



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

2021-2022 Registration Form

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

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

*School Breaks Program (Full day drop-in: M-F: 8-6pm):
Regular Fee \$225/week | Scholarship Fee **\$175/week**
or
Regular Fee \$45/day | Scholarship Fee **\$35/day**

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 After-School Full-Day School Breaks Drop-in

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

Gender: ___M___F Ethnicity: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

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>PRIMARY CONTACT (Parent/Guardian 1)</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>SECONDARY CONTACT (Parent/Guardian 2)</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>EMERGENCY CONTACT</p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>	<p>EMERGENCY CONTACT</p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>
<p>EMERGENCY CONTACT</p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>	<p>EMERGENCY CONTACT</p> <p>Relationship to Member: _____</p> <p>Name: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>

AUTHORIZED PICK UP LIST

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 Have pediatrician's office fax it to 518-465-3973.

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)

Date: ____/____/____

Signature of Parent/Guardian

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: _____

Allergy & Anaphylaxis Policy: *I have read, understand, and agree to the support the allergy & anaphylaxis policy. I shall uphold the guidelines of said policy and alert the staff aware of any medical changes in my child's health especially if he/she has an allergy.*

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.

Name of Parent/Guardian (please print)

Date: ___/___/___

Signature of Parent/Guardian
