



BOYS & GIRLS CLUBS
of Topeka

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North Topeka Clubs

2011-2012 School Year

Enrollment Packet

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Fees:	<u>Full Price</u>	<u>Reduced lunch rate</u>	<u>Free lunch rate</u>
Before School:	\$20 per week	\$10 per week	\$10 per week
After School:	\$10 per week	\$5 per week	\$2.50 per week
Both:	\$30 per week	\$15 per week	\$12.50 per week

Boys & Girls Clubs are KDHE Licensed & SRS Approved Providers

BGCT Before School Programs:

Elmont
Logan
North Fairview
Rochester
Pleasant Hill
West Indianola

***BGCT After School Programs:**

Indian Creek
Logan

*Transportation is provided to these locations.

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



**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 15th, 2011 through May 31st, 2012.**

My child's doctor is _____ Phone # _____

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

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

- 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:

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

- 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: _____