



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 2018-2019

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 9/2018): _____

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: _____

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 Address: _____ Telephone: _____

IT IS MANDATORY THAT THIS SECTION OF THE APPLICATION BE COMPLETED, AS IT IS A REQUIREMENT OF OUR FUNDING SOURCES. This information is kept in strict confidence and will have no effect on your cost for the program. Please indicate the dollar amount of your total household income:

___ \$1-\$62,050	___ \$62,051-\$70,900	___ \$70,901-\$79,800	___ \$79,801-\$88,650
___ \$88,651-\$95,750	___ \$95,751-\$102,800	___ \$102,801-\$109,900	___ \$109,901-\$117,000
			___ \$117,001-over

Total number of people in household? _____ Number of children in family? _____ Single-parent family? Yes No

Please Initial:

- _____ I understand that the Boys & Girls Club of Oyster Bay-East Norwich will seek emergency medical treatment for my child if deemed necessary.
- _____ I understand that the Boys & Girls Club of Oyster Bay-East Norwich will not be responsible for lost or stolen property.
- _____ I give permission to the Boys & Girls Club of Oyster Bay-East Norwich to exchange information regarding my child with the school listed on this application. The purpose of this is to help both organizations do a better job of helping the member, if deemed necessary.
- _____ I give permission to the Boys & Girls Club of Oyster Bay-East Norwich to survey my child about his/her Club experience, behaviors, skills, and attitudes.
- _____ **I understand that the Club herewith gives notice of intention to provide, release, and/or publish, member's name, age, grade, photographs/digital images, parents'/guardians' names, recognition of activities and participation, awards received, etc. in Boys & Girls Club's printed materials such as newsletter, brochures, news releases, as well as videos, websites and/or social media venues. I will make a specific request in writing to the Executive Director within one week of membership activation date should I not desire the release of said information.**
- _____ I understand that serious discipline problems may result in a member being suspended and/or withdrawn from the program, without a refund.
- _____ I understand that under no circumstances will a refund be issued for absences, changes, withdrawals or terminations, and switching and/or transferring of registrations is not permitted;
- _____ I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents if requested.

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.

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