



BOYS & GIRLS CLUB
OF THE MISSOURI RIVER AREA

Our Mission is "To enable all young people, especially those who need us most, to reach their full potential as productive, responsible and caring citizens."

JFK Unit Registration Form

Name _____

Birth Date ____/____/____ Age: ____ Grade____ Sex: Male Female

Name _____

Birth Date ____/____/____ Age: ____ Grade____ Sex: Male Female

Name _____

Birth Date ____/____/____ Age: ____ Grade____ Sex: Male Female

Mailing Address (PO Box) _____

City _____ State ____ Zip _____ Ph# _____

Check one: Ethnicity: African-American Asian Caucasian Hispanic
Multi-Racial Native American Other _____

Attending: AM____ PM____ Both____ Drop In____

Returning Student: ____ New Student: _____

Salary Range (check one) \$0 - \$20,000 \$21,000 - \$30,000 \$31,000+

Official Start Date: _____ (Office Use)

Parent Information

Name of Mother or Guardian: _____

Address: _____ Employer: _____

Home Telephone #: _____ Cell #: _____

Work #: _____ Email Address: _____

Name of Father or Guardian: _____

Address: _____ Employer: _____

Home Telephone #: _____ Cell #: _____

Work #: _____ Email Address: _____

Is anyone restricted from seeing the child/ren? If YES, please list:

Emergency Contacts:

(Names of persons who are authorized to act for parent(s) in an emergency):

Contact #1: _____

Relation to child: _____

Address: _____ Employer: _____

Home Telephone #: _____ Cell #: _____

Work #: _____ Email Address: _____

Contact #2: _____

Relation to child: _____

Address: _____ Employer: _____

Home Telephone #: _____ Cell #: _____

Work #: _____ Email Address: _____

List All Persons authorized to take or bring child/ren to the site:

(Note: Even with the authorized person/s listed below, we ask that you still notify the Site Coordinator or director when changes will occur for that day or week.)

	Name	Phone #	Relation to Child
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

EMERGENCY MEDICAL CARE AUTHORIZATION:

I give my consent to Boys & Girls Club, our child care provider, to authorize emergency medical treatment for my child/ren if absolutely necessary. **Please note that my child is allergic to the following medicine** _____.

It is also important to note that my child has the following special medical conditions:

I understand that as parent/guardian, I take full responsibility for the payment of medical treatment for my child/ren.

Parent Signature: _____ Date: _____

Weather Related Cancellations: I understand the JFK Unit will not be in session when severe weather strikes. My plan of action for my child on these particular days will be:

Late Pick-Up: This policy is strictly enforced! Our Boys & Girls Club Staff Members have other commitments after 6:00pm. Fines are \$1.00 per child per minute for 1-15 minutes and \$10.00 per child per minute thereafter. There will be two warnings, with fees, for violation of pick-up time. The third violation will result in temporary dismissal and the fourth violation will result in permanent dismissal. Payment should be made that evening.

Parent Signature: _____ Date: _____

Payments: I understand that Boys & Girls Club is a non-profit organization. They are providing me with a service and therefore prompt payment is expected. I understand that I will be billed bi-weekly. A \$10.00 late fee will be applied for every two weeks that a payment is overdue. If payment is not made after four weeks, my child will not be able to attend the JFK Unit until my balance is paid in full. If I fail to make a payment after two months, my bill will be turned over to small claims court for collections.

Parent Signature: _____ Date: _____

Image Permission: I give permission for Boys & Girls Club to use the image of my child on video, print, and broadcast in order to positively promote the program!

Parent Signature: _____ Date: _____

Movie Permission: I give permission for my child to watch Rated G & PG movies on movie day or special occasions!

Parent Signature: _____ Date: _____

I prefer my child to watch only Rated G movies on movie day or special occasions!

Parent Signature: _____ Date: _____

I hereby give my permission to my child to become a member of the Boys & Girls Club. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Club and its property are not responsible for personal injury or loss of property.

X _____
Parent's/Guardian's Name

Emergency Phone #

X _____
Parent's/Guardian's Signature

Date

Please enclose your \$10.00 registration fee per family with this registration form to reserve your child's spot in our program. The registration fee is a one-time per season non-refundable fee that will fund fun and educational activities for your children! Thank You!

Welcome to the Boys & Girls Club!
231 Broadway Suite #10
Yankton, SD 57078
Office: (605)668-9710
Director's Cell: (605)661-7919
Beadle Site: 661-7895
Lincoln Site: 661-7891
Sacred Heart Site: 661-2910
Stewart Site: 661-7894
Webster Site: 661-7893
Email: jfkids@iw.net
Website: www.justforkidsyankton.com

BOYS & GIRLS CLUB UNIT
Emergency Medical Authorization Form

Name of Child(ren): _____
Name of Parent(s): _____
Name of Site Attending: _____
Name of Child's Physician: _____
Contact number for Physician: _____

I hereby give permission for emergency medical treatment for my child(ren) as requested by Boys & Girls Club, our childcare provider.

PLEASE NOTE THAT MY CHILD(REN) IS/ARE ALLERGIC TO:

NAME: _____ ALLERGY: _____
NAME: _____ ALLERGY: _____
NAME: _____ ALLERGY: _____
NAME: _____ ALLERGY: _____

PLEASE NOTE THAT MY CHILD(REN) HAS THE FOLLOWING MEDICAL CONDITIONS:

NAME: _____ CONDITION: _____
NAME: _____ CONDITION: _____
NAME: _____ CONDITION: _____
NAME: _____ CONDITION: _____

I understand that if a life threatening situation occurs the AMBULANCE will be contacted first and then the PARENTS.

I understand that if a non-life threatening situation occurs, a decision on medical treatment will be made by the parent if available or by a Boys & Girls Club employee.

I understand that Boys & Girls Club employees cannot transport children to the hospital. A parent or the ambulance will be contacted if transportation is necessary. Parents will be financially responsible for all medical costs incurred.

PARENT SIGNATURE: _____ DATE: _____

=====

STAFF USE ONLY

Application Date ____/____/____ Expiration / Renewal Date ____/____/____.

Membership Fee: \$10 Fee Fully Paid: Yes No Parent Member Handbook: Yes No

Unit: _____ Staff Initials: _____