



BOYS & GIRLS CLUBS
OF BREA - PLACENTIA - YORBA LINDA

TEL: (714)990-0215
FAX: (714) 990-5036
www.everykid.org

SCHOOL YEAR 2019-2020

MEMBERSHIP APPLICATION

Date Enrolled: _____
 Receipt #: _____
 Payment Type: _____
 Site: Brea YLMS BYMS
 Staff Initials: _____
 Ent. Date ____ Exp. Date ____

Member Information

<p>First Name: _____ Last Name: _____ Middle: _____</p> <p>Birth Date: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female School Name: _____</p> <p>School District: <input type="checkbox"/> BOUSD <input type="checkbox"/> PYLUSD <input type="checkbox"/> FSD <input type="checkbox"/> Other: _____ Grade: _____</p> <p>Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American</p> <p>Address: _____ City: _____ State: _____ Zip Code: _____</p> <p>Receives Free/Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____</p>
<p>First Name: _____ Last Name: _____ Middle: _____</p> <p>Birth Date: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female School Name: _____</p> <p>School District: <input type="checkbox"/> BOUSD <input type="checkbox"/> PYLUSD <input type="checkbox"/> FSD <input type="checkbox"/> Other: _____ Grade: _____</p> <p>Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American</p> <p>Receives Free/Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____</p>
<p>First Name: _____ Last Name: _____ Middle: _____</p> <p>Birth Date: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female School Name: _____</p> <p>School District: <input type="checkbox"/> BOUSD <input type="checkbox"/> PYLUSD <input type="checkbox"/> FSD <input type="checkbox"/> Other: _____ Grade: _____</p> <p>Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American</p> <p>Receives Free/Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____</p> <p>Are member(s) child/ren of military parent: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do member(s) live on military base: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Parent /Guardian Information

<p>First Name: _____ Last Name: _____</p> <p>Address: _____ City: _____ State: _____ Zip Code: _____</p> <p>Email Address: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Home #: _____ Cell #: _____ Work #: _____</p> <p>Family Income: <input type="checkbox"/> Less Than 30k <input type="checkbox"/> 30-50k <input type="checkbox"/> 51-99k <input type="checkbox"/> 100-15k <input type="checkbox"/> 150-200k <input type="checkbox"/> Over 200k</p>
<p>First Name: _____ Last Name: _____</p> <p>New Address / <input type="checkbox"/> Same as Above: _____ Email Address: _____</p> <p>City: _____ State: _____ Zip Code: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Home #: _____ Cell #: _____ Work #: _____</p>

Medical Information

Does the member have any physical, emotional, or other limitations that might impact the member's use of the Club or receipt of emergency medical treatment or about which the Clubs otherwise should be aware? YES NO

If YES, please explain _____

Medication taken regularly _____ Please list any allergies _____

Medication is the responsibility of the parent/s and Family Physician. Parents are urged, with the advice of your child's Physician to work out a schedule of administering medication at home, outside of Club hours. Club Staff are non-medical personnel. The Club is willing to safeguard inhalers for asthmatics, but takes no responsibility for administering dosages, or for replacement cost if lost or stolen.

Emergency Contact Information (Please list 2 preferably someone nearby)

First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____
First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____
First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____

Photo Consent/Release

I give my consent for my child to appear in photographs, newspaper, articles, brochures, public materials. etc. related to their participation in the Boys & Girls Club events: YES NO

The Boys & Girls Club has permission to use my child's picture and first name in public relations materials: YES NO

Disclaimer: I have received, read and understand the Parent /Member handbook. I understand the rules of the Boys & Girls Clubs of Brea-Placentia-Yorba Linda and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter. By signing below I agree to release the Boy & Girls Clubs of Brea-Placentia-Yorba Linda, its staff and Board of Directors, from any liability resulting from any accident or incident involving my child on Club premises or while engaged in any Club-sponsored activity away from Club premises. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for the Boys & Girls Clubs of Brea-Placentia-Yorba Linda legal fees. I understand that the Boys & Girls Clubs of Brea-Placentia-Yorba Linda operates under an open door policy. I will be responsible for making sure that my child understands that he or she is not to leave the premises unless it is with either myself or another individual that I designate. I further understand that I am to inform the Club if my child is permitted to walk home.

ALL MEMBERSHIPS ARE ACCEPTED ON A TRIAL BASIS, THE FIRST 60 DAYS OF MEMBERSHIP WILL BE CONSIDERED PROBATIONARY MEMBERSHIPS MAY BE RESCINDED BY CLUB MANAGEMENT FOR REASONS OF SAFETY, CONDUCT, OR DISCIPLINARY ACTION.

I have received, read and understand the rules and regulations of the Club, including Dress Code Policy, and I have explained it to my child:

Child/ren: _____ Date: _____

Parent Signature: _____ Print Name: _____



BOYS & GIRLS CLUBS
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School Year 2019-20 Policies & Procedures Form

Please initial next to each statement

General Information

_____ A completed Membership Application, \$50 School Year registration fee, the first week's dues and signed Policy and Procedure Form are due upon registration for each child, prior to attending the Club program. We will not accept faxed or e-mailed applications. **ALL MEMBERSHIPS ARE CONSIDERED TO BE PROBATIONARY DURING THE FIRST 60 DAYS OF MEMBERSHIP, A MEMBER ON PROBATION CAN HAVE HIS/HER MEMBERSHIP RESCINDED DURING THIS TIME FOR REASONS OF SAFETY, CONDUCT OR FOR DISCIPLINARY REASONS.**

_____ Full payments are due the Friday at the **END OF EACH WEEK**. The School Year prices are \$65/week or \$17/day for Walk-In Program only. Fee including transportation is \$95/ week or \$27/ day (\$120/week or 30/day Kinders). The Club accepts payment methods of cash, checks, Visa, Master card or American Express. There will be a \$25 NSF charge for insufficient funds and after (2x) you will no longer be able to pay by check.

_____ AM Program monthly payments are due the 1st week of each month **NO EXCEPTIONS.**

_____ Annual, monthly, and weekly fees must be "**PAID IN FULL**" regardless of the number of times your child chooses to use the service.

_____ A late fee of \$10/week will be charged for balances not cleared by Wednesday and a hold of services *WILL* apply.

_____ A late fee of \$10 per 10 minute increment after 6:05 pm for each child picked up after 6:00 p.m. This fee is **due upon pick up**. Failure to pay the fee or excessive tardiness (more than 2 during any session) will result in a suspension of services.

_____ All fees are non-refundable or transferable.

Club Hours and Policies

_____ The Club is not a licensed child care and operates under an open door policy. Therefore, the Boys & Girls Club asks for your help in communicating to your child that they are to remain under our care and within the clubs boundaries.

_____ The Club closes strictly at 6:00 p.m. Club staff must receive written permission to allow members to go home without a Parent/Guardian or with someone they have designated. Club members are required to be signed out by an adult each day. Once a member signs in, he or she must remain within supervised areas at all time and are not permitted to leave the Club and return at a later time on the same day.

_____ Discipline Policy: The Club practices a progressive discipline plan that begins with a warning, followed by a time out or loss of privileges and finally a written citation. After a child receives 2 citations, they will most likely be suspended from the Club. After 3 citations, the child will be dismissed from the Club. Citations are progressive, and are not year to year. The Club expects the parent's cooperation when a disciplinary issue arises.

_____The Club is not responsible for any personal belongings that a member brings to the Club. Staff members will not hold any member belongings. Please leave iPads, cell phones, PSPs, DSs and other valuable items at home. If your child brings a cell phone and uses his/her cell phone inappropriately, including taking pictures, videos or internet use, it will be confiscated.

_____ Members are expected to: be respectful to other members, staff and club equipment, ask permission to use materials and equipment, follow any other Club rules and directions given by Club staff and HAVE FUN!

_____ Please include a snack and water with your child each day. Snacks and drinks purchased on vending machines are non-refundable and the Club is not responsible for any vending machine malfunctions.

_____ Parents/guardians dropping a child off at the Club should ensure that the Club is open before leaving the premises. Please visit the front desk for important updates such as Club closures or special events.

_____ Social media is not an appropriate vehicle for voicing concerns or grievances. BGCBPYL will not engage in dispute resolution via social media. Please direct all such matters to the Lead Staff or Area Director for them to be handled appropriately.

Parents are encouraged to voice their concerns at any time, and any concerns will be investigated promptly and thoroughly. Parents will be treated respectfully and professionally throughout this process. Likewise, BGCBPYL expects the voicing of concerns by parents to be done in a professional and respectful manner. The use of profanity or other disrespectful or threatening behavior towards Club staff will not be tolerated. The Club reserves the right to terminate services at any time if it feels the behavior of a parent/guardian endangers other children or staff at the site or prevents Club staff from performing their duties as youth development professionals.

Policies and Procedures are subject to change without prior notice. Please check the parent Info board regularly for important updates

Parent Signature

Member(s) Name

Date

Brea Clubhouse
502 S. SIEVERS AVE.
BREA, CA 92821
(714) 990-0215



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2019- 20 School Year

REGISTRATION INFORMATION

Children's Names:

1. Last: _____ First: _____ Age: _____

2. Last: _____ First: _____ Age: _____

3. Last: _____ First: _____ Age: _____

Address, City: _____ Home Phone: _____

Father's/Guardian's Information:

Name: _____ Cell: _____

Employer: _____ Work #: _____

Mother's/Guardian's Information:

Name: _____ Cell: _____

Employer: _____ Work #: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

Emergency Contact #1:

Name _____ Relationship to Member _____
Home: _____ Work: _____ Cell: _____

Emergency Contact #2:

Name _____ Relationship to Member _____
Home: _____ Work: _____ Cell: _____

PAYMENT INFORMATION

REGISTRATION

\$50/ First Child in Household \$25 for each additional child registered

PAYMENT PLAN (Circle Option)

OPTION A: Entire School Year

\$3,250/ First Child, \$3,000 Additional
Children in Household
Payment in Advance Program (Program + Van)
BREAKS NOT INCLUDED

OPTION B: Weekly

\$65/First Child, Program only
\$95/ First Child, Program + Van Ride
Additional Child discounts available

OPTION C: Daily

\$17 Per Child/ per day
\$27/ per day for Prog. + Van Ride

Morning Program:

OPTION A: \$45/ weekly

OPTION B: \$150/ monthly

(Payment is due the 1st FRIDAY of each month **NO EXCEPTIONS**)

Please note that monthly fee must be "PAID IN FULL" regardless of the number of times your child chooses to use the service.

Kinder Program:

OPTION A: Weekly- \$120

OPTION B: Daily- \$30

OPTION C: Full Year- \$3,800

I agree to pay the above amount to the Boys & Girls Clubs of Brea- Placentia- Yorba Linda on or before the scheduled due date/s, and I understand that late or non-payments may result in late charges or my children's expulsion from the School Year Program.

Parent/Guardian Signature _____

Date _____