



**BOYS & GIRLS CLUBS  
OF SOUTHEAST MISSOURI**

**Membership Information**

1913-1915 Whitener St.  
Cape Girardeau, MO 63701  
Ph: 573-335-7141  
www.bgcsemo.org

**School Year**

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**After School Program**

**PLEASE PRINT OR TYPE**

**This form must be completed in its entirety. We require 3 contact phone numbers at all times. Please update contacts regularly.**

**CHILD INFORMATION**

Child's Name (First Middle Initial Last)		Home Telephone Number		
Address (Street, City, State, Zip)				
Race/Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian and Other Pacific Islander		<input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Multi-Racial (Black/White) <input type="checkbox"/> White	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MMDDYY)
School	Teacher	Grade	School Lunch Program: <input type="checkbox"/> None <input type="checkbox"/> Reduced <input type="checkbox"/> Free	

**IDENTIFYING INFORMATION**

1. Parent/Legal Guardian Name (First Middle Initial Last)		Home Telephone Number ( ) -	
Address (Street, City, State, Zip)		Cell Phone Number ( ) -	
Employed by (or school attending)		Email	
Occupation		Work/School Number ( ) -	
2. Parent/Legal Guardian Name (First Middle Initial Last)		Home Telephone Number ( ) -	
Address (Street, City, State, Zip)		Cell Phone Number ( ) -	
Employed by (or school attending)		Email	
Occupation		Work/School Number ( ) -	

**EMERGENCY CONTACTS/AUTHORIZED PICK-UP**

1. Name – Other Than Parent(s) or Doctor (First Middle Initial Last)		Telephone Number ( ) -	
Address (Street, City, State, Zip)		Relationship to Child	
2. Name – Other Than Parent(s) or Doctor (First Middle Initial Last)		Telephone Number ( ) -	
Address (Street, City, State, Zip)		Relationship to Child	

**ACADEMIC ENHANCEMENT AUTHORIZATION**

**I give the Boys & Girls Clubs of Southeast Missouri permission to receive copies of my child's grade reports, test scores, disciplinary information and progress notes to assist with his/her academic enhancement.**

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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

**HEALTH REPORT FOR SCHOOL AGE CHILD****Child's Health History and Current Health Problems**

Please list any allergies, special medical conditions, including chronic health problems.

**Any special medication and/or restrictions.**

Comment's on Child's Development: (Note: allergies, habits, etc...)

**This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children.**

Parent/Legal Guardian Signature:

Date:

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize employees of the Boys &amp; Girls Clubs of Southeast Missouri to contact:

Doctor/Clinic Name

Doctor/Clinic Phone Number

Doctor/Clinic Address (Street, City, State, Zip)

For Emergency Medical Treatment of My child, My Preferred Hospital is:

Hospital Name

Hospital Phone Number

Hospital Address (Street, City, State, Zip)

**AGREEMENTS**

- I agree to keep the facility updated on my changes of information on the enrollment form.
- When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care
- I understand that this facility will contact or notify me about any medical emergency, accident, injury, or at-risk situation.
- I do give consent for my child and family to be included in pictures, recordings, evaluations, and screenings associated with the Boys & Girls Clubs of Southeast Missouri.

The information given herein is true and complete. I understand and agree to the policies indicated above. I am hereby enrolling my child, \_\_\_\_\_ in the Boys &amp; Girls Clubs of Southeast Missouri.

**Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_****HOUSEHOLD INFORMATION***This information is collected for grant-writing purposes ONLY and is never made public.***Annual Income Level:**

0-5,000 _____	5,001-10,000 _____
10,001-15,000 _____	15,001-20,000 _____
20,001-25,000 _____	25,001-30,000 _____
30,001-35,000 _____	35,001-40,000 _____
40,001-45,000 _____	45,001-50,000 _____
50,001-55,000 _____	55,001-60,000 _____
60,001-65,000 _____	65,001-70,000 _____
70,001-75,000 _____	75,001-80,000 _____
80,001-85,000 _____	85,001-90,000+ _____

Member lives with:  Mom  Dad  Step Parent  Grandparent  
 Foster Parent  Other: \_\_\_\_\_

Current Single Parent: \_\_\_Yes \_\_\_No

Current Head of Household: \_\_\_Female \_\_\_Male \_\_\_Both

Number in Household: \_\_\_\_\_ Number in Household under 18: \_\_\_\_\_

Is there a Member of the Household 65 years old or Older: \_\_\_Yes \_\_\_No

Is Parent a member of:  Active Military  Reserve Military  None

Lives on Military Base: \_\_\_Yes \_\_\_No Military Branch: \_\_\_\_\_

**Please check all programs that apply: (statistical purposes only)**
 TANF  SSDI  SSI  Food Stamps  General Assistance  
 School Lunch Program  Daycare Voucher  Veterans Compensation
**Office Use Only:**

Enrollment Date: \_\_\_\_\_ Site: \_\_\_\_\_ Visions: \_\_\_\_\_ Copies: ST / MB / AA Added: V/S/Sn