



# **BOYS & GIRLS CLUBS** of Topeka

**(785) 234-5601**  
**Fax: (785) 234-4512**

**550 SE 27<sup>th</sup> St.**  
**Topeka, KS 66605**

**Adams Club**  
2011-2012 School Year  
Enrollment Packet

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## **Boys & Girls Clubs are KDHE Licensed & SRS Approved Providers**

<b>Fees:</b>	<b><u>Full Price</u></b>	<b><u>Reduced lunch</u></b>	<b><u>Free Lunch</u></b>
After School:	\$10 per week	<b><u>rate</u></b> \$5 per week	<b><u>Rate</u></b> \$2.50 per week

### **Transportation to the club is provided from:**

- Avondale East
- Avondale West
- Bishop
- Highland Park Central
- Ross
- Scott
- Stout
- Williams
- Eisenhower
- Jardine

*Payment is due in advance of care and should be paid at the beginning of the week. Fees can be prepaid monthly, by semester or yearly.*

**Payments can be made in person or on-line at:**  
[www.bgctopeka.org](http://www.bgctopeka.org)



**BOYS & GIRLS CLUB  
OF TOPEKA**

# 2011-12 School Year Membership Form

FOR OFFICE USE ONLY		<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Date Rec'd: _____		<input type="checkbox"/> CC	<input type="checkbox"/> Other _____
Staff Initials: _____		Comments: _____	
Site: _____		Vision #: _____	

## Member Information:

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ **Ethnicity:** African American \_\_\_\_\_ Asian American \_\_\_\_\_ Caucasian \_\_\_\_\_  
(circle one) Female \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

**Child Receives** (check one): \_\_\_\_\_ Free Lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_ Neither

**Enrolling in** (check one): \_\_\_\_\_ After School \_\_\_\_\_ Before School (Seaman Only) \_\_\_\_\_ Both (Seaman only)

## Emergency Contact Information:

**Mother/Stepmother/Guardian** (circle one)

**Father/Stepfather/Guardian** (circle one)

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

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

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Place of work: \_\_\_\_\_

Place of work: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Emergency Contacts** (Anyone other than a parent/guardian with permission to pick up child from the club.)

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Household Information:** (This information will be used for grant purposes and it is important for funding. It will be kept confidential at all times.)

**Child lives with:** Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Aunt/Uncle \_\_\_\_\_ Grandparent \_\_\_\_\_  
(circle one)

Sister/Brother \_\_\_\_\_ Foster Parent \_\_\_\_\_ Shared Custody \_\_\_\_\_ Other \_\_\_\_\_

Number in household: \_\_\_\_\_ Number under 18 years old: \_\_\_\_\_

Total annual household income: \_\_\_\_\_ 0-5,000 \_\_\_\_\_ 5,000-10,000 \_\_\_\_\_ 10,000-15,000 \_\_\_\_\_ 15,000-20,000  
 \_\_\_\_\_ 20,000-30,000 \_\_\_\_\_ 30,000-40,000 \_\_\_\_\_ 40,000-50,000 \_\_\_\_\_ over 50,000

Is your child from a military family? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please select all that apply: \_\_\_\_\_ Army \_\_\_\_\_ Navy \_\_\_\_\_ Marines \_\_\_\_\_ Air Force \_\_\_\_\_ National Guard \_\_\_\_\_ Reserves

# Authorization for Emergency Medical Care

I, \_\_\_\_\_ hereby authorize the Boys & Girls Clubs of Topeka to give consent for treatment for my child \_\_\_\_\_ in the even of illness or injury.

This authorization is effective from **August 15<sup>th</sup>, 2011 through May 31<sup>st</sup>, 2012.**

My child's doctor is \_\_\_\_\_ Phone # \_\_\_\_\_

- List any current medications and dosages: (If none, write none)

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- List any allergies, including food allergies: (If none, write none)

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- Does your child have a cognitive (intellectual disability), social (behavioral) or physical disability that would be important for us to know so that we can accommodate those needs?

[  ] YES [  ] NO

If YES, please explain:

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- Is there any other information you would like to share so that we may better support your child?

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- Does your child have asthma? [  ] YES [  ] NO
- Are your child's immunizations up to date? [  ] YES [  ] NO
  - **Date of last tetanus shot:** \_\_\_\_\_

Name of insurance or medical assistance program: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

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

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



# Parent Information

Please read and sign below.

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

### Licensing Information:

1) I attest that my child is at least attending kindergarten and is no more than 18 years of age. I am willing to provide proof of age or school enrollment if necessary. **Initial** \_\_\_\_\_

2) I understand the Boys & Girls Clubs of Topeka operates as a drop-in program. According to KDHE regulations, this means the youth may come and go at their own volition. **Initial** \_\_\_\_\_

### Policy information:

1) I understand that all membership fees must be paid in advance. If fees are not paid on time, membership may be suspended until the account is brought current. All membership monies are non-refundable. **Initial** \_\_\_\_\_

2) I understand that I MUST pick up my child on time every day. I understand that if I am late to pick up my child I am subject to a late fee of \$5.00 for every 15 minutes that I am late. I further understand if my child is left at the club for more than 30 minutes past closing, the Boys & Girls Club will contact the Topeka Police Department. **Initial** \_\_\_\_\_

### Safety:

1) Membership at the Boys & Girls Clubs of Topeka is a privilege. I understand that my child is required to follow the rules, as outlined in the parent and member handbooks, at all times. Failure to comply with club rules and staff may result in suspension or cancellation of membership without refund. **Initial** \_\_\_\_\_

2) I understand that electronic devices, cell phones and personal items should be left at home. I understand that any money brought to the club is the responsibility of my child. I will not hold the Boys & Girls Clubs of Topeka responsible for any personal items or money lost, stolen or damaged at the club. **Initial** \_\_\_\_\_

3) I give the Boys & Girls Clubs of Topeka permission to transport my child. I understand that my child must follow the rules of the bus and it's driver at all times. If these rules are not followed, my child may not be allowed to ride the bus. **Initial** \_\_\_\_\_

### Success:

1) I give permission for USD 501/USD 345 to share information specific to my child's grades and academic progress with the Boys & Girls Clubs of Topeka. **Initial** \_\_\_\_\_

2) I give permission for statistical information about my child to be shared with Boys & Girls Club of America. **Initial** \_\_\_\_\_

3) I grant my consent for the Boys & Girls Club of Topeka to use photographs/video of my child for promotional purposes. **Initial** \_\_\_\_\_

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I have read and completed the enrollment packet in its entirety. I will notify the Boys & Girls Clubs of Topeka of any changes to this application, including address and phone numbers.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_