



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

Thunderbirds Branch After School Program Registration Form

Member's Name: _____

Grade: _____ School: _____

Program: AM After School AM & After School

Member's Name: _____

Grade: _____ School: _____

Program: AM After School AM & After School

Member's Name: _____

Grade: _____ School: _____

Program: AM After School AM & After School

(initial) I understand that payments are due on the 1st of each month for the upcoming month. If payment is not received before the 1st of the month, a late fee will be added to each member's account.

(initial) if I need to change or cancel the program my child is enrolled in, a written notice is required by the 20th of the prior month. If notice is not received I will be responsible for that month's tuition. Cancellations must be made in the office or by email at thunderbirds@bgcs.org

(initial) Fall break, Winter break and Spring break camp are an additional charge and require registration.

Cost

AM: 1st child \$95 / 2nd child \$85
ASP: 1st child \$190 / 2nd child \$175
AM & ASP: 1st child \$250 / 2nd child \$230

Closed Dates

Labor Day: 9/3/18
Staff Training: 9/13/18 & 9/14/18
Veteran's Day: 11/12/18
Thanksgiving: 11/22/18 - 11/23/18
Christmas Eve &

Christmas Day:

12/24/18-12/25/18
New Year's Eve: 12/31/18
New Year's Day: 1/1/19
Presidents Day: 2/18/19
Memorial Day: 5/27/19
Staff Training: 5/23/19 & 5/24/19

Parent Signature: _____ Date: _____



MEMBERSHIP APPLICATION

LAST NAME
MEMBER #
BRANCH
PROGRAMS

CHILD INFORMATION

LAST NAME		FIRST NAME		MI	SUFFIX (Jr., etc.)
NICKNAME		GENDER	ETHNICITY <input type="checkbox"/> African-Amer. <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Amer. <input type="checkbox"/> Asia/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
STREET ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS			HOME PHONE		
GRADE	SCHOOL		DATE OF BIRTH	NUMBER IN HOUSEHOLD	
SRPMIC MEMBERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH COMMUNITY? <input type="checkbox"/> SALT RIVER <input type="checkbox"/> LEHI					

EMERGENCY INFORMATION

EMERGENCY CONTACT (NOT GUARDIAN)		PHONE NUMBER	RELATIONSHIP TO CHILD
ALLERGIES	HEALTH INS. CARRIER	MEDICATIONS	

PARENT / GUARDIAN INFORMATION

LAST NAME			LAST NAME		
FIRST NAME	MI	SUFFIX (Jr., etc.)	FIRST NAME	MI	SUFFIX (Jr., etc.)
RELATIONSHIP TO THE CHILD		MARITAL STATUS	RELATIONSHIP TO THE CHILD		MARITAL STATUS
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business
EMAIL			EMAIL		
EMPLOYER			EMPLOYER		
JOB TITLE			JOB TITLE		

HOUSEHOLD INFORMATION

ANNUAL HOUSEHOLD INCOME (Check One)		ACTIVE MILITARY	
<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$30,000 - \$39,999	<input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY BRANCH:
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$40,000 - \$49,999	CHILD LIVES WITH	
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP PARENT	
	<input type="checkbox"/> \$100,000 +	<input type="checkbox"/> OTHER:	
PARTICIPATION/QUALIFICATION FOR ASSISTANCE PROGRAMS		SINGLE PARENT HOUSEHOLD	FOSTER CARE
<input type="checkbox"/> SSDI	<input type="checkbox"/> VETERAN COMPENSATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SSI	<input type="checkbox"/> DAYCARE VOUCHER		
<input type="checkbox"/> TANF/AFDC	<input type="checkbox"/> SCHOOL LUNCH PROGRAM		
<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> FREE (OR REDUCED) SCHOOL LUNCH PROGRAM		

I hereby give my permission for my child to become a member of Boys & Girls Clubs of Greater Scottsdale. I give my permission for emergency medical treatment of my child for illness or accident, if I cannot be contacted. I give full consent to publish all photographs, motion pictures and/or videos for any and all Club related exhibitions, public displays, publications and/or advertising purposes, without limitation or reservation. I also agree no compensation will be paid for any of the aforementioned. I understand that the Club is not responsible for the time or manner in which he/she arrives at or leaves the Club and that he/she may go at his/her own volition. If I do not want my child to leave the Club, I recognize that it is my responsibility to communicate that to him/her. I also understand that reentry is not allowed once my child leaves. The Boys & Girls Clubs and its property are not responsible for personal injury or loss of property.

PARENT/GUARDIAN SIGNATURE	WITNESS	DATE
START DATE	EXP. DATE	REVISED APRIL 2018



PARENT / GUARDIAN AGREEMENT

I have read and agreed to Boys & Girls Clubs of Greater Scottsdale's Parent/Guardian Handbook & Policies. I understand what is expected of my child and myself while he/she attends the Club. I agree to explain these expectations to my child. Please initial the boxes below.

- I understand that the Club is closed on the following holidays: Labor Day, Veteran's Day, Thanksgiving Day & the day after, Christmas Eve & Christmas Day, New Year's Eve, New Year's Day, President's Day, Thursday & Friday before the start of Summer, Memorial Day, Independence Day, Last Day of Summer, Staff Training Days (Sept 13 & 14). On occasion the Club may have additional closure days. Parent/Guardian will be notified two weeks prior to closure.
- Technology Policy (I have read and agree)
- Behavior Policy (I have read and agree)
- Boys & Girls Clubs of Greater Scottsdale has my authorization to use photographs, reproduction and any sound recording of my child. Such use may include advertising and publicity purposes. (I attest that my child's identity is not under protection furthermore, he/she is not under court order of protective custody.)
- I approve the administration of pre/post surveys as well as on-line evaluation tools to my child while he/she is participating in Boys & Girls Clubs of Greater Scottsdale program. I understand these results are helpful in evaluating the effectiveness of the program, which the information is strictly confidential, and that copies of the surveys/tools are available to me upon request.
- I acknowledge that as I am the parent/guardian signing the membership form, I am ultimately responsible for any/all monies due to the Club on behalf of said member. I am aware that any information requested by a third party must be obtained by myself and passed on or requested in writing from the Branch Director and signed by the parent requesting the records.
- (Lehi and Red Mountain Branches only) I understand that in the event consultation is needed regarding any issues such as anger management, bereavement, family issues, etc., the Lehi and Red Mountain Branches will refer members and families to agencies in the Salt River Pima Maricopa Indian Community or other agencies to receive the services needed.
- (Vestar Branch Only) My child has permission to use the rock wall as part of the available sports, fitness and recreation programming. The climbing wall measures 10 ft. high and 30 ft. wide. Sturdy climbing mats are placed on the floor beneath the wall. Proper shoes must be worn to access the rock wall.

PARENT/GUARDIAN PRINTED NAME		DATE
PARENT/GUARDIAN SIGNATURE		DATE
CHILD'S NAME	CHILD'S NAME	
CHILD'S NAME	CHILD'S NAME	

PLEASE RETURN SIGNED AGREEMENT WITH PAPERWORK



REGISTRATION

Grades K - 6th

OFFICE USE ONLY

AFTER SCHOOL
 BEFORE SCHOOL
 BOTH
 FALL BREAK
 WINTER BREAK
 SPRING BREAK

CHILD'S NAME	GRADE	SCHOOL
CHILD'S NAME	GRADE	SCHOOL
CHILD'S NAME	GRADE	SCHOOL
CHILD'S NAME	GRADE	SCHOOL

The following persons (please include yourself) have my permission to pick up my child(ren) from the Club.

1.

NAME
PHONE NUMBER
RELATIONSHIP

EMERGENCY MEDICAL INFORMATION

You have my permission to seek emergency medical treatment for my child(ren) if I cannot be reached.

PARENT/GUARDIAN INITIAL

2.

NAME
PHONE NUMBER
RELATIONSHIP

SPECIAL CONDITIONS/NEEDS

Please describe any conditions/needs your child may have such as hearing, speech, asthma, emotional, behavioral, etc.

3.

NAME
PHONE NUMBER
RELATIONSHIP

CHILD'S NAME & CONDITIONS/NEEDS

CHILD'S NAME & CONDITIONS/NEEDS

CHILD'S NAME & CONDITIONS/NEEDS

4.

NAME
PHONE NUMBER
RELATIONSHIP

CHILD'S NAME & CONDITIONS/NEEDS

CHILD'S NAME & CONDITIONS/NEEDS

5.

NAME
PHONE NUMBER
RELATIONSHIP

HOW DID YOU HEAR ABOUT US?
<input type="checkbox"/> FRIEND <input type="checkbox"/> INTERNET <input type="checkbox"/> RETURNING/EXISTING MEMBER <input type="checkbox"/> OTHER: