Club? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clubs Attended / When?	Program Participation: <input type="checkbox"/> RBI <input type="checkbox"/> RIF <input type="checkbox"/> Jr. WNBA <input type="checkbox"/> NBA
Enrolled in Club last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which site?	Attending: <input type="checkbox"/> Daily Program <input type="checkbox"/> School Out Days <input type="checkbox"/> Summer Program
Sign up for a date for Parent Orientation. Date: _____ Time: _____	
Program End Date: _____	

AUTHORIZATION FOR EMERGENCY MEDICAL CARE --- MUST HAVE ONE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize employees of the Boys & Girls Clubs of Kansas City to contact:

Doctor/Clinic Name	Doctor/Clinic Phone Number () -
Doctor/Clinic Address (Street, City, State, Zip Code)	

For Emergency Medical Treatment of My Child, My Preferred Hospital is:

Hospital Name	Hospital Phone Number () -
Hospital Address (Street, City, State, Zip Code)	

HEALTH REPORT FOR SCHOOL AGE CHILD

Child's Health History and Current Health Problems

Please list any allergies, special medical conditions, including chronic health problems. An Individualized Care Plan must be completed by your health care professional prior to acceptance in the program when these conditions exist.

Any special medication and/or restrictions. An Individualized Care Plan must be completed by your health care professional prior to acceptance in the program if special medication and/or restrictions apply.

Comments On Child's Development: (Note: allergies, habits, special languages, etc...)

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in school-age care.

Parent or Legal Guardian Signature:

Date:

TRIP AND ACTIVITY PERMISSION

I give consent for my child to take part in field trips or excursions with the Boys & Girls Clubs of Kansas City under proper supervision. It is my understanding that I will be notified when such trips are planned.

I do not give consent.

In the event that my child misses his/her bus during the A.M. program at the Boys & Girls Clubs of Greater Kansas City.

I give consent for my child to be transported to school in a Club-approved vehicle in the event that he/she misses his/her bus during the A.M. program from _____ Unit to _____ located at _____.
(name of school) (address)

I do not give consent.

AGREEMENTS

I have received a copy of this facilities parent handbook pertaining to the admission, care, and discharge of children.

I have been informed that a copy of the Licensing Rules for Child Care Centers for Missouri is available at this facility for review.

I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.

I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

I agree to keep the facility updated on my changes of information on the enrollment form.

When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.

I understand that this facility will contact or notify me about any medical emergency, accident, injury, or at-risk situation.

I do give consent for my child and family to be included in pictures, recordings, evaluations, and screenings associated with the Boys & Girls Clubs of Kansas City.

I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs of Greater Kansas City will not be responsible for any accidents to my child while on Club premises or engaged in any of its activities away from the Club.

The information given herein is true and complete. I understand and agree to the policies indicated above. I am hereby enrolling my child _____ in the Boys & Girls Clubs of Greater Kansas City.

Parent Signature: _____ **Date:** _____



Individualized Care Plan

CHILD'S NAME

Child's Name (First Middle Initial Last)

PARENT/GUARDIAN'S NAME

Parent/Guardian's Name (First Middle Initial Last)

NOTE TO PARENT: Missouri State Licensing Rules for Child Care Facilities require that an Individualized Care Plan be on file for children who may have special health care needs which may necessitate specialized care for child care staff. This plan must be completed by a physician or professionally qualified individual.

It is requested that you have the following information completed by _____
for _____ (M.D., Therapist, ETC.)
(CHILD)

REGARDING:

TO BE COMPLETED BY A PHYSICIAN OR PROFESSIONALLY QUALIFIED INDIVIDUAL

This child has been diagnosed as having the following health conditions:

Is medication required for this condition? YES ___ NO ___

If required:

(A) Name of medication: _____

(B) Dosage: _____

(C) Does medication need to be administered by child care staff? YES ___ NO ___

(D) Could this child have a negative reaction to this medication? YES ___ NO ___

If so, what action should be taken by child care staff?

TO BE COMPLETED BY A PHYSICIAN OR PROFESSIONALLY QUALIFIED INDIVIDUAL (CONT.)

This child may _____ may not _____ participate in regular activities at the child care facilities.
Comments or restrictions:

Does this child's health condition require any specialized care by child care staff?

In case of medical emergency due to this child's special health condition, child care staff should do the following:

PHYSICIAN OR PROFESSIONALLY QUALIFIED PERSON INFORMATION

Name of Physician / Professionally Qualified Person

Group Practice or Clinic Affiliation

Signature of Physician / Professionally Qualified Person

Address

Date

() -

Telephone Number



COMPUTER/INTERNET USAGE POLICY

The Boys & Girls Clubs of Greater Kansas City provides computer and internet access to staff, youth members, parents, Board Members, Advisory committee members, and the community at large.

POLICIES

1. Use of computers and access to internet is for business or educational purposes only.
2. Users **MUST** keep passwords private. Accounts and/or passwords may not be shared. If passwords are shared and there is misuse of the system using your password, you shall still be personally liable for the violation.
3. Materials created and/or stored on the system are **NOT** guaranteed to be private. Network administrative staff may review the system from time to time to ensure the system is being used properly.
4. Users may **NOT** download, copy, or store any software, shareware, clip art or freeware without permission from the network administrator (administrative computers) or the Technology Coordinator (youth labs).
5. The network may not be used for commercial purposes.
6. Use of the network for advertising or lobbying is prohibited.
7. The network may not be used for any activity or to transmit any material that violates United States or local laws. This includes, but is not limited to, illegal activities such as threatening the safety of another person or violating copyright laws.
8. Users may not use vulgar, derogatory, obscene or slang language, Users may not engage in personal attacks, harassment of another person, or post private information about another person.
9. Users may not log into someone else's account or attempt to access another user's files. "Hacking" or otherwise trying to gain access to another person's or organization's computer system is prohibited.
10. Users may not access web sites, news groups or chat areas that contain material that is obscene or that promotes illegal activities. If a user accidentally accesses this type of information, they should immediately tell the instructor or the network administrator.
11. Users may not engage in "spamming" (sending e-mail to more than 10 people at the same time) or participate in chain letters.
12. If you encounter a virus or are having problems with your computer, please notify your instructor or the network administrator immediately.

SAFETY GUIDELINES

1. **NEVER** give out personal information- your last name, address, phone number, parent's names, sibling's names, school name, sports team name, or other identifying information.
2. **NEVER** agree to meet a person you met online unless you have a parent or other responsible adult accompany you.
3. Notify and adult immediately if you receive a message that is inappropriate or makes you feel uncomfortable or if you come across any material that violates the Computer/Internet Usage Policy.

COMPUTER LAB EXPECTATIONS

- No food or drinks.
- Request permission before entering and leaving the computer lab.
- Please wash your hands before using the computers.
- You must follow the Group Leaders instructions at all times.
- There is absolutely no running or horseplay allowed in the computer lab.
- Do not turn computers ON/OFF without being told to do so.
- Do not share your password or login with anyone.

- Do not spin and/or roll around in the room in the chairs.
- Please be gentle with the equipment, do not hit the computers or kick the chairs and tables.
- Do not move or remove any computer equipment without permission.
- Do not save anything on the hard drive of the computer.
- If you are having a problem making something work, please see the group leader.
- Please be respectful and keep your voice low and do not bother others while they are working.

Not following the expectations listed above will result in loss of computer lab privileges. Re-entry to the computer lab is at the sole discretion of the Computer Lab Instructor and/or the Technology Coordinator.

Signature of Member/Employee/Community Participant

Date

As the parent/guardian of the above member, I authorize Boys & Girls Clubs of Greater Kansas City to allow my child to access the Internet and the PUPNet under supervision of an authorized computer instructor. In addition, I give permission to have my child's pictures taken in the computer lab to be used for media and promotional services.

Signature of Parent/Guardian

Relationship to Member

Child's Name

Date

Phone Number

WALKER AUTHORIZATION FORM

CHILD INFORMATION (PLEASE PRINT)

Child's Name (First Middle Initial Last)		Home Telephone Number () -	
Address (Street, City, State, Zip Code)			
Race/Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (MMDDYY)
School Child Will Be Attending		Grade	School Day Teacher, if known

WALKER AUTHORIZATION (PLEASE PRINT)

Please indicate YES or NO, provide the addresses if applicable and sign below.

**** Children under 9 will not be allowed to Walk ****

- No, my child may not walk.
 Yes, my child may walk.

I hereby authorize my school-age child to walk to and from the following location(s) without adult supervision:

(Example: home, neighbors, grandparents)

① Name - (First Middle Initial Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship to Child
② Name - (First Middle Initial Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship to Child
③ Name - (First Middle Initial Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship to Child
③ Name - (First Middle Initial Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship to Child

Children will not be allowed to leave alone or after dusk.

For parents whose children will be walking home from the Boys & Girls Clubs of Kansas City:

- 1) A parent/guardian will be required to sign the child's Sign In/Sign out Log monthly
2) This information will need to be indicated at the time of enrollment.***

***PARENTS ACCEPT SOLE RESPONSIBILITY OF THE SAFETY
OF THEIR CHILD UNDER THIS ARRANGEMENT.***

Parent or Legal Guardian Signature: _____
Printed Name: _____ **Date:** _____