



Boys & Girls Club of Oyster Bay-East Norwich

The Bahnik Youth Center
1 Pine Hollow Road, Oyster Bay, New York 11771 516-922-9285

Membership Record 2023

Membership is valid from January 1, 2023 through December 31, 2023

Membership Number: (for office use only)

23-

Date: _____

- Mini Membership, ages 3-5 requires Membership Record, Physical/Immunization Record, and Membership Fee.
- Membership, grades: K-6 requires Membership Record, BlueCard, and Membership Fee.
- Teen Membership, grades: 7-12 requires Membership Record, BlueCard, and Membership Fee.
- One-Event Membership requires Membership Record, BlueCard, Membership Fee, and mini Members Only: Physical /Immunization Record

Membership: New Renewal, Last Year Attended: _____

Member/Family Information: Please print clearly in ink.

Incomplete applications cannot be processed

Last Name: _____	First Name: _____	<input type="checkbox"/> Girl	<input type="checkbox"/> Boy
Telephone: _____	Date of Birth: _____	Age: _____	
Address: _____	Town: _____	Zip: _____	
School: _____	Current Grade: _____		
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Other			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
Father's Name: _____	Business Phone: _____	Mobile: _____	
Mother's Name: _____	Business Phone: _____	Mobile: _____	
Guardian's Name: _____	Business Phone: _____	Mobile: _____	
E-mail Address Parent/Guardian: _____			
E-mail Address Member: _____			

Pick-Up Authorization:

The following individuals, 16 years of age or older, are authorized to pick up my child(ren) from the Clubhouse. 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. I understand that my child(ren) will not be released to those who are not on this list or added in writing.

LAST NAME	FIRST NAME	HOME TELEPHONE NUMBER/CELL NUMBER	WORK TELEPHONE NUMBER	RELATIONSHIP TO MEMBER

My child has my permission to walk or ride on his/her bike home from the Club (Grades 6 & up only): Yes No

Total Household Income (Gross) and Information:

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-\$80,400
- ___ \$80,401-\$93,000
- ___ \$93,001-\$104,650
- ___ \$104,651-\$116,250
- ___ \$116,251-\$125,500
- ___ \$125,501-\$134,850
- ___ \$134,851-\$144,150
- ___ \$144,151-\$153,450
- ___ \$153,451-over

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

In an Emergency, Please Notify (other than parents):

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Parent/Guardian Consent/Signature Required--Please initial each item below.

_____ 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.

Parent's/Guardian's Name(Please Print) _____

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

Review and Sign Reverse Side



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Parental Authorizations

Confirmation of Receipt and Understanding of Member/Parent Handbook 2023

I have received a copy of the Boys & Girls Club of Oyster Bay-East Norwich's Member/Parent Handbook, which clearly outlines the Club's policies, rules and regulations. I fully understand and agree to review its contents, as well as to review Club rules and policies with my child. I am aware that failure to adhere to the policies therein may result in cancellation of my child's registration. The Member/Parent Handbook is available electronically on the Club's website at www.bgcoben.org and in hard copy at the Club.

Emergency Care:

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. I agree to the transportation of my child for the purpose of emergency health care, with immediate notification of the custodial parent, guardian, or person having legal custody.

Homework Authorization:

- I would like my child to do his/her homework at the Boys & Girls Club.
- I would like my child to choose whether he/she would like to do his/her homework at the Boys & Girls Club.

Transportation Permission:

I allow my child to participate in transportation to and from the Boys & Girls Clubhouse and OBENCSD schools to participate in the Before and After School Programs and/or to be transported off-site to participate in field trips. I understand that by signing below, I give the Boys & Girls Club of Oyster Bay-East Norwich permission to transport my child, via bus and that I will be notified in advance of any field trip.

I understand that I will be notified in advance of any field trip.

- Yes, I allow my child to be transported.
- I do not allow my child to be transported, therefore, I will arrange for my child to be transported at my own expense.

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided.

Child's Name: _____ Grade: _____

Parent's/Guardian's Name: _____ Date: _____

Parent's/Guardian's Signature: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
	CHILD'S FULL NAME:			DATE OF BIRTH: / /	GENDER:	
	PREFERRED NAME/NICKNAME:					
	CHILD'S HOME ADDRESS:					
	NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:						
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text		
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY			
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -
PREFERRED HOSPITAL:		PHONE NUMBER: () -
CHILD'S DENTAL CARE:		PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
• I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE -- PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /