

Membership Information

1913 Whitener St.
 Cape Girardeau, MO 63701
 Ph: 573-335-7141
 www.bgcsemo.org
PLEASE PRINT OR TYPE



Office Use Only:

Enrollment Date: _____
 Deposit Paid: _____
 Priority Non-Priority

SUMMER PROGRAM 2023

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)		School Member Attends/Will Attend in Fall 2022	
Race/Ethnicity	<input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial (B/W) <input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American and Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial (H/W) <input type="checkbox"/> Other	Sex <input type="checkbox"/> M <input type="checkbox"/> F Birthdate (MM/DD/YY) Age Grade in Fall 2023
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	

- * 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 SEMO.

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 & Girls Clubs of Southeast Missouri.

Parent or Legal Guardian Signature: _____ **Date:** _____

HEALTH REPORT FOR SCHOOL AGE CHILD AND AUTHORIZATION FOR EMERGENCY CARE**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: concerns, habits, etc...)****FOOD ALLERGIES AND/OR RESTRICTIONS (MEDICAL SUBSTITUTION RECORD MUST BE ON FILE)**

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 or Closest Available

Hospital Phone Number

() -

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 & Girls Clubs of Southeast Missouri to contact the above doctor and/or hospital.

Parent/Legal Guardian Signature: _____ Date: _____**HOUSEHOLD INFORMATION***This information is collected for grant-writing purposes ONLY and is never made public.*

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

 Member lives with: Mom Dad Step Parent Grandparent
 Foster Parent Other: _____

 Current Head of Household: ___Female ___Male ___Both
 Current Single Parent: ___Yes ___No

Is there a Member of the Household 65 years old or Older: ___Yes ___No

Lives on Military Base: ___Yes ___No Military Branch: _____

Number in Household: _____ Number in Household under 18: _____ Is there a Member of the Household Handicapped: ___Yes ___No

Please check all programs that apply: (statistical purposes only)
 TANF SSDI SSI Food Stamps General Assistance School Lunch Program Daycare Voucher Veterans Compensation
Is Parent a member of: Active Military Reserve Military None**MISCELLANEOUS INFORMATION****T-shirt Size (circle):** YS YM YL YXL AS AM AL AXL**Swimming (every camper will be tested) :**Swimming ability? Proficient Doggie-paddle Cannot swim UnknownPreferred area of swimming pool: Kiddie only Shallow/Kiddie only No restrictions

Comments: _____
