



**BOYS & GIRLS CLUB
OF GREATER LYNCHBURG**

2024 Registration

For Office Use Only

Date: _____ Staff Initials: _____ Member ID: _____

First Date Attended: _____ Last Date Attended: _____

All boxes must be filled - If there is no information, please put "N/A"

Child	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Info/Special Accommodations Needed			
Previous Child Day Care & Schools Attended			
Other School/Program (Give the name of the school w/the teacher's name/program)		Grade of Class Level	

Parent(s)/Guardians(s)

Parent	Place Employed	Work Phone
Home Address		Home Phone
Parent	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

Emergency Information

Allergies or Intolerance to Food, Medication, etc., and Actions to Take in Emergency		
Child's Physician		Phone
Two People to Contact if Parent(s) Can't Be Reach	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child		
Person(s) <u>NOT</u> Authorized to Pick Up Child		

Demographic Information

Ethnicity: African American Asian Caucasian Hispanic Two or more Other	
Family History Number of Brothers or Stepbrothers:	The number of Sisters or Stepsisters:
Circle One: 2 Parent Family Mother Only Father Only Foster Care 1 Parent/1 Step Grandparents	

Confidential Information

The following information is necessary for our records and the funding our organization receives. The answers that you provide are confidential. Your cooperation in providing this information is both appreciated and necessary. If you have any questions, please contact the Boys & Girls Club of Greater Lynchburg at (434) 846-1111.

Household Income:

\$0 - \$18,000 \$18,001-\$24,000 \$24,001-\$26,000 \$26,001-\$28,000 \$28,001-\$32,000

\$32,001-\$41,500 Over \$41,501

Circle All That Apply:

TANF Food Stamps SSDI SSI Teen Parent Veteran Compensation Daycare Volunteer

Contract

- Membership fees are non-refundable.
- Members must be enrolled and attending school.
- Members must remember their Club number and sign in at the front desk with that number.
- For safety reasons, members may not be left at the Club any earlier than the time of opening and must be picked up at or before closing. Supervision is unavailable outside of established Club hours. Therefore, for your child's safety, we reserve the right to call the police when members are not picked up or parents fail to call the front desk at (434) 846-1111, to explain the situation.
- Members must notify staff of all conflicts. Fighting, vandalism, misuse of equipment, or mistreatment of other members or staff is unacceptable. Positive guidance techniques utilized by staff include verbal warnings, time outs, and Club service. Parents will be notified regarding positive and negative behavior.
- Weapons, drugs, smoking, and vaping are prohibited on the property. The police will be notified of any youth or adult who acts in a threatening manner or is suspected to be under the influence of drugs.
- Club members cannot leave the premises without a certified adult (parent/s, chaperon, or guardian)

As the parent/guardian of _____, I hereby agree to the policies listed above.

- I understand that such membership is conditional upon his/her ability to follow Club guidelines and rules.
- I permit the Boys & Girls Club of Greater Lynchburg to take and release pictures of my child to market the Club programs in the community.
- I release and hold harmless the Boys & Girls Club of Lynchburg relating to any sickness or injury sustained by my child during Club activities and field trips.
- Members cannot leave the Club without a certified adult.
- I WILL immediately pick up my child if the staff determines that they are sick with a communicable disease.

Agreements

1. The Boys & Girls Club of Greater Lynchburg agrees to notify the parent(s)/guardian(s) whenever the child becomes ill, and the parent(s) or guardian(s) will arrange to have the child picked up as soon as possible.
2. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after the child or any immediate family member has developed a communicable disease, as defined by the State Board of Health, except for life-threatening disease which must be reported immediately.
3. The parent(s)/guardian(s) permit representatives of the Boys & Girls Club of Greater Lynchburg to contact the child's school for information regarding grades and behavior.
4. The Boys & Girls Club of Greater Lynchburg agrees to keep all files confidential and will contact parent/guardian with the results.
5. The parent(s)/guardian(s) authorize the Boys & Girls Club to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
6. The Boys & Girls Club staff and any emergency personnel have permission to administer appropriate medical care in the event of an emergency.
7. The Boys & Girls Club staff is not responsible for any lost/broken or stolen cellular devices or tablets if a child brings such items into the club.
8. The Boys & Girls Club staff will not allow members to plug cellular devices or tablets into any outlets except for one deemed the charging station (if applicable). All parents will need to sign the attached digital policies regarding electronic devices at the Club.

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.



**BOYS & GIRLS CLUB
OF GREATER LYNCHBURG**

**CONSENT FORM
BOYS & GIRLS CLUBS OF GREATER LYNCHBURG**

The Boys & Girls Clubs of Greater Lynchburg will be conducting an academic assistance program to help assist our members to BE GREAT, and to GRADUATE! To determine its effectiveness, we will be monitoring your child's grades, attendance, and behavior in school.

I consent to permit the Boys & Girls Club to get all the information about my child's grades, attendance, and SOL as well as school behavior from the school that my child attends.

Child's Name: _____

Schools Name: _____

School Year: _____

Grade: _____

Parent Signature: _____ Date: _____