



BGCGG—Academic Services Registration Form
and Emergency Information



Child # 1:

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

| | |
|--|------------------------------|
| Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Other | Health Conditions/Allergies: |
|--|------------------------------|

| | | | | | |
|----------|---------------------------|-----|-------|--------|----------|
| Sex: M F | Date of Birth: (mm/dd/yy) | Age | Grade | School | Perm ID# |
|----------|---------------------------|-----|-------|--------|----------|

(Academy Students—Non-Club Members) How will your child be getting home:
 Adult pick-up (Students must be picked up by an adult at the conclusion of scheduled tutoring sessions)

My Child has Medical Insurance: Yes No
 If No, Would you like help obtaining health insurance for your child? Yes No
 Physician or Health Plan _____ Phone Number () _____

My child may take walking trips within a one (1) mile radius of the Club when chaperoned. Yes No
 My child may have access to the Internet for the current school/summer program. Yes No

Child # 2:

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

| | |
|--|------------------------------|
| Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Other | Health Conditions/Allergies: |
|--|------------------------------|

| | | | | | |
|----------|---------------------------|-----|-------|--------|----------|
| Sex: M F | Date of Birth: (mm/dd/yy) | Age | Grade | School | Perm ID# |
|----------|---------------------------|-----|-------|--------|----------|

(Academy Students—Non-Club Members) How will your child be getting home:
 Adult pick-up (Students must be picked up by an adult at the conclusion of scheduled tutoring sessions)

My Child has Medical Insurance: Yes No
 If No, Would you like help obtaining health insurance for your child? Yes No
 Physician or Health Plan _____ Phone Number () _____

My child may take walking trips within a one (1) mile radius of the Club when chaperoned. Yes No
 My child may have access to the Internet for the current school/summer program. Yes 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"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <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: _____

Whom does the Member live with? Both Parents Single Parent Household Guardian Other _____

Are there any restraining orders or court orders we should be aware of? Yes No * Copy of documents required

I have received and read the Parent Handbook. I understand and will comply with the policies. Yes 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: _____ | | | |

| Authorized Pickup: | | | |
|---------------------|------------|--------------|------------------|
| Last Name | First Name | Relationship | Telephone () |
| Last Name | First Name | Relationship | Telephone () |
| Last Name | First Name | Relationship | Telephone () |
| Last Name | First Name | Relationship | Telephone () |
| 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 above are approved to pick up my child(ren). BGCGG members will only release child(ren) to the names above with valid identification and MUST be 18 or older.

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. I will assume full responsibility for all uninsured medical costs incurred in that situation.

I understand that should BGCGG determine that my child cannot follow the established behavior policies, I will be notified and my child's membership may be terminated. BGCGG and GGUSD will not be held liable should any child leave the premises without permission.

I understand and agree that photos or videos may be taken of my child(ren) and used for marketing and training purposes, and that it is my responsibility to inform BGCGG management if I do not wish for photos or videos of my child(ren) to be used.

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, GGUSD, and all other funders. 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 SDIN _____ | Child # 2 SDIN _____ | |
| Parent Orientation Completed Date: _____ | | |