



ASSETs Registration Form

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



STUDENT NAME:						
Last Name		First Name		Middle Initial	SIDN	
Ethnicity: <input type="checkbox"/> African American		<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Multi Racial		<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Hispanic/Latino
Gender: M F	Date of Birth: (mm/dd/yy)		Age	Grade	School	Health Conditions/Allergies

PARENT/GUARDIAN #1:						
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						
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 understand the policies of the ASSETs program are available at www.bgccg.org and agree to comply. <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						
How will your son/daughter be getting home: <input type="checkbox"/> Walk Home <input type="checkbox"/> Adult pick-up						

PARENT/GUARDIAN #2:						
Last Name		First Name		Middle Initial		
Address		Apartment #		City		Zip Code
Home Phone Number ()		Cell Phone Number ()		Work Phone Number ()		

EMERGENCY CONTACTS:			
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 section are approved to pick up my child(ren). BGCGG will only release child(ren) to those listed on the Emergency Contacts 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.

Parent Signature: _____ Print Name: _____ Date: _____

Office Use Only Enrolled By: _____	Start Date: _____	End Date: _____
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