



544 Broadway, Rensselaer, NY 12144  
518-465-3403

2020-2021 Registration Form

\*Annual BGC Membership Fee: Between 5 & 12 year-old \$5/year: \_\_\_\_\_ 12+ year- old \$7/year: \_\_\_\_\_

\*School Day Program Fee is \$215/week  
Scholarship Fee **\$115/week**  
(M-Th: 8am-3:15pm.; F 8-6:15pm)

\*After-School Program fee \$150/week  
Scholarship fee **\$65/week**  
(M-F: 3:15pm-6:15pm)

Full-Day Program \$365/week  
Scholarship Fee **\$150/week**  
(M-F: 8am-6:15pm)

\*Drop-In Daily Rate (if spots available) **\$35/day** (8am-6:15pm)\*

**Meals included in all programs at no additional cost.** We accept childcare assistance through the Rensselaer Department of Social Services Workforce Development Program. Program fees are due the Wednesday prior to the week member is attending. To get pricing and additional information concerning registration please contact: Alexandra Buitron 518-465-3403 Ext 102 or abuitron@bgcsorensco.org

**Our Mission:**

**To inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible, and caring citizens.**

Membership  School Day  After-School  Full-Day  Drop-In

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

Gender: \_\_\_M\_\_\_F Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Remote Week: 1 or 2

For Office Use Only:	Membership #: _____
Date Received: _____	Membership: New: _____ Renewal: _____
Date Fee was paid: _____	Staff Name: _____

**Primary Contact / Billing Party Information** (All correspondences will be delivered to this party):

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

<p><b>PRIMARY CONTACT (Parent/Guardian 1)</b></p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Employer: _____</p> <p>Phone (Work): _____</p> <p>Email: _____</p> <p>DOB: _____ SS#: _____</p>	<p><b>SECONDARY CONTACT (Parent/Guardian 2)</b></p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Employer: _____</p> <p>Phone (Work): _____</p> <p>Email: _____</p> <p>DOB: _____ SS#: _____</p>
<p><b>EMERGENCY CONTACT</b></p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>	<p><b>EMERGENCY CONTACT</b></p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>
<p><b>EMERGENCY CONTACT</b></p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>	<p><b>EMERGENCY CONTACT</b></p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>

**\*Please have I.D when picking up child/children\***

**PLEASE PROVIDE A PHONE NUMBER AND ADDRESS FOR ANY PERSON YOU  
AUTHORIZE TO PICK UP YOUR CHILD.**

NAME	PHONE #	ADDRESS

**Custody Information:**

Parent's Marital Status:  Married  Divorced  Separated  Single  Widowed

If divorced or separated, who has legal custody? \_\_\_\_\_

***Please submit court orders if a parent is denied access to the child.***

**HOUSEHOLD INFORMATION**

Head of Household: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Single Parent Household: Yes \_\_\_\_\_ No \_\_\_\_\_

How many people live in the household? \_\_\_\_\_ How many are under the age of 18yrs? \_\_\_\_\_

Who lives in household with member? (Please check all that apply:

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Grandparent

\_\_\_\_\_ Other: \_\_\_\_\_

Military Family: Yes \_\_\_\_\_ No \_\_\_\_\_ Home Language (Other than English): \_\_\_\_\_

Do you live in a Housing Development? Yes \_\_\_\_\_ No \_\_\_\_\_ Rent Amount: \_\_\_\_\_

If yes, please list name: \_\_\_\_\_

Do any other children in the household attend Day Care: \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES what is the monthly child care expense: \_\_\_\_\_

Either parent incarcerated? \_\_\_\_\_

**Annual Household Income (Please check one):**

_____ \$0 - \$5,000	_____ \$25,001 - \$30,000	_____ \$55,001 - \$60,000
_____ \$5,001 - \$10,000	_____ \$30,001 - \$35,000	_____ \$60,001 - \$65,000
_____ \$10,001 - \$15,000	_____ \$35,001 - \$40,000	_____ \$65,001 - \$70,000
_____ \$15,001 - \$20,000	_____ \$40,001 - \$45,000	_____ \$70,001 - \$75,000
_____ \$20,001 - \$25,000	_____ \$50,001 - \$55,000	_____ \$80,001 - \$85,000+

**Check All Programs that apply:**

_____ Child Care Assistance	_____ Medicaid	_____ Food Stamps
_____ Reduced Lunch	_____ Free Lunch	_____ SSDI

## MEDICAL INFORMATION

Primary Care Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please list any dietary restrictions (If none, please write **NONE**): \_\_\_\_\_

\_\_\_\_\_

Please list any and all mental and/or physical health diagnoses (If none, please write **NONE**): \_\_\_\_\_

\_\_\_\_\_

Please list any and all allergies (If none, please write **NONE**): \_\_\_\_\_

\_\_\_\_\_

Please list any **Past / Present Medical Conditions** you feel are **IMPORTANT**: \_\_\_\_\_

\_\_\_\_\_

Please list any and all Medications your child is currently taken:

Medication	Dosage	Time Taken

Date of Last Physical: \_\_\_\_\_

PLEASE SUBMIT CURRENT IMMUNIZATIONS RECORD

### MEDICAL RELEASE:

*In the event of an emergency, every effort will be made to contact parents, guardians, or designated emergency contact person. If my child, \_\_\_\_\_, should need emergency medical treatment while attending the program and neither I nor the person(s) designated as my emergency contacts can be reached, I hereby authorize the Boys & Girls Club Clubs of Southern Rensselaer program staff to give consent for such emergency medical care and, if necessary, to take him/her to the nearest emergency room. I understand that a staff member will remain with him/her until I or my designated emergency contact arrives at the emergency room. In the event that time permits, I would prefer that he/she be taken to: \_\_\_\_\_*

*Name of Preferred Hospital*

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_/\_\_\_/\_\_\_

**Please initial to indicate your consent for the following:**

**POWER HOUR/HOMEWORK:** *I hereby grant permission for my child to do his/her homework under the supervision of the staff of the Boys & Girls Clubs of Southern Rensselaer County, during the After School Program. I am aware the staff at the Boys & Girls Clubs of Southern Rensselaer County cannot force a child to do homework.*

**INITIALS:** \_\_\_\_\_

**PHOTO/PROJECT RELEASE/SOCIAL MEDIA CONSENT:** *I hereby grant permission for my child to be photographed. I consent to the reproductions, publications and use of photographs/projects of (or by) my child to be used by the Boys & Girls Clubs of Southern Rensselaer County and the Boys & Girls Clubs of America for advertising, educational and/or publicity purpose in any and all publications, advertisements and publicity materials and on the website, without limitation or reservation. I also consent to any testimony or copy written about my child that may accompany said photographs or stand alone in any and all publications, advertisements and publicity materials, without limitation or reservation.*

**INITIALS:** \_\_\_\_\_

**COMPUTER/INTERNET USAGE:**

**Please take the time to read the rules for the computer room over with your child. Children must have this section signed in order to participate in computer and internet activities.**

**COMPUTER ROOM RULES:**

- *No food or drink allowed in the computer room*
- *No horseplay*
- *Please be respectful of others*
- *No unauthorized web use*
- *No music and/or music videos, unless authorized*
- *No children allowed in the computer room without a staff member*

*I hereby permit my child to participate in the computer program and to access the Internet through the computers at the Boys & Girls Clubs of Southern Rensselaer County. I realize that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing or exploring information and media. I acknowledge that I will not hold the Boys & Girls Clubs of Southern Rensselaer County, its board of directors, staff and volunteers, in their official or personal capacity, liable for any materials acquired on the Internet. I further accept as my full responsibility the actions of my child. Furthermore, I realize that I may revoke this permission at any time during the program. I also understand that my child's computer privileges can be revoked if it is found that they are abusing their use of the Boys & Girls Clubs of Southern Rensselaer County's computer.*

**INITIALS:** \_\_\_\_\_

**FIELD TRIP CONSENT:** *I give my consent for my child to participate in field trips and neighborhood outings arranged and supervised by the staff of said organization, and therefore allowing my child to be transported by vehicle or walking (with adult supervision in order to arrive at the destination).*

**INITIALS:** \_\_\_\_\_

**Behavioral Policy:** *I have read, understand, and agree to the support the behavioral policy. If my child does/do not uphold the guidelines of said policy they may be suspended or lose their membership.*

**INITIALS:** \_\_\_\_\_

**Payment Agreement Policy:** *I have read, understand, and agree to be compliant with payment processing. It is my responsibility to make WEEKLY payments on time and prior to start of the next week and that failure to do so may be cause for child not to attend until payment is made.*

**INITIALS:** \_\_\_\_\_

**Disclaimer:** By signing below I hereby release the Boys & Girls Clubs of Southern Rensselaer County, its employees, Board of Directors, associates and contributors from liability from any injury, loss or theft incurred by my child while participating.

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\_\_\_\_\_  
**Name of Parent/Guardian (please print)**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

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