



# Membership Registration Form

Type of Membership (Check One)  New  Renew

1st Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 2nd Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mother/Guardian : \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_ Work #: \_\_\_\_\_  
 Father/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_ Work #: \_\_\_\_\_

1. Does your child receive **FREE** or **REDUCED** lunch?  Yes  No
2. Child lives with:  Mother  Father  Both  Other/ Whom
3. Marital Status of Parent/Guardian:  Single  Married  Divored  Widowed  Other
4. Racial/Ethnicity Identity: **(Circle a letter)**

a. White (not of Hispanic origin)	e. American Indian/ Alaskan Native
b. Black (not of Hispanic origin)	f. Brazilian
c. Hispanic	g. Asian or Pacific Islander
d. Portuguese	h. Other
5. Annual Household Income: **(Circle a letter)**

a. under \$10,000	d. \$30,001 - \$50,000
b. \$10,001 - \$20,000	e. \$50,001 - \$70,000
c. \$20,001 - \$30,000	f. Over \$70,000

In Case of an Emergency, If a Parent/Guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any Medical, Physical, or Emotional conditions that we should be aware of to better serve your child:(allergies, medication, etc)

### Authorization and Consent Form

1. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the qualified staff at the Boys & Girls Club to transport my child to the nearest hospital.
2. Child's Doctor & Insurance : \_\_\_\_\_ Phone # & Address : \_\_\_\_\_
3. I understand the Club is not, nor claims to be, a licensed day care center. (Unless your child is registered in the licensed SACC Program)
4. I authorize Boys & Girls Club staff/ volunteers who are trained in the basics of first aid to treat my child when appropriate
5. I give permission for my child to participate in field trips by means of bus/van. I understand that I will be notified in advance of any trips.
6. I give consent to have my child photographed or videotaped for public relations purposes. **PLEASE CIRCLE YES or NO**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



**BOYS & GIRLS CLUBS**  
OF METROWEST

## TRANSPORTATION CONTRACT

By signing below, I \_\_\_\_\_ (parents name) agree to the transportation payment plan put forth by the Boys and Girls Clubs of MetroWest.

**I understand that if my payment is not received by the due date noted, I am responsible for paying the \$25 late fee that will be incurred.**

**I will let the Finance Department know if my child will no longer be using the transportation provided by the club.**

Payment #1: \$120 due at the time of registration and covers Sept, Oct, Nov, and Dec. Late fee added if not received by Sept 10<sup>th</sup>.

Payment #2: \$90 due by January 1<sup>st</sup> and covers Jan, Feb, and March. Late fee of \$25 added if not received by January 10<sup>th</sup>.

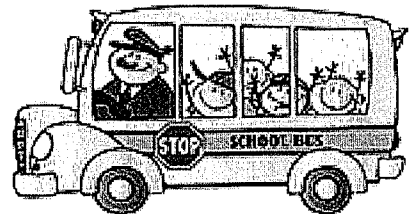
Payment #3: \$90 due by April 1<sup>st</sup> and covers April, May, and June. Late fee of \$25 added if not received by April 10<sup>th</sup>.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child(ren) attending: \_\_\_\_\_

I, \_\_\_\_\_, will follow the following BUS RULES as long as I am a member of the Boys & Girls Clubs of MetroWest:

- Respect and Listen to the bus driver
- Respect and Listen to the monitors on the bus
- Stay seated at all times
- Keep all body parts to yourself and inside the bus
- Throwing objects is not allowed on the bus or out the windows
- Inside voices and use of appropriate language



***PLEASE NOTE: These rules are to insure that all members are safe while on the bus. Failure to obey the rules will result to suspension off the bus for the entire school year.***

### CONSEQUENCES FOR NOT FOLLOWING THE RULES

- 1<sup>st</sup> Offense    Warning
- 2<sup>nd</sup> Offense    2-Day Suspension off the bus
- 3<sup>rd</sup> Offense    Suspension off the bus for the entire school year

**BY SIGNING THIS CONTRACT YOU ARE AGREEING TO THE RULES AND CONSEQUENCES IF THE RULES ARE NOT FULFILLED.**

\_\_\_\_\_  
Member Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date