



# BOYS & GIRLS CLUB OF WOOSTER

330-988-1616

3540 Burbank Rd. PMB Box 149

Wooster, OH 44691

www.bgcwooster.org

www.facebook.com/bgcw1

Office Use Only

Staff Initials: \_\_\_\_\_

Membership Date \_\_\_\_\_

Club I.D. Number \_\_\_\_\_

Fee Category (F, R, NN) \_\_\_\_\_

\_\_\_\_ New Member \_\_\_\_ Renewing

## 2022-2023 MEMBERSHIP

Return completed forms to your school's main office or email it to [info@bgcwooster.org](mailto:info@bgcwooster.org). A waitlist will be created when capacity is reached.

### CAREGIVER INFORMATION

#### Primary Parent/Guardian (must live with child)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph.: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*Email is required for billing purposes\*\***

#### Emergency Contact #1

(required, must be different from above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph.: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Emergency Contact #2

(required, must be different from above)

*Please provide a third, non-parent, Emergency Contact*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### WHO DOES THE CHILD LIVE WITH?

\_\_\_\_ 2 Parent Family \_\_\_\_ Grandparent(s)

\_\_\_\_ Mom Only \_\_\_\_ Guardian

\_\_\_\_ Dad Only \_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ 1 Parent/1 Step Parent

### CHILD INFORMATION:

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**GENDER** \_\_\_\_ Male \_\_\_\_ Female

**CURRENT GRADE** \_\_\_\_\_

### SCHOOL

\_\_\_\_ Parkview Elementary

\_\_\_\_ Edgewood Middle School

\_\_\_\_ Wooster High School

### RACE

\_\_\_\_ African American

\_\_\_\_ Asian

\_\_\_\_ Caucasian

\_\_\_\_ Hispanic

\_\_\_\_ Native American

\_\_\_\_ Multi-racial

Other \_\_\_\_\_

### ETHNICITY

\_\_\_\_ Hispanic

\_\_\_\_ Non-Hispanic

All information requested on our membership application is REQUIRED and is kept strictly confidential.

Free/reduced lunch status and race/ethnic background information is needed and used for grant funding and reporting purposes.

**Please Check YES or NO: I grant the Boys & Girls Club of Wooster permission to:**

\_\_\_\_ YES      \_\_\_\_ NO      Use photographs of my child for publicity purposes  
\_\_\_\_ YES      \_\_\_\_ NO      Ask my child to complete surveys that help evaluate the programs  
\_\_\_\_ YES      \_\_\_\_ NO      Take my child on walking field trips

**SIGN OUT:**

**ALL LOCATIONS CLOSE AT 6:00PM**

**OPEN DOOR POLICY:** I understand that the Boys and Girls Club of Wooster is an open door facility and open to all members during posted hours of operation. My child will be supervised while at Club. I set the boundaries and consequences if my child leaves the facility without my permission. Once a child is signed out, they will not be allowed to re-enter unless coming back from a pre-approved activity. *All youth 13 years of age or older may sign themselves out at any time.*

**Initial:** \_\_\_\_\_

**PLEASE LIST ANYONE WHO CANNOT SIGN OUT YOUR CHILD:** \_\_\_\_\_

**LATE SIGN OUT:** If a member is signed out after we close, you will be charged an extra fee. See the Family Handbook for details.

**BUS TRANSPORTATION — only provided for Edgewood & Teen Center participants —**

*If this portion is completed, we will send your child home on the BGCW bus.*

5:20 PM - Pick Up @ WOOSTER HIGH SCHOOL  
5:25 PM - Pick Up @ EDGEWOOD MIDDLE SCHOOL  
5:35 PM - CORNERSTONE ELEMENTARY  
5:38 PM - WAYNE COUNTY PUBLIC LIBRARY  
5:42 PM - % PITTSBURGH AVE & MASSARO AVE (COMMUNITY ACTION)  
5:45 PM - % NOLD AVE & GASCHER ST  
5:55 PM - MELROSE ELEMENTARY  
6:04 PM - THE AVENUE AT WOOSTER CARE & REHAB CENTER  
6:10 PM - % MINDY LN & OAK HILL RD  
6:12 PM - PARKVIEW ELEMENTARY

**Please write which stop your child should be dropped off at:**

**My child does not need bus transportation.**

**Initial:** \_\_\_\_\_

**DISCLAIMER/ACKNOWLEDGEMENT OF BEHAVIOR POLICY**

Our aim is to provide clear and straightforward guidance on acceptable behavior, emphasize the positive rather than the negative, and give recognition/praise whenever possible. If members conduct themselves in a disorderly fashion and disregard the Club Expectations and/or endanger themselves or their fellow members, they will receive an appropriate consequence. Examples of Minor and Major Infractions can be found in our Family Handbook.

**WAIVER OF DISABILITY**

In consideration of my child's membership and participation in the activities and program of the Boys & Girls Club of Wooster, I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights and claims or damages against the Club and/or its sponsors for knowledge of the risks involved in said participation a participants when my child is involved in any of the sponsored activities.



***I have read and understand BGCW's Behavior Policy & Waiver of Disability***

**Initial:** \_\_\_\_\_

**Child's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

## Emergency Medical Authorization

*(will be kept separately for field trips)*

This form should list all facts concerning the child's medical history including allergies, medications being taken, and any physical impairments of which the Boys & Girls Club of Wooster professional staff and/or emergency medical staff should be aware. This information will be held confidential. This information is being requested so that we may better serve your child.

	Primary Contact	Secondary Contact
Parent/Guardian Name		
Home Phone		
Cell Phone		
Work Phone		
Employer		
	Emergency Contact other than those already listed	
Name & Relationship to Member		Phone Number:

### EMERGENCY AUTHORIZATION:

\_\_\_ I **DO** give permission to Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

\_\_\_ I **DO NOT** give permission to Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. **Please note: A BGCW staff person will reach out to you if you choose this option.**

**Initial:** \_\_\_\_\_

**Please list any and all allergies, medical conditions or physical limitations of member:**

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**Please list any and all emotional or behavior limitations of member:**

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**Please list any and all medications taken by member (include OTC medications, dose and frequency):**

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**Please tell us anything else we should know about your child:**

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I, the parent/guardian of the child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Wooster, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Registration and Payment

## 1a Determine your family's fee category:

### 2022-2023 Fee Structure

To find your family's fee category:

1. Determine the number of family members residing in your household.
2. Determine the annual Income of the household.
3. Follow the chart to determine your fee category.

**For example:**

A family of 4 earning \$50,000/year would be Category 2

Household Size (# of residents)	Household Income Category 1	Household Income Category 2	Household Income Category 3
1	\$17,667 or less	\$17,668—\$25,141	\$25,142 or greater
2	\$23,803 or less	\$23,804—\$33,873	\$33,874 or greater
3	\$29,939 or less	\$29,940—\$42,605	\$42,606 or greater
4	\$36,075 or less	\$36,076—\$51,338	\$51,339 or greater
5	\$42,211 or less	\$42,212—\$60,069	\$60,070 or greater
6	\$48,347 or less	\$48,348—\$68,802	\$68,803 or greater
7	\$54,483 or less	\$54,484—\$77,534	\$77,535 or greater
8	\$60,619 or less	\$60,620—\$86,266	\$86,267 or greater
Each additional	+\$7,434	+\$7,434	+\$7,434

## 1b Circle the appropriate category below:

PARKVIEW ELEMENTARY	AM Program fees	PM Program fees
Category 1	\$1.50/hour	\$1.50/hour
Category 2	\$2.50/hour	\$2.50/hour
Category 3	\$3.00/hour	\$3.00/hour

EDGEWOOD & TEEN CENTER	AM Program fees (EW only)	PM Program fees (EW & TC)
Category 1	\$15/month	\$15/month
Category 2	\$25/month	\$25/month
Category 3	\$50/month	\$50/month

## 2 Please mark with an X the program(s) that your child will be attending:

Before School Program (PV & EW only)	After School Program (PV, EW, TC)
<input type="checkbox"/>	<input type="checkbox"/>

## 3 A \$15 Annual Membership Fee is required for ALL participants at time of registration.

☐ I owe an additional \$15 for membership.

## 4 First Month Owed: \$ \_\_\_\_\_ To find total owed for the first month of attendance, take your fee level (\$15, \$25, or \$50 per month) and add \$15 for the one-time membership fee.

- Payment is required during the first week of each month.
- Payment will be applied to the month in which it is paid.
- If you cannot make the payment at the time it is due, please contact us (330)988-1616.
- If payments have not been made by the end of the first week of each month or by the agreed upon date, your child will not be able to attend until payment has been made.

**NOTE:** Boys & Girls Club of Wooster's fee structure has been created in a way that is affordable for all. Because of this, scholarships are not available for our programs.

## 5 I agree to pay the previously determined amount PER MONTH.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_