



# BOYS & GIRLS CLUB OF THE CAPITAL CITY APPLICATION FOR ENROLLMENT

## Student Information

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Immunization Record on File    Yes    No

Immunization Record is Required for Enrollment to be complete

Full Name: \_\_\_\_\_

Last

First

Middle

Nickname

Child's Physical Address: \_\_\_\_\_

Street

City

Zip

Home Telephone Number: (    ) \_\_\_\_\_

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## Family Information

### All Information Required

Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ If not Applicable please state N/A

Is Address the Same as the Child?    Yes    No

If no, please provide address: \_\_\_\_\_

Street

City

Zip

Home Telephone (    ) \_\_\_\_\_ Cell Phone/Other (    ) \_\_\_\_\_

Employer: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Street

City

Zip

Work Telephone: (    ) \_\_\_\_\_



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**Please list all persons authorized to take child from the Boys and Girls Club program:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Authorization for Emergency Medical Care**

I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the Boys and Girls Club of the Capital City to contact the following:

**Name of Child's Physician:** \_\_\_\_\_ Physician's Telephone: ( ) \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Street City Zip

**Preferred Hospital:** (please circle or list)

Capital Region Hospital 573-632-5000 1125 Madison Street Jefferson City MO 65101  
St. Mary's' Health Center 573-761-7000 100 St. Mary's Medical Plaza Jefferson City MO 65101

Other: \_\_\_\_\_

**School Age Health Report**

\_\_\_\_\_ My Child is in good health, is able to participate in group care, and has no special health or medical requirements.

\_\_\_\_\_ My Child is able to participate in group care but has special health or medical requirements as listed below:

***For all conditions listed an Individualized Care Plan form is required.***

Please list any allergies, special medical conditions including chronic health problems (such as asthma, seizures, behavioral disorders, special needs).

List Here:

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**Transportation:**

I Do \_\_\_\_\_ Do Not \_\_\_\_\_ give permission for the Boys and Girls Club to transport my child to and from school or to attend Boys and Girls Club sponsored field trips (I understand that I will be notified in advance of all field trips/excursions when they are planned).

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**Photo/Media Release and Program Participation:**

I Do \_\_\_\_\_ Do Not \_\_\_\_\_ give consent for photographs or other media in which my son/daughter may appear, to be used in any way the Boys and Girls Club of the Capital City may care to use.

I Do \_\_\_\_\_ Do Not \_\_\_\_\_ give consent for my child to participate in Boys and Girls Club of the Capital City program activities including but not limited to SMART Moves, Meth Smart, Triple Play, Citi Group Financial Program and Power Hour activities. I understand that I will be provided information periodically about program activities.

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**Acknowledgements:**

I have received a copy of the Boys and Girl’s Club’s parent handbook containing the program’s policies and procedures for the care of my child.

I have been informed that a copy of the licensing rules for child care centers is available at the facility for review.

The provider and I have agreed on a plan for continuing communication regarding my child’s development, behavior, and individual needs if necessary.

When my child is ill, I understand and agree that he or she may not be accepted for care or remain in care.

I have read and completed the application for enrollment and understand the rules of the Boys and Girls Club of the Capital City and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys and Girls Club of the Capital City will not be responsible for any accident to the boy/girl while on the Boys and Girls Club of the Capital City premises or while engaged in any of its activities away from the Boys and Girls Club of the Capital City.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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For Office use only: Membership Fee paid: \_\_\_\_\_ Copy of Enrollment Made for Site: \_\_\_\_\_

DFS: \_\_\_\_\_ Authorization Received: \_\_\_\_\_ Start Date: \_\_\_\_\_ Transportation: \_\_\_\_\_

Financial Assistance: \_\_\_\_\_ Entered into Computer: \_\_\_\_\_

