



Gecko Club MEMBERSHIP REGISTRATION FORM

Office Use Only:
Comments: _____
Date: _____ Staff: _____
Data Entered: _____

Please Print or Type

Childs Legal Name: _____
First Middle Last

Address: _____ City: _____ Zip: _____

Birth Date: ____/____/____ Gender: Female Male Member Status: New Member Renewing Member

Home Phone: (____) _____ School: **Garfield** Grade: _____

Family email address _____

Contact Information - Adults Living in Household

1. Circle One: Mother Father Stepmother Stepfather Guardian Other _____

Last Name _____ First _____

Employer _____ Daytime Phone (____) _____ Ext. _____

Cell Phone _____ E-Mail _____

2. Circle One: Mother Father Stepmother Stepfather Guardian Other _____

Last Name _____ First _____

Employer _____ Daytime Phone (____) _____ Ext. _____

Cell Phone _____ E-Mail _____

The following information is important for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is appreciated.

Ethnicity: (Circle One) African American Asian Hispanic/Latino
Multi-Racial Native American Pacific Islander White

Family Setting: (Circle One) 1 Parent Family 2 Parent Family Other

How many people live in your household? (Circle one or fill in the blank) 1 2 3 4 5 6 7 8 9 10 Other _____

Is there a separation, or divorce or custody problem the program staff should be aware of? No Yes

If yes, please explain: _____

Annual Household Income: (check one)

\$0-12,000 \$12,000-17,000 \$17,000-25,000 \$25,000-35,000 \$35,000-45,000
 \$45,000-\$65,000 \$65,000-85,000 \$85,000 +

Is your family eligible or signed up for Free/Reduced lunch at your child's school? No Yes

PLEASE COMPLETE BACK SIDE

Medical Information:

Please list all medications your child is taking and any medical problems/allergies (please print):

Does your child have any special needs? (ADHD, ADD, Autism, Disabilities, etc.) _____

I have read the completed application; understand the rules of the Boys & Girls Club of Corvallis (BGCC) and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and we understand that my child's membership status is based upon his/her ability to obey the rules of BGCC and behavior toward the staff members and volunteers. Memberships may be suspended or terminated at any time for misbehavior without a refund.

I agree that BGCC will not be responsible for any accident to my son/daughter while on the premises or while engaged in any Club activities away from BGCC. I give my consent to allow my child to be treated by a physician or hospital in the event of an emergency, and to his/her being transported to and from the necessary destination. I also give my consent for my child to access the Benton County Health Department drop-in services available at BGCC. I will not hold the members of the Board, Staff, Volunteers, or Sponsors responsible for any injury that may occur while participating in any BGCC activities or programs.

I give my consent for photographs, in which my son/daughter may appear, to be used in BGCC informational or marketing material and/or fund raising material.

I understand that BGCC and 509J School District will share academic information regarding my child's education. This information will be used for determining the student/child's current levels of academic performance as well as the area of need for academic support. I may revoke this authorization at any time by notifying BGCC in writing, however, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared info.

I give my permission to BGCC to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

I understand that it is my responsibility to notify BGCC of any changes that may affect my child's Club account.

I understand that my child must be picked up before BGCC closes, and that BGCC is not responsible for supervising members after BGCC closes. A late fee will be enforced if a child is not picked up before closing time.

I understand that BGCC Clubhouse has an open campus policy and that BGCC assumes no responsibility for members once they leave BGCC premises. Program fees may be adjusted without notice; membership fees are not transferable or refundable.

Parent or Guardian Signature

Club Member's Signature

Date: Month____Day____Year____



Garfield GECKO Club Registration Contract

Office Use Only:	
Comments:	_____
Date:	Staff: _____
Data Entered:	_____

Child's name: _____

The following agreements are between this child's parent/guardian and the Boys & Girls Club of Corvallis (BGCC). Please read and initial each item:

1. We encourage parents and family members to volunteer for the Garfield GECKO Club program in the classroom, office, or for special events. Volunteer applications are available in the GECKO Club office.

____ I am interested in volunteering. (Please list how you'd like to help: _____)

2. **Timely payments** are necessary for your child's continued attendance. Children may not attend Garfield GECKO Club unless registered and payments must be made by the due dates for your child to continue to attend. Scholarship assistance is available for full-time program participation. Please inquire at the BGCC office if you think you might qualify for financial assistance.

____ I understand that it is my responsibility to make payments on time, and that I may be asked to keep my child home from GECKO Club if I have missed a payment.

3. **Regular attendance** is encouraged and expected. For full-time participants, please wait until 6:00 to pick up your child in order to give children the full benefits of GECKO Club programming. In the event of a waiting list, priority will be given, in part, to students who attended the full program hours. If your child is registered for the full-time program and repeatedly misses days or leaves early, we reserve the right to fill your child's spot with someone on the waiting list.

____ I understand that my child's attendance affects his/her registration eligibility.

4. We need to maintain **accurate records** in our offices and need your help updating important information including contact information, "pick-up list" (adults authorized to pick up your child), your family's plan for getting your student home, medical information, and emergency contacts. Please call us at 541-243-3072 or send a signed note to change this information.

____ I agree to provide GECKO Club with updated contact information, including home address and phone numbers, as well as emergency contact information.

5. Please keep school teachers informed of your child's attendance plans. We expect all registered students to attend GECKO Club.

____ I agree to inform and update my child's school teacher about my student's GECKO Club schedule.

6. Students may be **picked up at 6:00 pm**. Parents/guardians must make arrangements for their child to be picked up or transported home no later than 6:00 pm. Students will only be released to adults listed on the registration card (call or send a note to the GECKO Club office to update names).

____ I agree that if my child is picked up late, a fee of \$1 per minute past 6:00 pm may be assessed at the discretion of the Site Manager.

Please note:

Your child's acceptance is based not only on a first come first serve basis, but also on regular attendance and behavior history while attending Boys & Girls Club programs.

PLEASE COMPLETE BACK SIDE

By signing below, you and your child agree to the participation and payment expectations outlined in this contract:

Student Name (print clearly) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (print clearly) _____ Phone No. _____

Parent's email address: _____

Boys & Girls Club of Corvallis ~ Office phone: 541-243-3072 ~ Program office hours: 2:00-5:30pm school days

Updated 8/4/15

Garfield GECKO Club Transportation Agreement

How will your child get home from GECKO Club program each day? (Fill out all that apply)

My child will be picked up (check all that apply): Mon. Tues. Wed. Thurs Fri

For security reasons, all pick-ups must show ID and be listed in your child's file in order to enter our program spaces. Please contact the GECKO Club office in advance if anyone new will be picking up your child.

Authorized pick up names: _____

My child will walk home (check all that apply): Mon. Tues. Wed. Thurs Fri

Students will be excused to walk or bike home at 6:00 pm unless you make other arrangements at our GECKO Club office in advance.

My child will take the school bus at 6:00pm (check all that apply): Mon. Tues. Wed. Thurs Fri

Please provide your child's drop-off address and make sure that someone is waiting for your child when they are dropped off:

Phone Number: _____

I understand that once my child leaves the GECKO Club program, the Boys & Girls Club is no longer responsible for my child. I agree to notify the GECKO Club office promptly if we make any changes to my child's pick-up plan.

Child's name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

- Please note that it will take **3 business days** for **bus** transportation to be set up for your child.



**Boys & Girls Club
of Corvallis**

Office use only	
Rec'd: _____	Call date: _____
Proof of Income Attached	___ Yes ___ No
LEC Monthly Fee: _____	
Approved by: _____	

Learning & Enrichment Clubs Monthly Fee Application Form

BGCC is committed to making sure that all who have a need for out-of-school services are able to access our outstanding academic and enrichment opportunities. To achieve that goal, the Club has implemented a sliding scale fee based on family size and income.

Please be aware that to be eligible for the sliding scale fee, we require income verification and proof of any other assistance you are receiving. The monthly fee level will be set once per school year. Please attach proof of income to this form prior to turning it in.

**PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION
INCOMPLETE FORMS WILL NOT BE PROCESSED!**

Once all required information is submitted, there is a two day processing period for the Learning & Enrichment Clubs program. We will contact you with the results and the amount of monthly fee. The Fee must be paid on the 1st of each month in order for your child to continue to participate in the LEC program.

Child's Name _____ Date _____	
Address _____ City _____ Zip _____	
School _____ Grade (circle) K 1 2 3 4 5 6 7 8 9 10 11 12	
Parent or Legal Guardian _____ Day phone: _____	
Employer _____	
E-mail _____	
Parent or Legal Guardian _____ Day phone: _____	
Employer _____	
E-mail _____	
<u>Financial Information</u> <i>(All blanks must be filled in with amount or N/A)</i>	
Family Size _____ Number of Children _____	
Total Gross Monthly Wages (your wages & spouse or other) \$ _____ Monthly Child Support \$ _____	
TANF/AFDC/Welfare \$ _____ SSI \$ _____ SSDI \$ _____ Grant/Scholarships \$ _____	
Food Stamps \$ _____ /Month DHS \$ _____ Other \$ _____	
Total Family Income (add ALL above amounts) \$ _____	

I certify that the above information is accurate and complete to the best of my knowledge. I give the Boys & Girls Club of Corvallis permission to verify all of the above information. I have provided proof of income and all financial assistance received. I understand that any incorrect information will result in immediate termination of this request.

Parent Signature _____ Date _____ rev 6/2017