



BOYS & GIRLS CLUBS
OF BREA - PLACENTIA - YORBA LINDA

School Year 2024-2025

Member(s) Name: _____

*Below is a list of items that **MUST** be read, signed, fully completed by all parties before Membership paperwork is reviewed.*

- Policies & Procedures Form (signed & every section initialed)
- Parent Handbook (signed)
- Membership application (signed and every section completed)

Staff Use ONLY
(initial once you complete)

- Registration fee: _____
- Vision: _____
- School Year Google Sheet: _____
- Payment Log/Sign-in Sheet: _____
- Emergency Contact: _____
- Card on File: _____
- Other: _____



BOYS & GIRLS CLUBS
OF BREA - PLACENTIA - YORBA LINDA

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

SCHOOL YEAR 2024 - 2025

MEMBERSHIP APPLICATION

Date Enrolled: _____
 Receipt #: _____
 Payment Type: _____
 Site: Brea YLMS
 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>

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"/> 100-150k <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

To keep costs down for families and to serve more kids and families, the Boys & Girls Club highlights the work we do to funders such as corporations, foundations, donors, and state/local governments. I give my consent for my child to appear in photographs, newspapers, articles, brochures, public materials. etc. related to their participation in the Boys & Girls Club events:

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
OF BREA - PLACENTIA - YORBA LINDA

School Year 2024-25 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. **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 Friday at the **END OF EACH WEEK**. The School Year prices are \$70/week or \$18/day for Walk-In Program only. The fee including transportation is \$100/ week or \$28/ day (\$125/week or \$32/day Kinder). 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 of the following week 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 or will be added to balance**. 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 childcare 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 in 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 always remain within supervised areas and are not permitted to leave the Club and return at a later time on the same day.

____ Reflection Time: is the opportunity for members to step aside from the current activity or situation and take time to reflect on their poor behavior. Reflection sheets help members breakdown what Club expectation they did not meet, what their behavior was, and lastly what their behavior should look like instead. This reflection sheet ensures members take accountability for their behavior, serves as an effective parent and staff form of communication and partnership, and keeps parents in the know of their child's behavior during Club hours.

Yorba Linda Middle School
4777 CASA LOMA DR.
YORBA LINDA, CA 92886
(714) 287-7437



BOYS & GIRLS CLUBS
OF BREA•PLACENTIA•YORBA LINDA

2024- 25 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: _____

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 \$25 for each additional child registered

PAYMENT PLAN (Circle Option)

OPTION B: Weekly

\$70/First Child, Program only

\$100/ First Child, Program + Van Ride

Additional Child discounts available

OPTION C: Daily

\$18/ Per Child/ per day

\$28/ per day for Prog. + Van Ride

Morning Program:

OPTION A: \$75/ weekly

OPTION B: \$200/ 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

MIDDLE SCHOOL Program:

OPTION A: Weekly- \$50

OPTION B: Daily- \$15

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



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Transportation Consent Form
2024-2025

My child(ren) _____ has consent to ride the Club van to/from the Boys & Girls Clubs of Brea-Placentia-Yorba Linda from _____ School. The following are a list of standards or rules that Parents and/or Club members must follow or face possible suspension or removal from the program. In order for us to pick up a school there **MUST** be 2 consistent members that ride the van to attend the Club Monday - Friday.

Children must:

- Wait at the designated pick-up area, the driver will not search for a child.
- Wear a seat belt at all times.
- Not eat or drink in the van.
- Keep shoes off the seats at all times.
- Be respectful to staff and follow the direction of staff members when directed.
- Be on time, the van will only wait for a child up to 5 minutes after the dismissal time.

Parents must:

_____ Call if their child does not need to be picked up that day/week. A call is required no later than **noon (12pm)** of that day/first day of the week. **If no call is received a \$5.00 fee will be charged.**

_____ Be responsible for transportation should your child miss the van; **the club van will not make a return trip for your child. If your child misses the van, you must make arrangements for them to be picked up.**

_____ Understand that due to the dismissal times at each school it is possible that your child could be waiting up to 30 minutes for the van.

_____ **Any unpaid/overdue fees may result in the discontinuation of service until payment is received.**

The Boy & Girls Clubs staff has the right to discontinue service to any child at any time for reasons of but not limited to safety, conduct, or disciplinary reasons.

Inclement Weather Transportation Consent for Walkers

My child(ren) _____ has my permission to ride in the Club van to the Boys & Girls Clubs of Brea-Placentia-Yorba Linda in the case of inclement weather from _____ school.

There will not be additional fees for the after school pick up on days when there is inclement weather or due to construction at the park (Arovista). Regular fees apply as usual, \$70 per week.

I have read the above rules and regulations and agree to the terms.

NOTE: All late fees and no call fees will be STRICTLY ENFORCED!

Parent/Guardian Name (PRINT)

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 Friday 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(ren)'s Name: _____

Date: _____