

# 2015-2016 MEMBERSHIP ENROLLMENT FORM

BOYS & GIRLS CLUBS OF WESTMINSTER

25 Union St. Westminster, MD 21157

Office: 410-386-0135, Fax: 410-386-0024

**The Positive Place For Kids**



**BOYS & GIRLS CLUB  
OF WESTMINSTER**

## FOR STAFF USE ONLY

Receipt Number \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Child's tracking number: \_\_\_\_\_

Cash \_\_\_ Money Order \_\_\_ Check \_\_\_ BGS \_\_\_

Renewal  Yes  No

**Any information requested on this form is used for recording purposes or required for funding.  
The answers you provide on this membership form will be kept CONFIDENTIAL.**

### PARENT Information *(Please Print)*

*\* denotes required information*

Parent's First Name*		Middle Name (optional)	Parent's Last Name*	
Gender (circle one)  Male      Female	Annual Family Income *	Less than \$12,000 _____	Family Size:	Home Address*:
		\$12,000 to \$17,000 _____		
		\$17,000 to \$25,000 _____		
		\$26,000 to \$ 35,000 _____		
		\$36,000 to \$60,000 _____		
		\$61,000 to \$80,000 _____		
		\$81,000 and over _____		
*Telephone # Home                                  Mobile                                  Work			*E-mail Address:	
Employer:		Job Title:		
Military Branch:	Status:	Start Date:	End Date:	
<b>Spouse or Guardian</b>				
*First Name:	*Last Name:	Gender: Male ___ Female ___		
*Home Address:		*Mobile Phone:	E-mail Address:	
Employer:		Job Title:		
Military Branch:	Status:	Start Date:	End Date:	

### YOUTH Information

Child's First Name*	Middle Name	Child's Last Name*
Nickname	Birth date*:	Male ___ Female ___
Ethnicity: African American _____ Native American _____ Caucasian _____ Hispanic _____ Asian _____ Multiracial _____ Other _____	Membership Type: Please Check one  <input type="checkbox"/> School Year <input type="checkbox"/> <input type="checkbox"/> Summer Fun Club <input type="checkbox"/>  My child will attend Club:  Monday _____                  Thursday _____ Tuesday _____                  Friday _____ Wednesday _____	School Enrollment Information*  School Name: _____  Current Grade: ____  Name of Teacher _____

Check All that apply\*: TANF \_\_\_ Food Stamps \_\_\_ General Assistance \_\_\_ SSDI \_\_\_ SSI \_\_\_ Veterans Compensation \_\_\_

School Lunch (Free/Reduced) \_\_\_ Medicaid \_\_\_ Can Swim \_\_\_ Single Parent Home \_\_\_

### YOUTH Medical Information:

Insurance Company:

Insurance Policy/Group Number:

Health Problems:

Medications:

Date of Last Tetanus Shot:

**ANY FOOD ALLERGIES:** \_\_\_\_\_

Disabilities/Psychological Conditions:

Physician:

Physician Phone:

Hospital:

Hospital Phone:

### Pick Up Information: (Two people authorized to pick up member)

1. First Name

Last Name

Phone : Home

Work

Emergency Contact \_\_\_ Primary Emergency Contact \_\_\_ Lives with member \_\_\_

2. First Name

Last Name

Phone: Home

Work

Emergency Contact \_\_\_ Primary Emergency Contact \_\_\_ Lives with member \_\_\_

### Bus Drop Off Information

Please read the following and sign and where indicated:

I/we understand that my/our child will be taking the bus from \_\_\_\_\_ (name of school) to the Boys & Girls Club of Westminster (BGCW). My/our child will be dropped off at the BGCW designated bus stop and must proceed directly to the Club. In the event that my/our child does not attend the Club after being dropped off at the BGCW designated bus stop, I/we will be contacted by BGCW staff at the phone number(s) listed on this application.

I/we understand that BGCW maintains an open door policy (as stated below on page three of this application) and cannot force my/our child to attend the Club after being dropped off at the BGCW designated bus stop. Likewise, BGCW cannot prevent my/our child from leaving the Club without my/our permission. I/we understand that in the event my/our child wishes to leave the Club, I/we will be contacted by a member of the BGCW staff at the phone number(s) listed on this application. I/we will make every reasonable effort to contact BCCW in advance in the event my/our child will not be attending the Club on any given day.

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

Signature of Child \_\_\_\_\_ Date \_\_\_\_\_

I have read the completed application, understand the rules of the Boys & Girls Club Westminster and request that my son/daughter/ward be admitted into membership.

I have explained the rules to my son/daughter/ward and agree that the Boys & Girls Clubs will not be responsible for any accident to the boy/girl while on the Boys & Girls Clubs premises or while engaged in any of its activities away from the Boys & Girls Clubs.

I give my consent for photographs or videoing taping in which my son/daughter/ward may appear, to be used in any way the Boys & Girls Clubs may care to use them as long as it is consistent with the BGCW mission.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

Note to Parent:

**Member participation in Boys & Girls Clubs programs is likely to produce positive outcomes when members attend three times a week or more. Boys & Girls Clubs staff welcomes high levels of member participation in all programs as well as special programming.**

## **Boys & Girls Club of Westminster Club Rules**

- |  |  |
|--|--|
| <input type="checkbox"/> Play Fairly and Be Honest                                   | <input type="checkbox"/> Always Follow Staff Member's Directions                             |
| <input type="checkbox"/> Be Respectful of Boys & Girls Club Staff                    | <input type="checkbox"/> Keep Your Hands and Feet to Yourself                                |
| <input type="checkbox"/> Resolve Disagreements in a Positive Way                     | <input type="checkbox"/> Do not Sit, Lay On, or Jump on any BGCW Furniture                   |
| <input type="checkbox"/> Be Respectful Of Other Members and Their Property           | <input type="checkbox"/> Use Back Stairwell for Traveling Through the Clubhouse              |
| <input type="checkbox"/> Take Care of Your Boys & Girls Club Facility and Equipment  | <input type="checkbox"/> No Cell Phone or Electronic Device Usage During Programs            |
| <input type="checkbox"/> Avoid Use of Improper Language                              | <input type="checkbox"/> Participate in All Activities and Programs with a Positive Attitude |
| <input type="checkbox"/> Applaud The Efforts of Others                               | <input type="checkbox"/> Clean up after yourself   |
| <input type="checkbox"/> Participate Only In Program Areas Open To Your Group        | <input type="checkbox"/> Do Not Play With Staff Equipment                                    |
| <input type="checkbox"/> Dress Appropriately At All Times                            | <input type="checkbox"/> Ask Permission before leaving a room                                |
| <input type="checkbox"/> Smoking, Drugs, Alcohol and Weapons Are Strictly Prohibited | <input type="checkbox"/> Have FUN!   |
| <input type="checkbox"/> Stealing will not be tolerated!                             |  |
| <input type="checkbox"/> No Running in the Stairwell and Hallways                    |  |

Please read the following and sign where indicated:

**I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged which must be paid before my child (or ward) can return to the Club.**

**I understand and agree that BGCW has an open door policy and cannot be responsible for my child (or ward) leaving the Club without permission. I understand that all members are free to come and go from the Club at their leisure.**

I understand and agree that the Boys & Girls of Westminster does not refund membership fees and that my child (or ward) must obey all rules (Code of Conduct). I further understand that behavioral problems that cannot be solved can result in my child (or ward) being suspended from BGCW without monetary refund.

It is expressly understood and agreed that the Boys & Girls of Westminster shall not be responsible or legally liable for any losses of personal property, for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BGCW or in connection with any activities of any of its Units, or while engaged in any of the BGCW's activities away from the Club.

I give permission for \_\_\_\_\_ (Name of School) to release a copy of my child, \_\_\_\_\_, report card for the entire school year to the Boys & Girls Club of Westminster. I understand the information obtained from report cards will be confidential and used to assess the progress of my child.

Internet Usage Agreement: The opportunity to use Club's computers is based upon clear guidelines and agreements: (1) always be respectful of others, (2) never give out personal information over the computer, (3) always remember you are responsible for what you do online, (4) always follow the computer lab supervisor's instructions, (5) never agree to meet in person with anyone you meet online and (6) never visit 'off-limits' web sites. Failure to uphold these agreements will result in revocation of the member's online privileges.

I agree to meet with BGCW Executive Director or BGCW Program Director a minimum of four times annually to discuss my child's specific needs and progress.

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

Date \_\_\_\_\_

Signature of Child \_\_\_\_\_

Date \_\_\_\_\_

## CARROLL COUNTY PUBLIC SCHOOLS TRANSPORTATION PERMISSION LETTER

Carroll County Public Schools, East Middle School, West Middle School, William Winchester Elementary School, Friendship Valley Elementary School, Westminster Elementary School, Cranberry Station Elementary School, Robert Moton Elementary School, Winters Mill High School, and Westminster High School have partnered with the Boys and Girls Club of Westminster located at 25 Union Street, Westminster, MD., to provide a quality after-school program for students.

Subject to available space, Carroll County Public Schools will provide school bus transportation at no cost to participating families. Students will be transported on an approved school bus using existing school bus routes. The bus will leave \_\_\_\_\_ each school day at the conclusion of the school day.  
(School name)

The bus will drop club members off at the closest bus stop to the Boys & Girls Club of Westminster. The Boys and Girls Club of Westminster, MD, will be responsible for students once they disembark the bus at the bus stop. Parents need to make it clear to their children that they are to disembark the bus at their appropriate bus stop and go directly to the present Boys and Girls Club staff member.

Only students at East MS, West MS, William Winchester ES, Friendship Valley ES, Westminster ES, Cranberry Station ES, Robert Moton ES, Winters Mill HS, and Westminster HS who have enrolled in the Boys and Girls Club of Westminster after-school program are eligible to ride the school bus. Families are responsible for picking up students at the conclusion of the program.

*Thank you,  
Boys and Girls Club of Westminster  
410-386-0135*

**Please complete this document and return it to the Boys & Girls Club of Westminster**

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### Transportation Permission Form

\_\_\_\_\_, a student at \_\_\_\_\_,  
Student's Name Name of School

is enrolled in the Boys and Girls Club of Westminster after-school program. I give my permission for him/her to ride the approved school bus on the days listed below, unless there is a special exception. I will notify both the school and the Boys and Girls Club if my child will not be attending on a day they are scheduled to attend. I will also notify both the school and the Boys and Girls club of any permanent changes. These are the days that I expect my child to ride the bus to the Boys and Girls Club:

Mon       Tues       Wed       Thurs       Fri

I understand that I am responsible for picking up my student at the conclusion of the after-school program.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Telephone Number

**OFFICE USE ONLY:**

Faxed or emailed to school \_\_\_\_\_ Notified date: \_\_\_\_\_



BOYS & GIRLS CLUB  
OF WESTMINSTER

**GREAT FUTURES START HERE.**

*Alternate Emergency Contact and Closure Plan for your Child*

**PLEASE NOTE OUR INCLEMENT WEATHER POLICY:**

**If CCPS closes because of weather then BGCW is closed.**

**If CCPS closes EARLY because of weather then BGCW is closed.**

*Please indicate below what you have instructed **your child and school** to do in case of inclement weather*

\_\_\_\_\_  
Child's Name

\_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
#1 Contact Number

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
#2 Contact Number

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

**Alternative Emergency Contacts**

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

**Early Dismissal Plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date