

PRESCHOOL MEMBERSHIP APPLICATION

Boys & Girls Clubs of Hernando County, Inc.

Unit: Brooksville Eastside Fox Chapel Moton Westside J.D. Floyd

Member's Full Legal Name: _____ Date of Birth: ____/____/____

Member's Preferred Name: _____ Gender: Male Female

Home Address: _____ City: _____ Zip: _____

Household Email: _____ Household Phone: (____) _____

Ethnicity: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other

Medical Information

Doctor Name: _____ Doctor Phone: _____

Permission for Treatment by Doctor/Hospital: Yes No Hospital Preference: _____

Special Needs/Health Issues: Yes No If Yes, explain: _____

Medications: Yes No If Yes, explain: _____

Florida Certification of Immunization Attached: Yes No If yes, Expiration Date: _____

Florida Certification of Medical Evaluation Attached: Yes No

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: Mom Step Mom Dad Step Dad Grandparent Foster Parent(s)

Other: _____

Income Level:	\$0 - \$5000 <input type="checkbox"/>	\$30,001 - \$35,000 <input type="checkbox"/>	\$60,001 - \$65,000 <input type="checkbox"/>
	\$5001 - \$10,000 <input type="checkbox"/>	\$35,001 - \$40,000 <input type="checkbox"/>	\$65,001 - \$70,000 <input type="checkbox"/>
	\$10,001 - \$15,000 <input type="checkbox"/>	\$40,001 - \$45,000 <input type="checkbox"/>	\$70,001 - \$75,000 <input type="checkbox"/>
	\$15,001 - \$20,000 <input type="checkbox"/>	\$45,001 - \$50,000 <input type="checkbox"/>	\$75,001 - \$80,000 <input type="checkbox"/>
	\$20,001 - \$25,000 <input type="checkbox"/>	\$50,001 - \$55,000 <input type="checkbox"/>	\$80,001 - \$85,000 <input type="checkbox"/>
	\$25,001 - \$30,000 <input type="checkbox"/>	\$55,001 - \$60,000 <input type="checkbox"/>	\$85,001 - \$90,000+ <input type="checkbox"/>

Number in Household: _____

Is there a Member of the Household 65 years old or older: Yes No

Is there a Member of the Household Handicapped: Yes No

Current Head of Household: Female Male Both

Current Single Parent: Yes No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

MEMBERSHIP APPLICATION - CONTACTS

Boys & Girls Club of Hernando County

Member's Full Name: _____

PRIMARY CONTACT	
Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Emergency Contact: <input type="checkbox"/> Person Authorized to Pick up Member: <input type="checkbox"/> DOB: ____ / ____ / ____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone (Cell): (____) _____ Phone (Home): (____) _____ Phone (Work): (____) _____	Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Emergency Contact: <input type="checkbox"/> Person Authorized to Pick up Member: <input type="checkbox"/> DOB: ____ / ____ / ____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone (Cell): (____) _____ Phone (Home): (____) _____ Phone (Work): (____) _____
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Disclaimer:

PARENT RELEASE 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 the Boys & Girls Club of Hernando County, and Boys & Girls Clubs of America, 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.

KNOW YOUR CHILD'S CHILD CARE CENTER The parents or legal guardian's signature verifies receipt of the child care brochure and agree to review with my child/children.

PARENT HANDBOOK I have received a copy of the Boys & Girls Club Program Handbook. I agree to become familiar with the contents of this handbook.

CLUB RULES/CODE OF CONDUCT I agree to review the Clubs rules & consequences along with the Code of Conduct with my child/children. I understand that membership can be suspended or revoked should behavior warrant such action.

CAMPS I understand that accounts must be paid to date in order to register for any camp.

LATE FEES I will adhere to the program hours. I understand that I will be charged \$1 per minute/per child according to the clock on site. I understand that membership may be suspended until payment is made or discharge, in the event my child/children are picked up late three times.

MOVIE RELEASE FORM I give my child/children permission to watch G rated movies in the event of rain, early release days or as an optional activity.

PICTURE RELEASE FORM I release the right to all photographic material that The Boys & Girls Clubs of Hernando County might use for promotional activities without obligations to me or my child/children.

MEDICAL TREATMENT I give permission to the Boys & Girls Club of Hernando County to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

DATA COLLECTION I give my permission to the Boys & Girls Club of Hernando County to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

SCHOOL INFORMATION I give my permission to the Boys & Girls Club of Hernando County and Hernando County School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Club in writing.

DATA SHARING I understand that the Boys & Girls Club of Hernando County may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) 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 Boys & Girls Club of Hernando County, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

TECHNOLOGY As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

MISCELLANEOUS I understand that the Boys & Girls Club 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 permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I also understand that the Club is not, nor does it claim to be, a licensed day care center. I have read the completed parent handbook and understand the rules of the Boys & Girls Club and request that my child be admitted into membership. I understand that my child/children's membership may be suspended or canceled at any time, the sole decision resting in the judgment of the Unit Director and/or the Executive Director.

FOOD PROGRAM Please take the time to visit www.choosemyplate.gov website to get some really healthy food choices and inexpensive ways to prepare meals. Staff and children follow sanitary food handling as well as staff is/are aware of all children's food allergies, and daily monitoring of healthy food choices provided by parents.

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.305(9)(b), F.S. requires that parents of children enrolled in the facility receive detailed information regarding the causes, symptoms and transmission of the influenza virus in an effort to educate those parents regarding the importance of immunizing their children against Influenza as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Signature of Parent/Guardian: _____ **Date:** ____/____/____

FOR OFFICE USE ONLY	Membership #: _____	<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal			
Entry Date: _____	Expiration Date: _____					
<input type="checkbox"/> Infants	<input type="checkbox"/> 12-23 months	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 Years (not VPK)	<input type="checkbox"/> VPK Only	<input type="checkbox"/> VPK Wrap
Processed by: _____						