



**BOYS & GIRLS CLUB  
OF WOOSTER**

**Teen Center**

**Member Information:**

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

Address: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Grade (2021-2022 school year): \_\_\_\_\_

Age and birthday: \_\_\_\_\_

Allergies or medical needs: \_\_\_\_\_

**Legal Guardian Information (\*required\*)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child):  
\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email (for billing and  
announcements): \_\_\_\_\_

**Contact #2 (\*required\*)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child):  
\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Authorization:**

\_\_\_ I give permission to the Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

\_\_\_ I DO NOT give permission to Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. Please note: A BGCW staff person will contact you if you choose this option.

\_\_\_\_\_ Parent/guardian Initials

Please note: For the safety of our members, the adult picking up a child may be asked to present identification. Your child may only be picked up by a legal guardian or emergency contact.

Please list anyone unauthorized to pick up your child:

---

**Open Door Policy:** I understand that the Boys & Girls Club of Wooster is an open door facility and open to all youth members during posted hours of operation. My child will be supervised while at the club. I set the boundaries and consequences if my child leaves the facility without my permission. Once a child is signed out, they will not be allowed to re-enter unless coming back from a pre- approved activity. BGCW allies all youth 13 years of age and older to come and go as they please; they may sign themselves out at any time.

**My child is allowed to sign themselves out....**  At any time  To walk home  Never

To ride bus transportation to:  Cornerstone  Library  Community Action   
Gasche/Bowman  
 Melrose  Smithville Western/The Avenue  Oak Hill/Mindy Lane  Parkview

**Program Services and Publicity - Please initial if you agree.**

I hereby grant permission to the Club to ask my child to complete surveys that help evaluate the programs.

I hereby grant permission to the Club to use photographs of my child for publicity purposes.

Is your child eligible for free or reduced lunch?

**Yes:**  free  reduced

**Please Complete the Scholarship form attached**

**No:**

**Please pay the \$25 membership fee**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent Information Sheet

## Contact Information:

Teen Center Site phone number: 330-439- 9629

[info@bgcwooster.org](mailto:info@bgcwooster.org)

Teen Center Site Director: Audrey Fry

[fry.a@bgcwooster.org](mailto:fry.a@bgcwooster.org)

## Days & hours of operation:

We will follow the Wooster city School District schedule. If there is no school due to a holiday or snow day, we will also not have club that day. Normally we will be open Monday-Friday from 2:45p.m.-6:00p.m.

## Membership (registration) Fee:

If eligible for free or reduced lunch- \$0.00

If non-needy- \$25.00

## Monthly Rate:

\$0.00 for all students

## Food:

We have partnered with the Akron-Canton Regional Food Bank and will be providing an after school snack/meal everyday for the members.

We will also be handing out “weekend bags” filled with an array of food and beverages every friday.