



**BOYS & GIRLS CLUBS**  
 BREA - PLACENTIA - YORBA LINDA  
 TEL: (714) 990-0215  
 FAX: (714) 990-5036  
 www.everykid.org

New Member \_\_\_\_\_ Current Member \_\_\_\_\_

# Membership Application 2016

**Office Use Only**

Membership #: \_\_\_\_\_  
 Date Enrolled: \_\_\_\_\_  
 Receipt# \_\_\_\_\_  
 Registration Fee Paid: \_\_\_\_\_  
 Method of Payment: \_\_\_\_\_  
 Site:  Brea  Bernardo  YLMS  
 Staff Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Ethnicity: Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_

Home # \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Who is enrolling child: Mother/ Father/ Guardian/ Other Name: _____ Occupation: _____ Employer: _____ Work address: _____ _____ E-mail address: _____ Work phone: _____ Home Phone: _____ Cell: _____	Contacts: Mother/ Father/ Guardian/ Other: _____ Name: _____ Occupation: _____ Employer: _____ Work address: _____ _____ E-mail address: _____ Work Phone: _____ Home Phone: _____ Cell: _____
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**Emergency Contact: other than Parent/Guardian (preferably someone near by):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

**OR**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

**THE BOYS & GIRLS CLUBS OF BREA-PLACENTIA-YORBA LINDA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, GENDER, OR CREED. ALL INFORMATION IS REQUESTED FOR REPORTING PURPOSES ONLY.**

← \_\_\_\_\_ **Flip to back side to finish registration form** \_\_\_\_\_ →

**Medical Information:** Does your family have health and / or accident insurance: YES \_\_\_ NO \_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Please list any health concerns, disabilities, or 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.**

I give my consent for my child to appear in photographs, newspaper, articles, brochures, public related 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 \_\_\_

**The following information is requested to support our non-profit grant writing/fund development efforts. All information remains strictly confidential. Please circle the amount that best describes your household**

**Persons in Family or Household size**

Persons in Family or Household size	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
1	\$20,036	\$1,670	\$835	\$771	\$386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

Child lives with: Both \_\_\_ Mom \_\_\_ Dad \_\_\_ Other: \_\_\_\_\_ Current Single Parent: YES \_\_\_ NO \_\_\_

Current Head of Household: Female \_\_\_ Male \_\_\_ Current Number in Household: \_\_\_\_\_

**PLEASE READ CAREFULLY**

**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 Boys & 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. 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 the Dress Code Policy, and I have explained it to my child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
OF BREA - PLACENTIA - YORBA LINDA

## School Year 2016- 2017 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 *PRIOR* to attendance. The School Year prices are \$45/week or \$12/day for Walk-In Program only. Fee including transportation is \$75/ week or \$20/ day (\$90 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.

\_\_\_\_\_ 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 30 minute increment after 6:15 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 3 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 iPods, 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.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date



**BOYS & GIRLS CLUBS**  
OF BREa - PLACENTIA - YORBA LINDA

**Transportation Consent Form**  
**2016 - 2017**

My Child \_\_\_\_\_ has my permission to ride in the Club van to/from the Boys & Girls Clubs of Brea- Placentia- Yorba Linda to/from \_\_\_\_\_ School. The following are a list of standards or rules that Parents and/or Members must follow or face suspension/removal from the program.

**Children must:**

- Wait at the designated pick-up area, the driver will not search for a child
- Wear a seat belt at all times in the van.
- Keep their shoes off the seats at all times.
- Be respectful to the staff, and follow the direction of staff members when directed.
- Be on time, the van will only wait for your child up to 7 minutes after dismissal time.

**Parents Must:**

- Call if their child will not be riding that day or week. If no call is received by noon of that day/ first of the week, a \$5.00 fee will be charged.
- Be responsible for transportation should your child miss the van, **the Club will make a return trip for your child for a \$5.00 fee to be added to your balance.**
- Understand that due to the dismissal times at each school that it is possible that **your child could be waiting for the van for up to 20 minutes.**
- Have your child participating in the program at least 75% of the month. There is a greater demand for pick-ups than the Club has availability, therefore your spot can be given away if you are not an active participant.
- Keep their account current, any account that goes unpaid for more than 2 weeks will result in the discontinuance of service.

I \_\_\_\_\_ authorize the Boys & Girls Clubs of Brea- Placentia- Yorba Linda to seek out medical attention for my child in the event of an emergency should I become unavailable. I further, release the Club, its agents, and board members from any/all claims that may arise from my child's participation in the program.

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Teacher's Name**

\_\_\_\_\_  
**Gr.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Cell #**

\_\_\_\_\_  
**Date**

**NOTE:**  
**ALL LATE FEES AND "NO CALL" FEES WILL BE STRICTLY ENFORCED!**



**BOYS & GIRLS CLUBS**  
OF BREA-PLACENTIA-YORBA LINDA

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

# 2016 - 17 School Year Registration

School: \_\_\_\_\_

Grade(s): \_\_\_\_\_

## 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: \_\_\_\_\_

### Mother's/Guardian's Information:

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

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

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 OR \_\_\_\_\_ \$75/ Households with Two or More Children

### PAYMENT PLAN (Circle Option)

OPTION A: Entire School Year  
\$2,500/ First Child, \$2,000 Additional  
Children in Household  
Payment in Advance Program (Program + Van)

OPTION B: Weekly  
\$45/First Child, Program only  
\$75/ First Child, Program + Van Ride  
Additional Child discounts available

OPTION C: Daily  
\$12 Per Child/ per day  
\$20/ per day for Prog. + Van Ride

### Morning Program:

OPTION A: Weekly- \$30

OPTION B: Daily- \$10

(All schools must be approved by management)

### Kinder Program:

OPTION A: Weekly- \$90

OPTION B: Daily- \$20

OPTION C: Full Year- \$3,000

*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 \_\_\_\_\_

# Acknowledgement Form

- I have read and understand the LATE PICK-UP POLICY. I understand and agree that there will be a late fee that must be paid before my child can return to the Club. A payment schedule can be arranged for considerable amounts of money due; however, I understand that I must call and make such arrangements.
- I have read and understand the BEHAVIOR POLICY/DISCIPLINARY PROCEDURES *for children and adults* stated by BGCBPYL. I understand that my child and I will need to abide by all rules of the BGCBPYL while at the Club or at a Club event.
- BGCBPYL agrees to notify the parents/guardians whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
- The parent/guardians authorize the BGCBPYL to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
- I realize the BGCBPYL is not responsible for injuries that occur to my child at the Club. Parents should carry their own medical insurance and are responsible for medical costs that may be incurred in cases of emergency.
- I have read and understand the PAYMENT POLICY. I understand that payments must be made by the Wednesday of the week my child attends, and that any late fees incurred must be paid in full prior to my child returning to the Club. Unless prior arrangements have been made with the director.

**By signing this document I am acknowledging to have received and read a copy of the Parent Handbook and understand and agree to comply with the policies and procedures outlined within. I have reviewed the policies and procedures with my child.**

Parent (Print Name): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_