



**MEMBERSHIP APPLICATION Fall 2020**  
 24 Paine St.  
 East Aurora, NY 14052  
 716-652-4180 www.bgcea.org



**Grades 2-8: 1<sup>st</sup> day of school thru November 25, 2020 2:00 - 6:00 PM**

**COST: \$15.00 per day – 2 day minimum per week required**

**PLEASE COMPLETE ALL SECTIONS (One child per application)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Gender:  Male  Female Birth Date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

**Club Communication is via E-Mail. Please provide your e-mail address:**

E-Mail \_\_\_\_\_

**School Information:**

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Current Teacher: \_\_\_\_\_ Eligible for Free/Reduced Lunch  yes  no  
 Does your child have a need for additional education support or tutoring?  yes  no

**Contact Info:**

Fathers name \_\_\_\_\_ Employment \_\_\_\_\_ Work # \_\_\_\_\_  
 Address (if different from member) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Mothers name \_\_\_\_\_ Employment \_\_\_\_\_ Work # \_\_\_\_\_  
 Address (if different from member) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact (other than listed above) \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Child primarily lives with:  Mom  Dad  Both  Other

**Indicate Days child will be attending Fall Session (2-day weekly minimum)**

Monday  Tuesday  Wednesday  Thursday  Friday

**Enrollment is on a limited and on a first come-first serve basis with a completed application. You will be contacted promptly regarding availability for your child on the days requested above & invoiced accordingly. In case of an unavoidable cancellation of program, any fees paid will be refunded in full. One week notice is required if you choose to cancel enrollment. *\*Please note: If your child is going to miss a scheduled day, please notify the Club office at 652-4180. If the East Aurora Schools are closed, the Club program will be closed also. If after school activities are cancelled, the Boys & Girls Club will be open but we ask parents to pick up children as soon as they can.***

**Medical Information:**

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

Permission for Doctor/Hospital: \_\_\_ Yes \_\_\_ No

Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Special Needs/Health Issues: \_\_\_ Yes \_\_\_ No **if yes, explain** \_\_\_\_\_

\_\_\_\_\_

**Disclaimer:**

I, \_\_\_\_\_ do hereby give my son/daughter \_\_\_\_\_ permission to attend and participate in activities sponsored by the Boys & Girls Club of East Aurora. I hereby release the Boys & Girls Club of E. Aurora, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident.

**Parent/Guardian Signature:** \_\_\_\_\_

**Permissions:** I give my permission to have my child's pictures used in Boys & Girls Club publications, news articles, marketing materials, etc.: \_\_\_ Yes \_\_\_ No

**Household Information:**

Number in Household: \_\_\_\_\_ Household members under 18: \_\_\_\_\_

\_\_\_ Single Parent Household \_\_\_ Parent/Step-parent in Military Military Branch \_\_\_\_\_

**Financial:** We are required to collect this information by our funding sources. All information supplied to the Club will be held in the strictest confidence.

Annual	\$0 - \$25,000	_____
Gross	\$25,001 - \$50,000	_____
Household	\$50,001 - \$75,000	_____
Income:	\$75,001 - \$100,000	_____
	\$100,000+	_____

**BOYS & GIRLS CLUB CODE**

- I **WILL** be respectful to staff, equipment, and other members.
- I **WILL** use polite language.
- I **WILL** talk to a staff person if I have a question or problem.
- I **WILL** remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of East Aurora. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: \_\_\_\_\_

**Return completed application to the Boys & Girls Club of East Aurora, 24 Paine St. East Aurora, NY 14052 or email to loconnor@bgcea.org.**