

**Office Use only:**

Person(s) not allowed to pick-up listed: Yes or No

Allergies Listed: Yes or No

Court Order on File: Yes or No

Membership Paid: Yes or No For: 1 2 3 4 Full or Reduced  
Amount \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash or CC



**BOYS & GIRLS CLUBS**  
OF GREATER  
NORTHWEST INDIANA

Club location: V SH P DL KS

## Boys & Girls Clubs of Greater Northwest Indiana Membership Registration Form

(Information is kept confidential. Membership fees are non-refundable)

**Office only: Member #1 -** Membership Number: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Club \_\_\_\_\_ Kidstop \_\_\_\_\_

**Member #1: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Bus #:** \_\_\_\_\_

**Office only: Member #2 -** Membership Number: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Club \_\_\_\_\_ Kidstop \_\_\_\_\_

**Member #2: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Bus #:** \_\_\_\_\_

**Office only: Member #3 -** Membership Number: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Club \_\_\_\_\_ Kidstop \_\_\_\_\_

**Member #3: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Bus #:** \_\_\_\_\_

**Office only: Member #4 -** Membership Number: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Club \_\_\_\_\_ Kidstop \_\_\_\_\_

**Member #4: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Bus #:** \_\_\_\_\_

### Mailing/emailing Information

(We do send Periodic Program information to parents through mail or email)

Member's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Household e-mail \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Home

**A parent or an authorized adult, as listed below, must sign every child in and out daily.**

**Individual(s) Authorized to contact in an Emergency and/or to pick up your child. Please list Name & phone number in the order you would like us to call. We can only accept changes that have been submitted in writing by the parent or guardian.**

**\*\*Any person picking up a child in the Kidstop program must have a picture ID AND be listed below**

1. Who should we contact first: Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_ C H W
3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_ C H W
4. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_ C H W
5. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_ C H W

**Person(s) NOT allowed to Pick UP**

Person(s) **NOT** allowed to pick up Club/Kidstop members listed on this form including Male & Female Head of household:

**(Please note if a person not allowed to pick up is the mother or father of a Club/Kidstop member we will need a copy of the Court Order)**

Name of Person Not allowed to pick up: \_\_\_\_\_ Relationship to the Member: \_\_\_\_\_

Member(s) who cannot be picked Up: \_\_\_\_\_

**Court Order Provided:** Yes or No

Name of Person Not allowed to pick up: \_\_\_\_\_ Relationship to the Member: \_\_\_\_\_

Member(s) who cannot be picked Up: \_\_\_\_\_

**Court Order Provided:** Yes or No

**Medical Authorization**

I understand that all **members listed on this Membership Form/Child Information** may, while on the premises of the Boys & Girls Clubs of Greater Northwest Indiana or during any Club/KidStop sponsored activities/programs become ill or injured and that it may be impractical to notify me prior to: (a) administering first aid and/or (b) securing medical attention. I therefore authorize Boys & Girls Clubs of Greater Northwest Indiana and its agents and employees to render such first aid and/or seek such emergency medical attention and authorize any physician (including, but not limited to, Porter Emergency Physicians Associates, P.C.) or hospital (including, but not limited to, Porter Hospital) selected by the club to render such emergency services.

**I have read and understand the Medical Authorization.**  Yes

**Image/name Use:** I agree to allow my children's image and name to be used in the publicity purposes at described above  Yes  No

**Technology Use:** I give permission for my children to use computers/technology while at any of Boys & Girls Club's facilities/programs  Yes  No

**Safe Passage Policy**

**An authorized adult with photo ID must sign-out members when using Kidstop.** If your child is signing-out to club, The Boys & Girls Clubs of Greater Northwest Indiana operates under the Safe Passage Policy. For members under the age of 12, a parent, guardian or other pre-authorized adult must retrieve the member from the Club. Members age 12 and older may leave the Club unescorted with written permission from a parent or guardian. Members 12 and older may also escort other members of their household from the Club. No member, regardless of age, will be allowed to return to the Club once they leave the premises for the day. The Club will not physically restrain a member that insists on leaving the Club, nor block the facility's exits. Therefore, it is each parent's responsibility to discuss the Club's Safe Passage Policy with his or her child and ensure that he or she complies. The Club will not accept responsibility for members that leave the Club unsupervised and in breach of this policy. The Club does, however, reserve the right to discipline members that leave unescorted without written permission, up to and including suspension and termination of membership.

**Authorization to Leave Premises Unescorted**

My child(ren) 12 years or older has my permission to check him/herself out of the Club.  Yes  No

Children under 12 years old may leave the Club with a relative so long as the relative is 12 years or older. My child is younger than 12 years old, but has my permission to leave the Club with \_\_\_\_\_ Age: \_\_\_\_\_ Relationship:  Brother  Sister  Other relative \_\_\_\_\_

**I have read and understand the Safe Passage Policy as described above**  Yes

**Member #1**

**Member #1** Last Name: \_\_\_\_\_ **Member #1** First Name: \_\_\_\_\_

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_

**Medications:** Please list name of medication – dosage – frequency (If you need a Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). \_\_\_\_\_

**Member #2**

**Member #2** Last Name: \_\_\_\_\_ **Member #2** First Name: \_\_\_\_\_

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_

**Medications:** Please list name of medication – dosage – frequency (If you need a Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). \_\_\_\_\_

**Member #3**

**Member #3** Last Name: \_\_\_\_\_ **Member #3** First Name: \_\_\_\_\_

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_

**Medications:** Please list name of medication – dosage – frequency (If you need a Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). \_\_\_\_\_

**Member #4**

**Member #4** Last Name: \_\_\_\_\_ **Member #4** First Name: \_\_\_\_\_

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_

**Medications:** Please list name of medication – dosage – frequency (If you need a Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). \_\_\_\_\_

## Household Information

**Member's Live with:** Biological Mother & Father    Mother only    Father Only    Mother & Stepfather    Father & Stepmother    Other: \_\_\_\_\_

**Male Head of Household Information:** Father    Stepfather    Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept.: \_\_\_\_\_ Work phone #s: \_\_\_\_\_

Person at work who will know how to contact you: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Email (If different from household email): \_\_\_\_\_

**Is this person authorized to pick up the member's list on this form: Yes or No**

If the male head of household is the biological father of the child, we must have a court order stating any restrictions.

**Female Head of Household Information:** Mother    Stepmother    Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept.: \_\_\_\_\_ Work phone #s: \_\_\_\_\_

Person at work who will know how to contact you: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Email (If different from household email): \_\_\_\_\_

**Is this person authorized to pick up the member's list on this form: Yes or No**

If the female head of household is the biological mother of the child, we must have a court order stating any restrictions.

**Has any Parent served in the Military?** Yes    No    If Yes: Parent Name: \_\_\_\_\_ Branch: \_\_\_\_\_

**A large portion of our funding is dependent on receiving grants. Please help us to secure this funding in the future by answering question about your finances. It is Mandatory to complete the financial information if you receive scholarship aid. All information is strictly confidential.**

**Annual Household Income:** \_\_ \$0 - \$5,000    \_\_ \$5,001 - \$12,000    \_\_ \$12,001 - \$22,000    \_\_ \$22,001 - \$32,000    \_\_ 32,001 - \$40,000    \_\_ \$40,001+

**Does your family receive any form of public assistance?**    \_\_ TANF (Temporary Aid to Needy Families)    \_\_ Food Stamps    \_\_ Medicaid  
\_\_ Hoosier Healthwise    \_\_ Child Care Vouchers    \_\_ WIC (Women, Infants and Children)    \_\_ HUD (Reside in Public Housing)  
\_\_ Other (Please Specify): \_\_\_\_\_

## Parent Signature

I hereby approve my child(ren) application for membership in the Boys & Girls Clubs of Greater Northwest Indiana. I will notify the Club/KidStop of any changes in address and all telephone numbers listed on the membership application.

\_\_\_\_\_  
Staff witness (Year One)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness (Year Two)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## **Kidstop - Child Information/Membership Form**

**Kidstop Site Attending: (Please Circle One):** Central    Discovery Charter    Flint Lake  
Heavelin    Northview (Serving Memorial)    Parkview    Simatovich    Thomas Jefferson    Union Center

### **Kidstop Policy Agreement One per family**

1. A weekly schedule must be submitted, with payment of fees, by the Wednesday of the week prior to the scheduled week usage for the Kidstop Program.
2. An additional \$5.00 per day per child will be charged for children not pre-scheduled and pre-paid. Children picked up after 6:30p.m. will be charged a late fee of \$1.00 per minute per child.
3. Participation in the Kidstop program requires a current membership to the Boys & Girls Club. The cost of membership will be automatically charged to your account during the month of expiration if your child is still attending the program. Memberships are \$35.00 per year. Financial assistance is available to those who qualify.
4. The Boys & Girls Clubs of Greater Northwest Indiana runs background checks on all of our staff for the safety of our members. We do not permit parents or legal guardians to visit or help at our Kidstop Sites unless they have applied and been approved as a volunteer.
5. To ensure your child's favorite toys do not get lost or broken please have them leave all toys at home.
6. Please have your child dressed appropriately; we utilize the outdoors as well as the school building. Kidstop follows the same dress code as your child's school. Children who do not have gym shoes will not be allowed to participate in gym.
7. Children who attend the all-day, non-school day Kidstop program must bring a lunch. If you forget to pack your child a lunch, we will provide a lunch for your child. You will be charged \$5.00 per child per day for a lunch.
8. A parent or an authorized adult, as listed on the Child Information/Membership Form, must sign every child in & out daily. Each person picking up a child must have a picture ID. All changes to the Child Information/Membership Form must be done in writing. This includes changes to the pick-up authorization list.
9. We practice good citizenship including an appreciation for the rights of others. To ensure the safety of all our members and Kidstop staff, we ask that you would go over and make sure your child has an understanding of our Kidstop rules. Kidstop has a no tolerance policy for bullying. Bullying means overt, repeated acts or gestures including verbal, written, or transmitted communications. This includes physical acts committed or any other behaviors committed with the intent to harass, ridicule, humiliate, intimidate or harm the other person.
10. There will be a \$25.00 fee for all returned checks.
11. To obtain a copy of our Kidstop Policy Agreement, Serve Weather Emergency Policy, Authorization to Administer Medication form, Kidstop rules, Kidstop Site Monthly Newsletter, Kidstop Activities Agendas, Fee Assistance forms, all Registration Forms, and Kidstop information are available online at our website, [www.bgcpoco.org](http://www.bgcpoco.org).
12. Please save all of your receipts if you intend to claim childcare expenses when filing taxes. Yearend statements are available upon request. Our Tax number is 35-1262439 - Boys & Girls Clubs of Greater Northwest Indiana
13. If you have a balance with Kidstop you unfortunately may not attend the program or the Boys & Girls Club until your balance is paid in full.

#### **Kidstop Field Trip Permission**

I give the Member's on this Child Information/Membership Form permission to be transported on short field trips within Porter, Lake, & La Porte Counties with their Kidstop caregivers as part of their planned program that includes transportation to and from playgrounds and/or trips to local venues. I/We give my child permission to attend major field trips as part of our regularly scheduled program. In order for your child to participate in our Kidstop program, the Field Trip permission must be checked yes.

**Kidstop has your permission to allow your Child(ren) to participate in field trips when they are participating in our Kidstop Program?**

Yes     No

I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED POLICIES AND AGREE TO ABIDE BY THEM.

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

Print Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_