

*For office use only:*

Unit: \_\_\_\_\_  
School Year: \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
OF HARRISONBURG AND  
ROCKINGHAM COUNTY

## SCHOOL YEAR APPLICATION

Name of Child: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male/Female Ethnicity: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ School Qualified Food Program (Full/Reduced/Free): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

### Family Information (Required):

Parent's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Parent's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

### Legal Guardian (if different from above):

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

### Health:

Does your child have any allergies (list): \_\_\_\_\_

Intolerance to foods (list): \_\_\_\_\_ Allergies or intolerance to any medication or any other substances (list): \_\_\_\_\_

Communicable Diseases Your Child Has Had: Mumps: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

German Measles: \_\_\_\_\_ Red Measles: \_\_\_\_\_ Other: \_\_\_\_\_

Serious Illness: \_\_\_\_\_

Physical / Psychological Problems: \_\_\_\_\_  
\_\_\_\_\_

Other Conditions/ Problems: \_\_\_\_\_

**Physician: To be Contacted in event of Medical Emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Dentist: To be Contacted in event of Dental Emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contacts and Authorized pick-ups and/ or visits (Must be someone other than parent/guardian and the 2 contacts listed must be from separate households from each other)**

Name: _____ Complete Address: _____ _____	Name: _____ Complete Address : _____ _____
Relationship to Child: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Relationship to Child: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____

**Unauthorized** pick-ups and/ or visits: List **ALL** persons who may not pick-up or visit your child at the Club. Please supply legal documentation i.e. divorce papers, restraining orders etc.

1. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

**PLEASE READ THE FOLLOWING POLICIES AND REGULATIONS WITH YOUR CHILD. YOUR SIGNATURES ON THE APPLICATION FORM INDICATE THAT BOTH YOU AND YOUR CHILD HAS READ AND UNDERSTANDS THE DISCIPLINE POLICY AND CLUB PROPERTY REGULATIONS. YOU CAN MAKE A COPY OF OR REQUEST A COPY OF THESE POLICIES AND REGULATIONS AT THE CLUB.**

**HAVE READ AND UNDERSTAND THE DISCIPLINE POLICY AND CLUB PROPERTY REGULATIONS. YOU CAN MAKE A COPY OF OR REQUEST A COPY OF THESE POLICIES AND REGULATIONS AT THE CLUB.**

## **DISCIPLINE POLICY**

School Age children are expected to listen and to follow oral directions, respect their surroundings, and interact with peers according to each child's developmental level. Each child is asked to respect adult authority and display a cooperative attitude.

### **Unacceptable behavior includes the following:**

1. Injuring or unsafe behavior towards any child or adult (e.g. kicking, hitting, biting)
2. Consistent disruptive behavior which inhibits any routine or activity
3. Abuse or theft of the Boys & Girls Clubs or school property or materials
4. Verbal abuse or profanity toward any child or adult

All staff and volunteers will discipline in a positive way following the model used in area elementary schools. No physical punishment or action to the body will be allowed at any time. Withholding food, spanking verbal abuse, and belittling remarks toward the child or families are unacceptable forms of disciplinary action.

If a problem becomes apparent, the child is spoken to in a positive, gentle manner so other alternatives may be suggested to him or her to improve the situation. If the misbehavior continues the child will be asked to take "**TIME-OUT**" from the other children or the activity by sitting in a chair within sight of staff.

Any unusual, repeated or exceptional misbehavior will be reported to the child's parent or guardian, with a warning that if the misbehavior continues the child will be suspended from Boys & Girls Clubs for a period of one week. The child will be made aware of this notification. If, following the suspension, the misbehavior persists; Boys & Girls Clubs staff will send a written statement to the parents/guardian warning of possible termination. Another incident following the receipt of the warning may result in immediate dismissal from Boys & Girls Club.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## CLUB PROPERTY REGULATIONS

Please be aware that all grounds and all programs at Club locations are governed by Boys & Girls Clubs policies. This means that all staff, volunteers, children and adults who come to the buildings or grounds **MUST** follow the policies set by Boys & Girls Clubs of Harrisonburg & Rockingham County.

Listed below are the policies and consequences for youth participants who attend the Boys & Girls Clubs. Please read them carefully and discuss them with your child.

Policy	Consequence
❖ No tobacco products on premises, including grounds	Confiscation of tobacco product, 3-day suspension from program
❖ No smoking on premises, including grounds	Confiscation of tobacco product, 3-day suspension from program
❖ No alcohol, drugs or drug paraphernalia on premises, including grounds	Confiscation of drug paraphernalia, charges pressed with the Local Police Department, minimum of 1 week suspension
❖ No beepers on premises, including grounds	Confiscation of beeper, charges pressed with the Local Police Department, minimum of 1 week suspension
❖ No weapons on premises, including grounds	Confiscation of weapon, charges pressed with the Local Police Department, minimum of 1 week suspension

**We have read and understand the above policies and consequences set by Boys & Girls Clubs of Harrisonburg and Rockingham County and agree to comply with them.**

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's signature

\_\_\_\_\_  
Date

## **OTHER AGREEMENTS WITH THE BOYS & GIRLS CLUBS**

1. I agree to comply with all published rules and regulations regarding the Club.
2. I agree to provide appropriate and acceptable medical information for my child such as evidence of a physical examination, immunization and any other Club requirements.
3. I agree to have my child picked up as soon as possible in the event of injury or sudden illness.
4. I agree to inform BGCHR within 24 hours or on the next business day after my child or a member of the immediate household has developed any reportable communicable disease as defined by the State Board of Health, except for life threatening disease which must be reported immediately.
5. I agree to voluntarily withdraw my child from the Club if there is persistent discipline or other problems that cannot be resolved through reasonable efforts of the staff. I understand that BGCHR reserves the right to ask for the immediate withdrawal of my child or may grant as much as two weeks before requiring the withdrawal, depending on the nature of the problem.
6. I agree to pay for any damages caused by my child to the building and /or equipment used or owned by BGCHR other than those clearly the result of an unavoidable accident.
7. I understand and agree that it is my responsibility to arrange for transportation of my child to the Club and that BGCHR is not responsible for my child until he or she arrives at the Club.
8. I agree that my child may accompany BGCHR staff and/or volunteers on all field trips that may be conducted by the Club; with the understanding that they will notify me of such field trips and that I will have the opportunity to deny permission.
9. I agree that my child may accompany BGCHR staff on short, small group walking field trips within the neighborhood.
10. I understand that BGCHR is responsible for notification and will notify me or the emergency contact persons I have designated in the event that my child is injured or becomes ill while at the Club, or with the Club.
11. The Club agrees to contact me immediately should my child not arrive on any scheduled day.
12. In the event that my child needs emergency medical attention and neither I, or the listed emergency contacts can be reached to authorize such care, I authorize representatives of BGCHR to obtain the necessary emergency care. I will be responsible for any/all cost of medical attention and treatment.
13. I give permission for BGCHR to receive and/or release pertinent information from and/or to schools, social service agencies, mental health providers and other related agencies concerning my child. I understand that this information will be used with discretion and as an aid in determining appropriate programs for my child and whether other service referrals are indicated.
14. I further grant permission for the information provided by myself, my child, the child's family and other agencies to be shared with discretion to volunteers working with my child. I understand that volunteers are asked to hold this information in confidence.
15. I understand that it is the policy of BGCHR to **NOT** apply insect repellent to members. If you would like for your child to have insect repellent you will need to apply before your child arrives at the Club.

**We have read and understand the above statements set by Boys & Girls Clubs of Harrisonburg and Rockingham County (BGCHR) and agree with them.**

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date





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## **Inclement Weather Form**

Boys & Girls Club follows RCPS closures when it comes to inclement weather. If RCPS have an early dismissal due to inclement weather our After School Program will also be closed. The school and your child's teacher need to know where to send your child should this happen. Do you want them sent to parent pick up? Do you want them to ride the bus home? Please make your selection below so we pass this information on to the school.

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Please send my child to Parent Pick Up.

\_\_\_\_\_ Please send my child home on the bus. Driver's Name: \_\_\_\_\_ Bus #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Record Sharing Permission**

By signing below, I give permission for BGCHR and RCPS to exchange information regarding the child listed on this application. I understand that the information exchanged will be used with discretion and as an aid in determining appropriate programs for my child, meeting licensing standards, and in helping my child be successful in school, in Boys & Girls Club and in life. This release is valid for one year.

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Emergency Procedure Form

**\*MUST BE COMPLETED\***

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Complete Physical Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Place of Work: \_\_\_\_\_  
Complete Physical Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Place of Work: \_\_\_\_\_  
Complete Physical Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Complete Physical Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Complete Physical Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_

- 1) I have health insurance: Yes / No
- 2) Please list any allergies, including allergies to medicines and foods: \_\_\_\_\_  
\_\_\_\_\_
- 3) Please list any medical conditions or daily medicines your child has: \_\_\_\_\_  
\_\_\_\_\_

If an emergency occurs, BGCHR has my permission to transport my child to the doctor or hospital at my expense. The doctor and/or hospital medical staff has my permission to provide treatment necessary for my child's wellbeing.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





The following forms are **REQUIRED**:

Please check off each item below as you complete it and return completed Application to the Unit Director.

A **complete** Membership Application includes:

\_\_\_ **\$15.00 Member Registration Fee**

\_\_\_ **First weekly Fee Payment**

\_\_\_ **General Information** on pages 1 and 2

\_\_\_ **Policies & Agreements Pages** MUST be signed by Parent and Child.

\_\_\_ **Media Release Consent and Demographic Form** with completed information

\_\_\_ **Inclement Weather Form and Record Sharing Permission**

\_\_\_ **Emergency Procedure Form**

\_\_\_ **Authorization to give medication** (if needed please request a form from club office)

\_\_\_ **Special Diet Form** (if needed please request a form from club office)

\_\_\_ **An Immunization and Physical Record** (must include a physician's signature) If you signed the Record Sharing Permission, Boys & Girls Club can request this from your child's school.

**Your child will not be considered for membership until we have received ALL information on the above mentioned forms.**

**I have read and understood ALL agreements with Boys & Girls Clubs.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Date of First Attendance: \_\_\_\_\_

Orientation Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_ Last attendance date, if different \_\_\_\_\_

Reason for being withdrawn: \_\_\_\_\_