



BOYS & GIRLS CLUB
OF FOND DU LAC, INC

Summer Membership Application

(Summer of _____)

This Section is For Club Use Only

Member #: _____ Paid: \$ _____ Date: _____ Initials: _____

Member Information:

Last Name: _____ First Name: _____

Address: _____ City: _____ ZIP _____

Birth Date: _____ Age: _____ Gender: _____ Race: _____

School: _____ Grade: _____ Home Phone : _____ Cell Phone : _____

Parent/Guardian Information:

Last Name: _____ First Name: _____

Home Phone : _____ Work Phone: _____

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____

Medical Information:

Medication/Allergies: _____

List significant problems or disabilities (e.g. Asthma, bee sting allergy, seizures):

Lunch Eligibility For Your Child (check one)		
_____ Free Lunch	_____ Reduced Lunch	_____ Neither

Emergency Contacts:

The following will be contacted if I cannot be reached. They are also authorized to pick up my child.

Name: _____ Phone: _____

Name: _____ Phone: _____

If your child is in regular contact with any of the following professionals, please list their name and contact phone number:

1. Social Worker: _____ Phone: _____

2. Juvenile Intake: _____ Phone: _____

3. Psychologist/Psychiatrist: _____ Phone: _____

4.Other Community Partner: _____ Phone: _____

*** Does the Boys & Girls Club have your permission to contact these professionals if we have questions about how to best serve your child? _____ Yes _____ No ***

Please Read Carefully

Behavior Policy & Expectations

I have read and understand the Boys & Girls Club of Fond du Lac's PBIS Expectations and Behavior Policy. I understand that all members are expected to follow these policies at all times when they are part of Boys & Girls Club activities. I also understand that failure to follow these policies will result in specific consequences for members that could result in temporary or permanent suspension from the program.

Medical Emergency

In the event of an emergency I understand that every attempt will be made to contact me. If I cannot be reached I hereby give my permission to the physician selected by the Boys & Girls Club staff member to secure proper treatment for my child.

Open Door Policy

I understand that the Boys & Girls Club of Fond du Lac has an open door policy. This policy means that the child is welcome at any time during open hours. I understand that staff will make every effort to inform me if my child leaves the site, but that my child must know they are suppose to stay at the site and not leave.

Media/Photo Permission

I do give my permission to have my child appear in any media coverage for the Boys & Girls Club of Fond du Lac.

Travel Policy

I authorize the Boys & Girls Club of Fond du Lac to transport my child on field trips by bus or van within the local city during normal Club operating hours. No additional permission slip is required.

Pick-Up Policy

I understand that if my child is not picked up on time when the club is closed, I will be charged a fee. I also understand that if my child is not picked up within 15 minutes of closing time, the Club is mandated to contact the police.

I hereby certify that I have read and do understand the above information:

Parent/ Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

A Proud Member Agency

