



**BOYS & GIRLS CLUBS  
OF DURHAM AND ORANGE  
COUNTIES**

808 E. Pettigrew Street, PO Box 446, Durham, NC 27701 | Northside Elementary | Smith Middle School  
(919) 687-4517 or (919) 688-7315

## MEMBERSHIP APPLICATION

### Membership Fee \$10

Please complete and attach a copy of your child's last report card.

NOTE: Application is incomplete until report card and payment are submitted.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Parent/Guardians Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

### School Information

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Special Education, IEP, Curriculum Assistance: (please circle) Yes No

### Medical Information

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

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

Does your family have health insurance: Yes No

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

Health Problems: Yes No If yes, explain \_\_\_\_\_

Medications: Yes No Food Allergies: Yes No if yes, explain \_\_\_\_\_

### Household:

Child Resides With: (please circle) Mom, Step-Mom, Dad, Step-Dad, Grandparent, Foster Parent, Other

Current Head of Household: Female Male

Current Single Parent: Yes No Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Yearly Income per household: \_\_\_\_\_

What Type of Activities/Programs Interest Your Child? ( ) Sports Leagues ( ) Music ( ) Arts & Crafts ( ) Educational

Programs ( ) Group Clubs ( ) Technology ( ) Other (Please List) \_\_\_\_\_

Child's strongest subjects in school? \_\_\_\_\_

Child's weakest subjects in school? \_\_\_\_\_



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Has your child ever repeated a grade? Yes No If so, which grade? \_\_\_\_\_

Does your child receive free or reduced lunch? Yes No

If yes,  Free  Reduced

**Emergency Contact Information (Person(s) Authorized to Pickup Member)**

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female

DOB: \_\_\_\_\_ Male Female

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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**BGCDOC Afterschool Busing Registration**

We will be transporting students from **Lowes Grove Middle, Research Triangle Charter Academy Elementary and Middle, Hillside and New Tech High School, Parkwood Elementary, E.K Powe Elementary, and Kestrel Heights Elementary and Middle School** to the Boys & Girls Club. Transportation from school to the Boys & Girls Club will start, Monday, August 28<sup>th</sup>, 2017.

- \_\_\_\_\_ **Option 1:** Lump Sum payment is \$90.00 for the first child and \$80.00 for each additional child.
- \_\_\_\_\_ **Option 2:** Monthly payments of \$10.00 for each child in the family. The first monthly payment must be attached at the time of registration.

It will be the parent’s responsibility to call the Boys & Girls Club by 12.00pm, if your child will or will not be riding the bus on a day that they were or were not scheduled to ride. This is not a school based program and schools will not be responsible for keeping track of your child. **Please do not call your child/rens school for any changes, call the Boys & Girls Club at our number of 919-687-4517 or e-mail us at rlindsay@bgcdoc.org**

Disrespect to the bus driver, to other students, and destroying property will not be tolerated on the bus. Transportation for your child can and will be suspended if there are repeated respect/behavior problems. All fees are non-refundable.

Members must be waiting in the bus line and ready to go when our driver arrives. The Driver will usually wait no more than 10 minutes. **If the member fails to make the regular scheduled bus pick up it will be up to the parent to pick the member up from school.**

\*\*\*\*\*

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

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

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

My child will ride the bus the following days: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

\*\*I grant permission for my child to participate in the afterschool transportation program. I understand that if my child is hurt during the program, it is not the responsibility of the Boys & Girls Club, or the bus company. I understand that it is my responsibility to notify the BGCDOC by 12pm at 919-687-4517, if my child/ren will or will not be riding the bus on a day they were/were not scheduled to ride. I have spoken with my child/children about respect/behavior that will be expected on the bus and understand that any ongoing problems may result in my child/ren not being able to ride the bus. I understand my child’s bussing services can be revoked if my monthly payment is 2 weeks past due.

PARENT SIGNATURE \_\_\_\_\_



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All members must submit report cards as they are distributed by each school member's school. All information is kept confidential. This information is used for grant purposes.

I give my child \_\_\_\_\_ permission to participate in BGCDOC activities and programs. BGCDOC reserves the right to restrict students from field trips and activities based on bad behavior or poor grades.

I give BGCDOC the right or ability for grant purposes to collect information such as height, weight, and BMI. All information is kept confidential and BGCDOC will abide by all HIPAA guidelines.

I do hereby give my child permission to attend and participate in the activities sponsored by BGCDOC. I hereby release the BGCDOC, its employees, associates, and contributors from personal liability from any injury, loss of theft incurred by my child while participating. I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

Further I give permission for my child's picture to be used in any BGCDOC publication or outside publications that BGCDOC may subscribe too. I also allow my child's photo to be used on social media sites such as (but not limited to) Twitter, Instagram, and Facebook under the accounts of BGCDOC. Yes \_\_\_\_\_ No \_\_\_\_\_ Parents/Guardian's Initials \_\_\_\_\_

My signature indicates that I completely understand the above statements.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_