



**APPLICATION INSTRUCTIONS:** You MUST provide ALL contact information for any person or employer you list, including the address. **Partial information is NOT acceptable.** Please complete all other fields. Write "N/A" or "None" if it does not apply. Submit with a copy of your child's **SHOT**

<b>MEMBERSHIP APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Information Update	<b>Office Use Only:</b> Admission/Start Date: __/__/____   Discharge Date: __/__/____ SITE: <input type="checkbox"/> ADAMS PARK CLUB <input type="checkbox"/> BE GREAT: NORMANDY <input type="checkbox"/> BE GREAT: ROOSEVELT <input type="checkbox"/> HAZELWOOD ELEMENTARY SCHOOL CLUB <input type="checkbox"/> HERBERT HOOVER CLUB <input type="checkbox"/> MSL ELEMENTARY <input type="checkbox"/> O'FALLON PARK CLUB <input type="checkbox"/> RIVERVIEW GARDENS CLUB <input type="checkbox"/> SOUTHEAST MIDDLE SCHOOL CLUB <input type="checkbox"/> TEEN CENTER OF EXCELLENCE
---	--

**MEMBER INFORMATION**

Child's First Name:		Child's Middle Name:		Child's Last Name:	
Birth Date: (MM/DD/YYYY) __/__/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	HOME Street Address:		City, State, Zip:	
HOME Phone#		Member Email:			
School:		Grade Level: <small>(if summer, for next school year)</small>		School District:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other				

**MEMBER FAMILY INFORMATION**  
 BGCSTL receives public funding and is often required to provide basic information about the families we serve. Please help us to continue receiving these funds by providing information about your family.

Family Setting: Does the member live in a single parent family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living Arrangements: Member lives with (check all that apply)... <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Both Grandparents <input type="checkbox"/> One Grandparent <input type="checkbox"/> Foster Care <input type="checkbox"/> Other	Family Size #:
Please check all Assistance Programs that apply: <input type="checkbox"/> SSDI <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Medicaid		Does your child receive Free or Reduced Lunch at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Family Income (Actual Amount): \$	Select the income range that best matches the specific Annual Family Income Amount you provided: <input type="checkbox"/> 0 - 10,000 <input type="checkbox"/> 10,001 - 15,000 <input type="checkbox"/> 15,001 - 20,000 <input type="checkbox"/> 20,001 - 25,000 <input type="checkbox"/> 25,001 - 30,000 <input type="checkbox"/> 30,001 - 40,000 <input type="checkbox"/> 40,001 - 50,000 <input type="checkbox"/> 50,001 - 75,000 <input type="checkbox"/> 75,001 - 100,000 <input type="checkbox"/> 100,001 and Greater	

**MEMBER PARENT(S)/GUARDIAN(S) INFORMATION**  
 (PLEASE DO NOT LEAVE AN ITEM BLANK... PLACE "N/A" IN THE BOX. IF NO EMPLOYER OR PARENT 2 INFORMATION- PLACE "N/A" OR LINE THROUGH ENTIRE SECTION)

Parent 1: General	① First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
	HOME Address (Street, City, State, Zip) OR Check if same as member address above <input type="checkbox"/>			
	HOME Phone#	CELL Phone#	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Parent 1: Employer	Employer NAME:		Employer ADDRESS (Street, City, State, Zip):	
	WORK Phone# (ext., dept., or special instructions)	Job Title/Occupation:	Work Schedule/Time:	
	Is this parent/guardian a Member of the Military? <input type="checkbox"/> Yes, Active Military <input type="checkbox"/> Yes, Reserve Military <input type="checkbox"/> No, None			
Start Date: __/__/____		End Date: __/__/____		
Parent 2: General	② First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
	HOME Address (Street, City, State, Zip) OR Check if same as member address above <input type="checkbox"/>			
	HOME Phone#	CELL Phone#	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Parent 2: Employer	Employer NAME:		Employer ADDRESS (Street, City, State, Zip):	
	WORK Phone# (ext., dept., or special instructions)	Job Title/Occupation:	Work Schedule/Time:	

Is this parent/guardian a Member of the Military?  Yes, Active Military  Yes, Reserve Military  No, None

Start Date: \_\_\_/\_\_\_/\_\_\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Middle Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

**MEMBER MEDICAL INFORMATION**

Insurance?  Yes  No Insurance Policy Number: \_\_\_\_\_  
If yes, Name of Insurance: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Hospital Phone Number: \_\_\_\_\_

**MEMBER HEALTH REPORT**

**PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD... (✓ YOU MAY ONLY CHECK ONE STATEMENT)**

- My child is in good health, is able to participate in group care, and **has no** special health or medical requirements.
- My child is able to participate in group care but **has** special health or medical requirements as listed below.

Please provide information regarding your child's health history and any current health problems. Please list any allergies and special medical conditions, including chronic health problems and disabilities (such as asthma, seizures) behavior disorders, special needs, etc.  
**If your child has asthma, you must submit a copy of his/her ASTHMA ACTION PLAN from a certified medical professional.**  
**If your child has a severe allergy, you must submit a copy of his/her ALLERGY ACTION PLAN from a certified medical professional.**  
**If your child has an Individual Education Plan (IEP) or Behavioral Intervention Plan (BIP) you must submit a copy.**  
(If you selected that your child has no special health or medical requirements, place "N/A" or line through section)

Does your child take any medications?  Yes (If yes, list any current medication your child is taking below)  No (If no, place "N/A" or line through section)

Can your child swim?  Yes, my child swims well  Yes, but my child only knows basic swimming  No

**AUTHORIZATION FOR MEDICAL CARE – SIGNATURE MANDATORY**

I do hereby authorize Boys & Girls Clubs of Greater St. Louis (BGCSTL) to secure and authorize emergency medical treatment as child listed on the application might require while under the supervision of said provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. I authorize my child to be taken to the nearest medical facilities for care, although my preferred providers are listed above. I do hereby indemnify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization. Further, my signature verifies that all Medical Information and Health Report Statements listed above are accurate and complete.

Note: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it will be necessary to have the following signature on file:

**Signature of Parent(s) or Legal Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT(S) AND AUTHORIZED TO PICK UP**  
(MUST PROVIDE COMPLETE INFORMATION FOR AT LEAST ONE CONTACT OTHER THAN PARENTS/GUARDIANS LISTED ON PG. 1)

① First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Member:  Lives With Member

HOME Address(Street, City, State, Zip): \_\_\_\_\_ Phone#  Home  Cell  Work Phone#  Home  Cell  Work

② First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Member:  Lives With Member

HOME Address(Street, City, State, Zip): \_\_\_\_\_ Phone#  Home  Cell  Work Phone#  Home  Cell  Work

**PERMISSION TO WALK**

My child has permission to walk home?  Yes  No

**ADDITIONAL PERSONS AUTHORIZED TO PICK UP ONLY**  
(LIST PERSONS OTHER THAN PARENTS/GUARDIANS ON PG. 1 AND EMERGENCY CONTACTS LISTED ABOVE)

First & Last Name: \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

①  Lives With Member  HOME  CELL  WORK  HOME  CELL  WORK Relationship to Member: \_\_\_\_\_

②  Lives With Member  HOME  CELL  WORK  HOME  CELL  WORK Relationship to Member: \_\_\_\_\_

③	<input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:
---	--	---	---	-------------------------

Child's First Name:	Child's Middle Name:	Child's Last Name:
---------------------	----------------------	--------------------

**PARENT/GUARDIAN ACKNOWLEDGEMENTS - LINES F & G SELECTION REQUIRED - SIGNATURE MANDATORY**

- A. I have received a copy of BGCSTL Parent/Member Handbook containing policies pertaining to the admission, care and discharge of children. I have been afforded the opportunity to ask questions regarding its content.
- B. I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care homes and centers is available at this facility for review.
- C. The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.
- D. When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.
- E. 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.
- F.  I DO or  I DO **NOT** give permission for field trips/excursions. I understand I will be notified in advance when they are planned.
- G.  I DO or  I DO **NOT** give permission for BGCSTL to transport my child.
- H. 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.

<b>Signature of Parent(s)/Legal Guardian(s):</b>	<b>Date:</b>
--	--------------

**MEMBER SUPPORT SERVICES**

BGCSTL's Member Support Services (MSS) program offers individual and group support sessions with Club Masters level Social Workers to members at no cost. Support plans are developed to address individual needs related to attitude, behavior, self-esteem, coping skills, stress management, peer relationship, anger management, separation/loss, and social-emotional issues. When possible, content within sessions is kept **confidential with the exception of threats to harm his/her self, threats to harm someone else, or if the member reports/there is reason to suspect any form of abuse.** When it is in the best interest of the child and/or necessary for support methods to be effective; we work collaboratively with teachers, school staff, third party individuals who have existing professional relationships with your child or those who we refer as service providers. MSS is not a substitute for psychological counseling, diagnosis, or medication. It is the responsibility of parent(s)/guardian(s) to determine whether additional or different services are necessary and whether to seek them for my child. My consent is good for the duration of the requested services, however, I may end my child's participation at any time and for any reason.

<b>Signature of Parent(s) or Legal Guardian(s):</b>	<b>Date:</b>
---	--------------

**MEMBERSHIP CONSENT AND REQUIRED RELEASE INFORMATION – SIGNATURE MANDATORY**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Boys & Girls Clubs of Greater St. Louis (BGCSTL) and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Surveys and Questionnaires  
I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Clubs of Greater St. Louis (BGCSTL) to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA's) National Youth Outcomes Survey or other survey instruments. A full explanation of the National Youth Outcomes Survey can be found in the Parent/Member Handbook. Other survey information and samples available upon request.

School Information and Educational Records  
I understand that the *Federal Educational Rights and Privacy Act of 1974 (FERPA)*, prohibits a student's educational records from being released to a third party without the written consent of the student's parent or legal guardian; or without the written consent of the student if he/she has reached the age of 18 years old. A third party is described as any person, organization or business outside of the educational setting, according to law.  
I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Clubs of Greater St. Louis (BGCSTL, as the third party, to access and/or receive information from my child's school district regarding his/her educational records. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in BGCSTL, and in life. The consent will remain in effect until such time that the parent/guardian or student (if age 18 & above) withdraws consent in writing.

Sports, Fitness, Wall Climbing, Swimming, and Recreation  
I understand and acknowledge that my child participates at his/her own risk and I hereby waive for myself, my spouse and any legal guardian of my son/daughter liability of any kind or nature whatsoever and all claims against BGCSTL, directors, officers, employees, coaches, volunteers, sponsors, partners, affiliates and their respective heirs, successors and assigns (collectively, "the Releasees") for personal injury, death or property damage resulting from my child's participation in any athletic, sports, fitness or recreation programs, related events, field trips and other activities. I understand the risk of injury from the activities involved in this program may be significant and I knowingly and freely assume all such risks on behalf of my child, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my child's participation without recourse against the Releasees.

Technology  
As a member of Boys & Girls Clubs of Greater St. Louis (BGCSTL), your child will have access to the Internet. While precautions are being taken, it is possible that she/he may access inappropriate sites. BGCSTL will have rules and consequences at the Club for such behavior; however, we will not be responsible for the consequences of such access. A full explanation of the Children's Online Privacy Protection Act (COPPA) can be found in the Parent/Member Handbook.

Photos/Media  
I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Boys & Girls Clubs of Greater St. Louis (BGCSTL), Boys & Girls Clubs of America (BGCA), its programs, and its activities.

Miscellaneous  
I understand that Boys & Girls Clubs of Greater St. Louis (BGCSTL) is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club.

I give my permission to Boys & Girls Clubs of Greater St. Louis (BGCSTL) to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) and BGCSTL partners for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCSTL including data collected via surveys or questionnaires. All information provided to BGCA and BGCSTL partners will be kept confidential.

**MEMBERSHIP CONSENT** I have read the completed application and this form, agree that membership is governed by the rules of Boys & Girls Clubs of Greater St. Louis (BGCSTL), and request that my child be admitted into membership. **All membership fees are non-refundable!**

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. By signing this document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification by CDA, CDBG, HUD or their representatives.

**Signature of Parent(s)/Legal Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Middle Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

**\*\*\*BGCSTL OFFICE USE ONLY\*\*\***

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION:**

Receipt Number: # \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Method of Payment:  Cash  Check #: \_\_\_\_\_  Credit Card  Money Order #:

Type of Payment:  Missouri Care  United Health Care  Home State Health  Self-Paid  Child Care Assistance Program

Mentor St. Louis School: \_\_\_\_\_  Scholarship: \_\_\_\_\_  Other Program: \_\_\_\_\_

**REGISTRATION PROCESS CHECKLIST ✓**

- Did you:
- Check form for completion? (see checklist below)
  - Confirm that all demographic information was answered, if not ask parent if they are willing to provide?
  - Confirm that everything written on the form is legible?
  - Confirm mandatory parent signature in three required places?
  - Provide information on Child Care Assistance Program?
  - Provide a copy of the Parent/Member Handbook?
  - Confirm parent signature for Parent/Member Handbook?
  - Provide the appropriate staff information to follow-up on service information?

**MEMBERSHIP APPLICATION CHECKLIST ✓**

**ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PARENT/GUARDIAN ON THE MEMBERSHIP APPLICATION FOR ALL CLUB SITES!**

DONE ✓ :	REQUIRED ITEM:	STATUS NOTES:
	Admission Date (date care begins-not signature date)	
	Child's Home Address & Date of Birth	
	Mother Name, Home Address & Phone #	
	Mother Work Name, Address, Hours, & Phone #	
	Father Name, Home Address & Phone #	
	Father Work Name, Address, Hours, and Phone #	
	Emergency Contact Name, Address, & Phone # <i>[Emergency Contact MUST be someone other than Parents/Guardians]</i>	
	Person Authorized to Pick Up	
	Authorization for Emergency Medical Care	
	Doctor or Hospital Name & Phone #	
	Field Trip & Transportation Permission	
	Parental Acknowledgements Signature (answers for F & G)	
	Medical Examination Report/Physical <i>[A physical is not required if the Health Report Section of form is complete.]</i>	
	School-Age Child Health Report (review report for special care needs) <i>[Request a Special Care Plan from an authorized physician as needed. Example: An Asthma Action Plan if asthma is documented by the parent as a health concern.]</i>	

	<b>Immunization/Shot Records (COPY IN FILE)</b> <i>[Parents who object to vaccination for medical or religious reasons must provide a Statement of Exemption from an authorized physician or the Department of Health.]</i>	
	<b>Medication Authorization Form</b> <i>[A Medication Authorization Form is only required if the program staff will give or assist the child with taking the medication in anyway while the child is in our care.]</i>	