

\$30 Weekly Program Fee
\$25 2nd Additional Youth Member
\$10 Each Additional Youth Member
thereafter



- Dunnellon Club
- Silver Springs Shores Club
- Dr. HL Harrell Club

One –Time \$50 Program Fee for Teens

**BGCMC NOT RESPONSIBLE FOR LOST OR
STOLEN ITEMS**

Boys & Girls Clubs of Marion County
2019 – 2020 Youth After School Program Application

Member Information:

First Name: _____ Middle: _____ Last: _____
Nickname: _____
Address: _____
City: _____ State: ____ Zip: _____
Other Languages spoken in the home? _____
Birth Date: _____ Current Age: ____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other _____
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Can Member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No
Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large

School Information:

Current School: _____ Current Grade: _____
Student ID: _____ Does Member have a 504 or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> NO
Does Member receive Free or Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will Member be utilizing the MCSB Bus transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Club Member lives with:

Both Parents Mom only Dad only Grandparent(s) Other: _____

Current Number in Household: _____ **Female Head of Household?** Yes No

Number of Brothers: ____ **Number of Sisters:** ____

Are parents/guardians active Military? Yes No **Veterans?** Yes No

Annual Household Income:

Less than 15,000 15,001 to 20,000 20,001 to 25,000 25,001 to 30,000 30,000 +

<u>PARENT/GUARDIAN</u>	<u>PARENT/GUARDIAN</u>
Name: _____	Name: _____
Phone: _____ Type: _____	Phone: _____ Type: _____

Phone: _____ Type _____	Phone: _____ Type _____
Email: _____	Email: _____

<u>Authorized to Pick up</u>	<u>Authorized to Pick up</u>
Name: _____	Name: _____
Relationship _____	Relationship: _____
Phone: _____ Type _____	Phone _____ Type _____
Phone: _____ Type _____	Phone _____ Type _____

<u>Authorized to Pick up</u>	<u>Authorized to Pick up</u>
Name: _____	Name: _____
Relationship _____	Relationship: _____
Phone: _____ Type _____	Phone _____ Type _____
Phone: _____ Type _____	Phone _____ Type _____

<u>Authorized to Pick up</u>	<u>Authorized to Pick up</u>
Name: _____	Name: _____
Relationship _____	Relationship: _____
Phone: _____ Type _____	Phone: _____ Type _____
Phone: _____ Type _____	Phone: _____ Type _____

Transportation

I understand that by allowing my child to check themselves in and out, I am releasing Boys & Girls Club of all liability once the Member leaves the BGC premise. I understand that once the Member checks out, they will not be permitted to check in again, until the next Business day.

My child is allowed to check themselves in and out Yes No

I understand that Boys & Girls Club does not provide afterschool transportation.

Marion County School Board has designated Bus Stops dedicated for Boys & Girls Club Members. I understand that in order to take advantage of this dedicated Bus Stops, I will need to make arrangements at my child's school. MCSB guidelines allow for only one bus assignment meaning that Morning Pick up stops must match Afternoon Drop off stops.

My signature below, indicates that I completely understand the above statements.

Parents Signature _____

Date _____

Allergies: _____