Boys & Girls Club of Oyster Bay-East Norwich

The Bahnik Youth Center

1 Pine Hollow Road, Oyster Bay, New York 11771 516-922-9285

Child Care Program Registration Form 2014-2015

Please assist us by reading ALL information on the application. It is very important that you carefully adhere to instructions so as to assure your child's enrollment. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Please print information clearly. One form per child.

Child's Information:

Last Name: _____ First Name: _____ Age/DOB: _____
Address: _____ Telephone: _____ Boy: _____
Town/Zip: _____ E-mail: _____ Girl: _____

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other

Enrollment: Any changes must be requested in writing, and approval of same will be based upon availability.

Please enroll my child in the program(s) checked (✓) below effective _____ (day and date):

☐ Before School Program (Grades K-6) ☐ After School Program (Grades K-2) ☐ After School Program (Grades 3-5)
Full Time ____ Part Time_____

School Information:

School:_____ Grade (beginning 9/2014):_____

Health Information:

Family Physician:_____ Telephone:_____
Allergies/Medications:_____

Parents'/Guardians' Information: (please print clearly)

Father's Name: _____ Business Tel.: _____ Cell#: _____
Mother's Name: _____ Business Tel.: _____ Cell#: _____

Please list any specials skills or talents you might possess and be willing to share with the Club:_____

Emergency Contact: (please list contact other than parents)

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Pick-Up Authorization: The following individuals, **16 years of age or older**, are authorized to pick up my child(ren) from the Before/After School Programs. I will inform each person listed below that they will be required to present proper identification. Any changes to this list will be made in advance by written notification. If necessary, additional names may be listed on back of this form.

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Total Household Income: The Town of Oyster Bay and NYS Division For Youth, both of whom fund portions of our programs, require that we provide the following. It is MANDATORY that this section be completed. This information is kept in strict confidence and will have no effect on your cost for the program.

☐$0 - $59,300	☐$59,301 - $67,800	☐$67,801 - $76,250	☐$76,251 – $84,7 00	☐$84,701 - $91,500
☐$91,501 - $98,300	☐$98,301 - $105,050	☐$105,051 - $111,850	☐$111,851 - over	

Single Parent Family: ☐Yes ☐No Total # of People in Household: _____ Total # of Children in Household: _____

Please Initial:

I give permission to the Boys & Girls Club of Oyster Bay-East Norwich to:

- seek emergency medical treatment for my child, if deemed necessary. _____
- exchange information regarding my child with the school district listed on this application. The purpose of this is to help both organizations do a better job of helping the student, if deemed necessary. _____
- to survey my child about his/her Club experience, behaviors, skills, and attitude, using Club survey instruments. _____

I fully understand and agree to review the rules, as outlined on the reverse side of this form and abide by the following Club policies, which are strictly adhered to, without exception: a.) Serious discipline problems may result in a member being suspended and/or withdrawn from the program, without a refund; b.) Under no circumstances will a refund be issued for absences, changes, withdrawals or terminations, and switching and/or transferring of registrations is not permitted; c.) the Boys & Girls Club will not assume responsibility for lost or stolen items; and d.) Photographs of my child may be used for public relations purposes. I hereby give my approval for my child to attend the Boys & Girls Club with full knowledge and understanding of the above–outlined policies.

Parent's/Guardian's Signature:_____ **Date:**_____