



BGCGG Registration Form and Emergency Information

Elementary



This program is made possible through a partnership between Garden Grove Unified School District and Boys & Girls Clubs of Garden Grove.

Child # 1:					
Last Name		First Name		Middle Initial	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____					Health Conditions/Allergies:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: (mm/dd/yy)	Age	Grade	School	SIDN
My Child has Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Would you like help obtaining health insurance for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Physician or Health Plan _____ Phone Number () _____					
My child may have access to the Internet for the current school/summer program. <input type="checkbox"/> Yes <input type="checkbox"/> No In order to better address your student needs, please indicate if your child has an Individualized Education Program (IEP). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you grant BGCGG permission to obtain pertinent details of that IEP from GGUSD. <input type="checkbox"/> Yes <input type="checkbox"/> No Photos or videos may be taken of my child and used for marketing and training purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No					

Child # 2:					
Last Name		First Name		Middle Initial	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____					Health Conditions/Allergies:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: (mm/dd/yy)	Age	Grade	School	SIDN
My Child has Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Would you like help obtaining health insurance for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Physician or Health Plan _____ Phone Number () _____					
My child may have access to the Internet for the current school/summer program. <input type="checkbox"/> Yes <input type="checkbox"/> No In order to better address your student needs, please indicate if your child has an Individualized Education Program (IEP). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you grant BGCGG permission to obtain pertinent details of that IEP from GGUSD. <input type="checkbox"/> Yes <input type="checkbox"/> No Photos or videos may be taken of my child and used for marketing and training purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No					

Caregiver/Parent #1 Information:					
Last Name		First Name		Middle Initial	
Address		Apartment #	City	Zip Code	
E-mail Address		Date of Birth: (mm/dd/yy)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone Number ()		Cell Phone Number ()		Work Phone Number ()	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____					
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Please indicate)					
Household Income : <input type="checkbox"/> \$0-\$24,999 <input type="checkbox"/> \$25,000-\$54,999 <input type="checkbox"/> \$55,000-\$89,999 <input type="checkbox"/> More than \$90,000 Household Size (circle one): 2 3 4 5 6 7 8 9 10					
Employer:					
Who does the member live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
Are there any restraining orders or court orders we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No * Copy of documents required					
I have received and read the Parent Handbook. I understand and will comply with the policies. <input type="checkbox"/> Yes <input type="checkbox"/> No					

Caregiver/Parent #2 Information:			
Last Name		First Name	Middle Initial
Address	Apartment #	City	Zip Code
E-mail Address		Date of Birth: (mm/dd/yy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone Number ()	Cell Phone Number ()	Work Phone Number ()	
Employer:			

Emergency Contacts & Authorized Pickup: Please include at least one authorized pickup in the section below. All authorized pickups must be 18 or older.			
Last Name	First Name	Relationship	Telephone ()
Last Name	First Name	Relationship	Telephone ()
Last Name	First Name	Relationship	Telephone ()
Last Name	First Name	Relationship	Telephone ()

I hereby acknowledge and certify I am the legal parent/guardian of the child(ren) registering for Boys & Girls Clubs of Garden Grove (BGCGG). I understand the names listed on the Emergency Contacts & Authorized Pickup section are approved to pick up my child(ren). BGCGG will only release child(ren) to those listed on the Emergency Contacts & Authorized Pickup section. All authorized pickups MUST be 18 years of age or older and provide valid identification at time of pickup. BGCGG and GGUSD will not be held liable should any child leave the premises without permission.

I hereby consent to my child's membership in the Boys & Girls Clubs of Garden Grove (BGCGG) and release the Club, Garden Grove Unified School District (GGUSD) and its agents from all liability. BGCGG has my permission to select a physician in case of emergency and treatment may be given should the parent or authorized physician be unavailable.

BGCGG is committed to working collaboratively with parents/guardians around the needs of their students to ensure a child's success in the program. When member behavior issues arise, BGCGG will work with parents and members to reach a resolution. Should BGCGG determine that my child cannot follow the established behavior policies, parents will be notified and disciplinary action will be taken, including possible termination of the child's membership.

In order to evaluate the effectiveness of our program, my child may participate in assessment activities. I also consent to allow Boys & Girls Clubs of Garden Grove, to exchange confidential educational and health information and records regarding my child with Boys & Girls Clubs of America and GGUSD. I have read, understand and agree to the above activity.

_____ (Staff printed name) read/translated/assisted in filling out (Circle One) the document for
 _____ before he/she signed the document.

Signature: _____ Print Name: _____ Date: _____

For Office Use Only		
Enrolled By: _____	Start Date: _____	End Date: : _____
Child # 1 SIDN _____	Child # 2 SIDN _____	