

Yearly Membership January 1, 2021 –December 31, 2021

MEMBERSHIP APPLICATION

In order to process your child's membership application, we need to obtain **all** the following information from you:

- ✓ Completed Membership Form Must Be Completely Filled Out (2nd page)
- ✓ **Medical Form** Our medical form MUST be completely filled out and signed by a Physician or you can provide us with a copy of an existing physical. Physicals or Medical Forms must be dated within the last 2 years and must include immunization record.
- ✓ **Proof of Greenwich Residency** One of the following: utility bill, lease, phone bill, tax bill, notarized statement from landlord, bank statements, paystubs no driver's license, checkbooks
- ✓ Copy of Birth Certificate Required only for 6-year-old children to verify age.
- ✓ **Proof of Employment** (FOR NON-RESIDENTS ONLY)
 - o A current pay stub with your employer's name and address on it or
 - o A notarized letter from your employer on company letterhead
- ✓ Forms/Releases:
 - Covid-19 Waiver
 - Codes of Conduct
 - o GPS Request for Records (if applicable)
 - o High School Dismissal Form (if applicable)
- **✓** Membership Fees:
 - o \$75.00 Youth Membership (Resident of Greenwich)
 - o \$25.00 High School Membership (Resident of Greenwich)
 - \$175.00 Non-Resident Youth Membership (Parent/Guardian who is employed in Greenwich)

Additional donations will be gladly accepted

All Registrations can be submitted online For additional questions:

(203) 869-3224

E-mail: info@bgcg.org

www.bgcg.org

IMPORTANT POLICIES

(Please read. You will be asked to acknowledge receipt and agreement to these policies)

BEHAVIOR POLICY AND MEMBER EXPECTATIONS

The Boys and Girls Club is providing the best Club experience for all members. We strive to create a positive Club environment, to foster member development and promote positive interaction among our members, staff and volunteers. We believe that all persons involved in our Club have the right to a safe, respectful, and productive environment. We believe that this type of quality climate requires high expectations, positive behavioral guidelines and fair discipline policies and procedures. In an effort to maintain this environment, we teach and practice the following Club expectations and discipline policy to allow all members and parents/guardians to have a clear understanding of the Club's standards and expectations.

DISCIPLINE POLICY AND PROCEDURES

The Club maintains an escalating policy of discipline with final decisions resting with the Chief Executive Officer. Breaches of Club rules and expectation are considered serious and can ultimately result in suspension or termination of membership. Following steps that may be taken:

- Verbal warning with possible removal from activity.
- Removal from activity and meeting with Program Director and a phone call to parent/guardian.
- Formal meeting with member, parent/guardian and Program Director.

CODE OF CONDUCT

The Boys and Girls Club of Greenwich is committed to providing a safe place for children and youth. Aggressive, hostile and other dangerous behavior is not tolerated. No one shall threaten the safety of another person. We are a tobacco-free environment and use of tobacco products and electronic cigarettes is prohibited on Club property or at Club sponsored events. Substance abuse, which includes the possession, use or sale of illegal drugs or the unlawful use of lawful substances including alcohol and prescription drugs will not be tolerated on Club premises or at any Club-sponsored or Club-related functions.

Parents must treat Club staff, volunteers, members and other parents with respect. Please remember that children learn best by example and it is critical that parents and staff work together to provide the most positive experience possible for children enrolled in BGCG programs.

BGCG reserves the right to dismiss a family at any time we deem necessary. Reasons for dismissal include, without limitation, the following: excessive disruptive or dangerous behavior by the child or parent, excessive and continuing injuring of other children, adults or property; any other inappropriate conduct, to be determined at our discretion.

LATE PICK UP POLICY

BGCG closes at 6 PM for the afterschool program*. Club members must be picked up on time. Any member not picked up by 6:00pm, will be required to pay a late pick up fee and will be removed from the afterschool program.

For every 15 minutes that you are late to pick up your child, you will be required to pay \$10.00. Payment must be made before your child will be allowed back into the Club. IF you do not pay, your child will not be allowed back into the After School or Camp Program until your fee is paid.

*The only exception is for children who are registered for additional classes after the 6 PM pick up time.



Member's Info



Yearly MEMBERSHIP 2021

Child's First Name:	Name:	me:					
Street Address:							
City:	_ State:						
Home Telephone Number:		Cell	Cellular Number:				
Date of Birth:	Age: _				Female		
Current School:		GHS Hous			rrent Grade:		
Current Teacher:		_ Expected	High School	Gradua	ntion Year:		
Ethnicity: African-American Ass	ian Hispa	anic White	Native Am	erican	Multi-Racial	Other	
Child lives with: Mom Stepmo	om Dad	Stepdad	Grandparent	Other	·	_	
Current Single Parent: Yes No		Head	of Household:	Male	Female		
Number of People Living in Househol	d: Adults: _		Children:				
Number of Brothers: Ages:				.ges:			
Parent 1 Name:			Parent 1 Cell #	‡:			
E-mail:			Work Phone #:				
Parent 1 Employer:			Full Time?	Yes	No		
Parent 2:			Parent 2 Cell#	:			
E-mail:			Work Phone #:				
Parent 2 Employer:			Full Time?	Yes	No		
Primary Language Spoken in the Home):				-		
Is either parent a Club Alumni: Ye	es No						
If so, who:							
Total Family Income: \$0-\$34,400	1-\$77,450						
\$34,401-\$64,550	\$77,45	1-\$102,600 _		\$125	,401 +		
Family Size:							
Circle all that apply: SSDI SSI	TANF	Care 4 Kids	Food Stamps	Ge	neral Assistance	Free Lunch	
Reduced Lunch Unemployment Cor	npensation	Foster Child	Public Hous	sing	Section 8 No	one of the Above	
MEMBER MEDICAL CONCER	<u>RNS</u>						
Allergies:				None			
Medical Problems:				None			
Physician Name and Phone Number							
Can Member Swim? Yes No	Please ext	olain anv Sneo	rial Needs/Cond	erns fo	r Member: V	es No	

EMERGENCY CONTACT

IN EMERGENCY, N	NOTIFY:	
Relationship:	Phone	#:
The following peop	ole are permitted to	pick up my child:
Name of Participar	nts NOT allowed to p	pick up: (Must Provide Legal Documentation)
	<u>Per</u>	missions and Waivers
	(Please rea	d carefully and initial below)
My child has	permission to be used in	n public relations materials
My child may	participate in all Boy &	& Girls Club of Greenwich activities in or adjacent to the Club
Building		
My child has j	permission to be transpo	orted by BGCG bus from school to the Club when this service is
available. I ur	nderstand that the Club 1	reserves the right to remove my child from transportation services.
My child has j	permission to travel with	h the Club to any field trip or outing that I sign my child up for
during the sch	nool year and/or summer	r program
My child has j	permission to receive ba	asic first aid or emergency medical treatment
I have read an	d received the Disciplin	e Policy and Procedure
I have read an	d received the Code of	Conduct for adults and children.
I have read an	d received the Late Pick	c Up Policy
I voluntarily s	ubmit my children for re	egistration as a member of the Club. Activities at the Club may
include, but a	re not limited to Swimm	ning, Sports and Recreational Activities, and transportation. I will
hold harmless	the Club from any clair	m made by me or my children or any entity on behalf of myself or
my child arisi	ng out of my child's par	rticipation in the program. I further state that I am of lawful age and
legally compe	etent to sign this agreem	ent, and that my signing this agreement is my own free act.
Parent's Signature:		Date:
Yes! I would like to	support the Boys & G	Girls Club of Greenwich by making a donation:
FOR OFFICE USE	ONLY:	
Amount: \$	Donation: \$	Paid By: Cash AMEX VISA MC Check #:
Date:		Processed by:

MEDICAL EXAMINATION (MUST BE COMPLETED & SIGNED BY A LICENSED PHYSICIAN) Name

Name											
Home Phone ()										
Height	Weigh	nt		-1							
Special diet (Y) (N Allergies (Y) (N) Chronic Illness / Co Current Medication	ondition (Y) (N)								_	
Identify any known or which would cur									ose a risk to o	other child	iren
Medical information	n pertinen	t to rou	tine chi	ld care	and em	ergencie	es:				<u> </u>
Is this child current Commissioner of P		lth? (Co		eut Gen	eral Sta	tute 19	a-7f) (Y	dule a	idopted by the	e	
	DTP / DTaP / DT	1ST DOSE	2ND DOSE	3RD DOSE	4TH DOSE	5TH DOSE	MMR (1st Dose)]		
	OPV/IPV						MEASLES (2nd Dose)				
	Hib (HAEMOPHILUS INFLUENZA TYPE B)						VARICELLA (Chicken Pox) (Recommended)				
	HEPATITIS B						0THER (Specify)				
Γhe above person is									-	ed.	
Name (Please Print)											
Address											
Date form signed											
State License in	License #										
Date	of E	kam	inat	ion							