



BOYS & GIRLS CLUBS
of Topeka
(785) 234-5601

2011

North Topeka

Summer Enrollment Packet

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The Boys & Girls Clubs of Topeka are KDHE Licensed & SRS Approved Providers

Location: Indian Creek
4303 NE Indian Creek Rd.
Topeka, KS 66617

Fee:
\$275 for the summer
\$200 for those on free or reduced lunch

Payments can be made on-line at:
www.bgctopeka.org



BOYS & GIRLS CLUBS
of Topeka

2011 Summer Membership Form

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

Child Receives (check one): _____ Free Lunch _____ Reduced Lunch _____ Neither _____

Enrolling in (check one): _____ Adams _____ Indian Creek _____

Emergency Contact Information:

Mother/Stepmother/Guardian (circle one)

Father/Stepfather/Guardian (circle one)

Name: _____
 Home phone: _____
 Cell phone: _____
 Work phone: _____
 Place of work: _____
 Email: _____

Name: _____
 Home phone: _____
 Cell phone: _____
 Work phone: _____
 Place of work: _____
 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. It will be kept confidential at all times.)					
Child lives with: <small>(circle one)</small>	Both parents	Mother	Father	Aunt/Uncle	Grandparent
	Sister/Brother	Foster Parent	Shared Custody	Other	
Number in household: _____	Number of Siblings: _____				
Total annual household income: _____					
Is your child from a military family? ___ YES ___ NO					
If yes, please select all that apply: ___ Army ___ Navy ___ Marines ___ National Guard ___ Reserves					



Parent Information

Please read, complete and initial every statement and sign below.

Child's Name: _____

1) I attest that my child is at least in kindergarten and is no more than 18 years of age. I am willing to provide proof of age or school enrollment if necessary. **Initials:** _____

2) I grant my consent for the Boys & Girls Club of Topeka to use photographs/video of my child for promotional purposes. **Initials:** _____

3) 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. **Initials:** _____

4) 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. **Initials:** _____

5) I understand that my child is required to follow the rules of the Boys & Girls Clubs of Topeka at all times. Failure to comply with club rules and staff may result in suspension or cancellation of membership without refund. **Initials:** _____

6) 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. **Initials:** _____

7) 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 its driver at all times. If these rules are not followed, my child may not be allowed to ride the bus. **Initials:** _____

9) 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. **Initials:** _____

.....
I have read and completed the enrollment packet. I will notify the Boys & Girls Club of Topeka of any changes in address or phone numbers listed in the application.

Parent or Guardian Signature: _____ **Date:** _____

Print name: _____

Is there any other information you would like us to know so that we may better serve your child?

Consent for Emergency Medical Treatment

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 **June 1st, 2011 through August 12th, 2011.**

Our 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:

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

Insurance Name: _____

Policy #: _____ Insurance Employer: _____

Signature of Parent/Guardian _____

Date: _____

State of Kansas

County of _____

Signed or attested before me on _____ by _____

(Seal, if any)

Notary Signature

My appointment expires: _____