



BOYS & GIRLS CLUB Of Wooster

330-988-1616

PMB Box 189, 343 W. Milltown Rd. Wooster, OH 44691

www.bgcwooster.org

www.facebook.com/bgcw1

Office Use Only

Membership Date _____

Expiration Date 8/9/2019

Club I.D. Number _____

Paid _____

2018-2019 MEMBERSHIP

Please Print Clearly

Child's Name: _____

Home Phone: _____

Address: _____

City, State, Zip: _____

Age: _____ Date of Birth: _____

Parent(s)/Guardian that the child lives with

Name: _____ Relationship: _____

Home Phone: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Email: _____

****Email is required for billing purposes****

Parent/Guardian #2

Name: _____ Relationship: _____

Home Phone: _____

Employer: _____ Work Ph.: _____

Cell Phone: _____ Email: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Emergency Contact

Please provide a third, non-parent, Emergency Contact

Name: _____

Address: _____

Phone: _____

All information requested on our membership application is kept strictly confidential. Free/reduced lunch status and race/ethnic background information is needed and only used for grant funding and reporting purposes.

GENDER

____ Male ____ Female

CURRENT GRADE _____

TEACHERS (2018-2019)

-Math, Science, SS, LA-

MEMBERSHIP STATUS

____ New Member ____ Renewing Member

RACE/ETHNIC BACKGROUND

____ African American

____ Asian

____ Caucasian

____ Hispanic

____ Native American

____ Multi-racial

Other _____

WHO DOES THE CHILD LIVE WITH?

____ 2 Parent Family ____ Grandparent

____ Mom Only ____ Guardian(s)

____ Dad Only ____ Other

____ 1 Parent/1 Step Parent

IS YOUR CHILD ELIGIBLE FOR FREE OR REDUCED LUNCH? If yes, mark Free or Reduced:

Yes: ____ Free ____ Reduced

Please complete scholarship form

____ No: Please pay \$15 membership fee and see attached form for daily fees.

****FORM CONTINUED ON BACK****

Please Check YES or NO

I grant the Boys & Girls Club of Wooster permission to:

- YES NO Use photographs of my child for publicity purposes
- YES NO Ask my child to complete surveys that help evaluate the programs
- YES NO Contact my child's school to obtain or send progress reports

WAIVER OF DISABILITY AND DISCLAIMER: In consideration of my child's membership and participation in the activities and program of the Boys & Girls Club of Wooster, I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights and claims or damages against the Club and/or its sponsors for knowledge of the risks involved in said participation and that my child is in good health and has no physical or mental condition which would make it dangerous for my child or for other participants when my child is involved in any of the sponsored activities.

EMERGENCY AUTHORIZATION:

I give permission to 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.

I, the parent/guardian of the child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Wooster, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Parent/Guardian Signature: _____ Date: _____

OPEN DOOR POLICY: I understand that the Boys and 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 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 allows 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 BGCW transportation to: _____

BGCW Busing stops at the Elementary Schools and Community Action, see transportation form for more information.

Please list anyone **unauthorized** to pick up your child _____

Please list any other sign out notes (i.e. May be signed out by certain people, on certain days, for sports practice, etc.)

Other Necessary Information:

Any known medical conditions, allergies, behavioral needs, etc.

I certify that the information concerning the applicant is accurate:

Parent/Guardian Signature _____ Date _____

Before and After School Pricing Information



All programs must submit a membership form and \$15.00 membership fee/scholarship form.

Before School Program

Hours:

7_{AM} – Start of School

Daily Fees:

Standard Rate - \$2.50 Reduced Rate - \$2.00 Free Rate - \$1.00

After School Program

Hours:

2:45_{PM} – 7:00_{PM}

Daily Fees:

Standard Rate - \$3.00/day **OR** \$40.00/month (must be pre-paid)

Those who qualify for free or reduced lunch are eligible for a waived fee, but **must fill out the scholarship form.**

Boys & Girls Club provides programming at low to no cost for its members in order to give kids a fun, safe place to be during their out of school time hours. The true after school program cost per day per child is equivalent to approximately \$10, but due to the generous support of the Boys & Girls Club Board of Directors and benefactors, we are able to offer the program at a reduced daily rate of \$3 per day.

You must submit a scholarship form in order to qualify for the free or reduced rate. **If no rate is indicated, you will be charged the standard rate.** Boys & Girls Club of Wooster reserves the right to ask for additional documentation of income.

You will receive a statement the 15th & last day of each month if your child holds a balance. You may also pay daily or pay ahead. If you are unable to make payments, please contact the Boys & Girls Club office for assistance: 330-988-1616.

BGCW reserves the right to deny services to those who owe a balance. Those with balances from the 2017-2018 school year or summer program may not be able to attend.



Scholarship Application 2018—2019 School Year

This form must be completed prior to registration. If scholarship information is not complete you will be charged the full rate. BGCW reserves the right to request additional documentation of income.

Child's full name (print clearly)

Grade (2016-2017 SY)

Address

City

State

Zip

1. What is your household yearly gross income? \$_____ (required)
2. How many people live in your house in each category?

Age birth-18 _____

Age 19-59 _____

Age 60+ _____

TOTAL: _____

3. According to the chart below, is your household income at or below the income listed for the total number of people in your household?

- A. YES** --- You qualify for a scholarship. Please sign the form at the bottom and return with the membership forms. DO NOT attach a fee with your membership forms.
- B. NO** --- You do not qualify. Please turn in the full registration fee (\$15 per child) with membership forms.

Household Size	Annual	Monthly	Twice per Month	Every 2 Weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,480	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,402	1,201
7	70,411	5,868	2,934	2,710	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional member add	7,992	665	333	308	154

By signing this form, I verify that the individual listed above is a United States citizen. I authorize that the above information is accurate to the best of my knowledge.

Parent/Guardian Signature

Date