

Boys & Girls Club Indian River Middle School After-School Registration Form

2019-2020 Academic Year

_____		_____			M	F
Child's Name		Date of Birth	Grade Level	Ethnicity	Sex	
_____		_____				
Parent's/Guardian's Name		Parent's/Guardian's Name				
() _____	() _____	() _____	() _____			
Home Phone	Cell Phone	Home Phone	Cell Phone			
() _____	() _____					
Work Phone	Email	Work Phone	Email			
_____		_____				
Address		Address				
_____		_____				
City, State Zip Code		City, State Zip Code				

Military Personnel (if applicable):

Is either of the child's parents a military ID cardholder? Yes No If yes, please indicate your military affiliation:

Active Duty Army Activated Army National Guard Activated Army Reserve Retired Army DoD Army Civilian

Do you currently live on or off the military installation? On Post Off Post

Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone

Others authorized to pick up your child from the program.			

Medical Information

Allergies/Special Health Considerations	

Current Medications	

_____	() _____
Physician's Name	Phone Number

Insurance Company	Policy Number

If your child suffers from asthma or allergies whose treatment involves the use of an inhaler or epi pen, you must request from us and complete a Written Medical Consent Form. A portion of this form also must be completed by the child's doctor. An inhaler or epi pen also must be provided so that we may administer the medication to your child should the need arise.

PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS FORM



Human Services &
Community-Based Programs

Parental/Guardian Consent for Program Participation

The After-School program runs from 2:15 to 5:15, Monday through Thursday, for each day that school is in session. Students are encouraged to fully participate in the program so that they may benefit from all it has to offer, but attendance may be flexible as necessitated by family schedules. Students engaged in other extracurricular activities such as school clubs and sports at various times during the year may continue to attend Advantage After-School as their schedules permit, whether it be for a portion of the daily program or on different days of the week.

The undersigned gives permission for _____ to participate in the Boys & Girls Club Indian River After School Program during the 2019-2020 academic year at Indian River Middle School.

- I give permission for photographs of my child to be used in program materials, such as Indian River and CHJC newsletters, Facebook, informational and promotional literature, scrapbooks, exhibits, and for other display purposes.

Parent/Guardian Signature

Date

Parental/Guardian Consent for Emergency Health Care

[NYCRR Title 18, Part 414.11(d)]

Child's Name: _____

I hereby give my consent to the Program Director of the Boys & Girls Club Indian River After-School Program of CHJC to obtain emergency health care, including arrangement of transportation to such care, for my child named above, which, in the opinion of the attending physician, is necessary to protect my child's health and physical well-being.

I understand that, in the event of an accident requiring surgery, I will be given prior notice of any such surgery required, unless the condition, in the opinion of the attending physician, demands immediate emergency care, of which I will be notified as immediately thereafter as reasonably possible.

Parent's Signature: _____

Date: _____

Printed Name of Parent: _____

Transportation Information

This is to confirm that my child, _____ (*insert child's name*), will require transportation home at the end of the Indian River After-School Program day on the following days:

Monday Tuesday Wednesday Thursday

Our home address is:

Street: _____

City: _____ State: New York Zip Code: _____

Parent's Signature: _____

Date: _____

Printed Name of Parent: _____