

2018 – 2019 School Year Registration



SEND COMPLETED APPLICATION and PAYMENT TO:
BGCM, 709 S Broad Street, Mankato MN 56001

Please complete the information below for each child you wish to enroll in Boys & Girls Club Mankato. Please use additional page to include more children.

MEMBER INFORMATION: New Member Returning or Transfer Member #

First Name: Middle: Last Name:

Date of Birth Female or Male Age: Grade: School:

Address:

City: State: Zip:

Member Cellphone: Member Email:

Ethnicity: Please check the ethnicity that best relates to the member:

- American Indian or Alaska Native
Hispanic/Latino
White
Asian
Pacific Islander
Other
Black or African American
Two or more Races

MEDICAL INFORMATION

Do you have any health conditions or allergies? No Yes: Explain

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Date of Birth Female or Male Age: Grade: School:

Address:

City: State: Zip:

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PARENT/GUARDIAN CONTACT INFORMATION

1) Parent/ Guardian Name: _____ Relationship to Member _____

Address: _____

City: _____ State: _____ Zip: _____

Cellphone: _____ Employer: _____ Work Phone: _____

2) Parent/ Guardian Name: _____ Relationship to Member _____

Address: _____

City: _____ State: _____ Zip: _____

Cellphone: _____ Employer: _____ Work Phone: _____

EMERGENCY CONTACTS

1) Full Name: _____ Relationship to Member: _____

Cellphone: _____ Work Phone: _____

2) Full Name: _____ Relationship to Member: _____

Cellphone: _____ Work Phone: _____

Household Information

How many people live in your household? _____ How many are under the age of 18? _____

Household monthly income: \$ _____

Is the family eligible for free or reduced lunch? _____ Free _____ Reduced _____ Not Eligible

Who lives in the home? _____

Medical Information

Physician's Name: _____ Phone: _____

Please check all that apply, if yes please explain. Add additional pages if necessary.

____ Allergies _____ Carries Epi-Pen? yes No

possible triggers _____

____ Asthma _____ Carries medication? yes No

possible triggers _____

Immunizations up to date: Yes/No

Emotional/Mental Health concerns

Visual Conditions:

Hearing Conditions

Epilepsy/Seizures

Diabetes

Other (please describe)

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Attendance

Estimated days child will attend: Monday Tuesday Wednesday Thursday Friday

Estimated times of attendance:

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

How will your child get to the after school program?

Walk

Parent Drop Off

Other: Please explain _____

If your child is walking to the program from Franklin Elementary, Roosevelt Elementary or Jefferson Elementary Boys & Girls Club of Mankato staff and volunteers will be available to meet them and walk them to the program. It is your child's responsibility to ensure they arrive at the meeting place in a timely manner. If your child does not show up to the program and we have not heard from their guardians, staff will first notify them. In the case that the parents or emergency contact cannot be reached or are unsure of the child's whereabouts the police will be called.

Please review the following and circle yes or no:

I understand that my child cannot walk home unless they are 4th grade or older? Yes or No

I understand that I must come inside to pick my child up if they are in K- 3rd grade? Yes or No

My Child that is in 4th grade or older can walk home alone? Yes or No

My child that is in K-3rd grade may walk home with an older sibling? Yes or No

I understand that a parent or guardian must sign their child(ren) out each day. Any alternate pick-up person must be named in writing to Boys & Girls Club staff prior to picking up the child(ren), and must present their ID to staff person upon sign out.

I have read, understand and agree to the above statement

I have read and understand Boys & Girls Club of Mankato's transportation guidelines and am aware of the policies.

Parent/Guardian Signature

Date

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PERMISSION TO TRANSPORT

I give permission for my child to travel in vehicles operated by the Boys and Girls Club of Mankato for the purposes of club related activities. I understand that the driver is fully qualified to operate club vehicles and that seatbelt use (where available) will be strictly enforced.

I have read, understand and agree to the above statement.

Participation:

Please review the following and circle yes or no:

My Child can have their picture taken and have them used for publication for Boys & Girls Club? Yes or No

My Child can be in videos and have them used for publication for Boys & Girls Club? Yes or No

My Child can watch PG movies at Club? Yes or No

My Child can participate in surveys about their Club experience? Yes or No

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Please read the following statements carefully and sign below:

I give permission for my child to participate in Boys and Girls club of Mankato activities and programs, knowing there is a certain amount of risk involved in all youth activities. I further understand that Boys and Girls Club of Mankato is not responsible for the time or manner in which my child may arrive at or leave club.

I give permission for my child to participate in field trips and other activities sponsored by Boys & Girls Club of Mankato up to 5 miles from Club, as well as other trips to community partners who are involved with Boys and Girls Club of Mankato.

I understand that transportation may be provided by Boys and Girls Club or Mankato staff in a club van, bus, or public transportation.

I understand the hours of operation for Boys and Girls Club or Mankato and any member left at the facility after Club hours may be referred to the on-call social worker with Blue Earth County.

In the unlikely event that an accident should occur, I take full financial responsibility for any medical expenses my child may incur as a result of participating in Boys & Girls Club or Mankato activities. In case of serious illness injury, I give Boys & Girls Club of Mankato staff and/or emergency personnel permission to administer any necessary treatment to my child, including contacting the doctor or ambulance at my expense.

I have read and understand the refund, fees, and cancellation procedure below.

I agree that Boys & Girls Club of Mankato, its employees (both paid and volunteer), Board of Directors, and affiliated agencies shall not be held liable for any claims, demands, actions, or causes of action, whatsoever, for any injury caused to me or my child as a result of my child's involvement in Boys & Girls Club of Mankato, its employees (both paid and volunteer), the corporation, agents officers, and affiliated agencies.

I give permission for Mankato Public Schools to communicate academic and behavioral information to Boys & Girls Club or Mankato for the purpose of providing education assistance and enhancement to my child. Such information is to be used only by Boys & Girls Club of Mankato and shall not be transferred to other agencies without consent of a parent/guardian or legal authority.

The disclosure of information is voluntary and will be kept confidential as provided by law. Refusal to provide the information will not subject the program participant to any adverse treatment (except that where the disability status is a requirement for participation in a program or activity, the program participant may be found to be ineligible if s/he does not disclose his/her status). The information will be used only in accordance with the law.

Parent/Guardian

Signature _____ Date _____

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Payment information

Club membership for October 29, 2018 – June 5, 2019:

- Membership fee: \$25/child

Monthly club participation fee:

- Full price:
 - Child 1: \$75/month
 - Child 2: \$50/month
 - Max family: \$125/month
- Kids who qualify for reduced or free lunch
 - Child 1: \$15/month
 - Child 2: \$5/month
 - Max family cost: \$20/month

Number of kids _____ x \$25 membership fee = \$ _____

Number of kids _____ x \$ _____/month = \$ _____

Total Due: \$ _____

Select payment option:

- Monthly check: please include membership and participation fee with application
- Session check (pays entire school session): include membership and participation fee with application
- Monthly automated bank withdrawal: complete ACH withdrawal form on next page and return with application
- Monthly credit or debit card: provide information below
- Session credit or debit card (pays entire school session): provide information below

Credit or debit card number: _____ expiration date: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

FEES, REFUND, & WITHDRAWALS....

Refunds: All deposits and/or payments are non-refundable. If cancellation of a Program session is due to a medical emergency, a Physician's note is required.

Withdrawals: If a member discontinues attending the program session once it has started, there will be no refunds or credits. Boys & Girls Club or Mankato reserves the right to dismiss a member whose conduct is dangerous, illegal, or in the judgement of the Unit Director, detrimental to the facility and/or to the other members. The unused fees will not be refunded.

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ACH Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Boys & Girls Club of Mankato to charge my bank account the amount indicated below on the _____ of each month for payment of my family's Boys & Girls Club monthly fee.

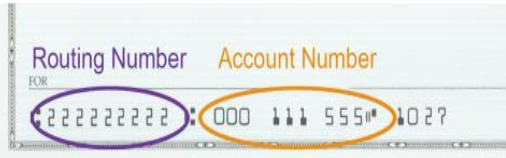
Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing or until membership expires, and I agree to notify Boys & Girls Club in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Boys & Girls Club may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

THIS SECTION TO BE COMPLETED BY BOYS & GIRLS CLUB STAFF ONLY

Annual membership received

- | | |
|--|--|
| <input type="checkbox"/> Child name: _____ | <input type="checkbox"/> Child name: _____ |
| <input type="checkbox"/> Child name: _____ | <input type="checkbox"/> Child name: _____ |
| <input type="checkbox"/> Child name: _____ | <input type="checkbox"/> Child name: _____ |

First monthly payment received

- | | |
|---|--|
| <input type="checkbox"/> Child name: _____ | <input type="checkbox"/> Child name: _____ |
| <input type="checkbox"/> Child name: _____ | <input type="checkbox"/> Child name: _____ |
| <input type="checkbox"/> Child name: _____ | <input type="checkbox"/> Child name: _____ |
| <input type="checkbox"/> Check #: _____ | <input type="checkbox"/> Cash: _____ |
| <input type="checkbox"/> Credit Card: _____ | exp date: _____ |

Date received: _____ **Processed by:** _____