



2011/2012 MEMBERSHIP APPLICATION

Program Fees are due the 1st of each month. Please note A \$25.00 late fee will apply per child if paid after the 5th.

CLUB LOCATIONS

- LOS CERRITOS Club Site... (805) 493-2917**
1980 E. Avenida de las Flores, Thousand Oaks
- COLINA Club Site... (805) 449-1309**
1450 E. Hillcrest Drive, Thousand Oaks
- SEQUOIA Club Site... (805) 375-5635**
2855 Borchard Road, Newbury Park
- REDWOOD Club Site... (805) 371-4045**
233 W. Gainsborough Road, Thousand Oaks

PROGRAM

- ↓ Please Select:
- Before & After School
 - After School
 - Before School
 - 10-Day Pass
 - Membership Only

PROGRAM FEES

- ★ **MEMBERSHIP FEE** (required): \$25 per year (all Club Sites)
- ★ **MONTHLY PROGRAM FEE**
 - **Los Cerritos Club, Colina Club & Sequoia Club:**
\$250 Before & After School, \$180 After School, \$115 Before School
 - **Redwood Club:**
\$200 Before & After School, \$140 After School, \$80 Before School
- ★ **10-DAY PASS: \$160.** . . . 10-Day Pass is non-transferable, non-refundable and can only be used during the 2011/2012 school year.

MEMBER INFORMATION

✓ When paying Program Fees, please make checks payable to: **BGC/CLV** ✓ **VISA & MasterCard** accepted.
 I would like my Credit Card to be charged monthly \$_____.
 Credit Card Number: _____ / _____ / _____ / _____ Expiration: ____/____ Security Code: _____
 Signature: _____ **THANK YOU!**

Name (Last) _____ (First) _____ (Middle) _____ Male Female
 Date of Birth ____/____/____ School _____ New Member Returning Member
 Grade _____ Age _____ Other Family Members Attending Club _____

MEMBER LIVES WITH: Mother & Father Mother only Father only Aunt only Uncle only Grandparent(s)
 Other (please specify) _____

MOTHER/GUARDIAN INFORMATION. Check if this is the Member's primary residence.

Name _____ Employer _____
 Street Address _____ City _____ State ____ Zip _____
 Home Phone _____ Cell _____ Work _____

Mother's Email: _____ (BGC/CLV sends important Club activity information, plus Club Newsletter)

FATHER/GUARDIAN INFORMATION. Check if this is the Member's primary residence.

Name _____ Employer _____
 Street Address _____ City _____ State ____ Zip _____
 Home Phone _____ Cell _____ Work _____

Father's Email: _____ (BGC/CLV sends important Club activity information, plus Club Newsletter)

GRANDPARENTS' INFORMATION

Name of Grandparents _____ Name of Grandparents _____
 Address of Grandparents _____ Address of Grandparents _____
 City _____ State ____ Zip _____ City _____ State ____ Zip _____
 Email of Grandparents _____ Email of Grandparents _____

EMERGENCY CONTACT

#1 – Emergency Contact _____ Relationship to Member _____
 Best Contact Number _____ home cell work
 #2 – Emergency Contact _____ Relationship to Member _____
 Best Contact Number _____ home cell work

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MEDICAL INFORMATION

Name of Doctor _____ Doctor's Phone Number _____
Health Insurance Company _____ Policy and Certificate # _____
Medical Restrictions (allergies, necessary medications, sports restrictions, etc.) _____
Is there anything you would like to share about your child _____

PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF CONEJO & LAS VIRGENES (BGC/CLV)

- In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary.
- I hereby give permission for my child to become a member and participate in activities of the Boys & Girls Clubs of Conejo & Las Virgenes. My child promises to take care of their Club and its property, allowing no other person to have or use their Membership Card, and to be respectful of Club rules. **(Membership Cards can be replaced for \$5.00.)**
- I expect my child to stay at the Club until picked up: Yes No
- I expect my child to do homework: Until Completed During Power Hour Homework Done at Home My Child Can Decide Each Day
- I give permission for my child to be transported to and from program areas, on field trips, and in the case of an emergency.
- I give permission for my child to walk within a one mile radius of the Clubhouse with a staff member for various Club activities.
- I understand BGC/CLV will periodically show movies rated PG-13 or lower.
- I understand the BGC/CLV retains the right to use photographs, slides or video taped material of my child taken during activities for promotional purposes and waive all rights for compensation.
- I understand the Club is not responsible for my child's personal belongings, and will advise my child to leave valuables at home.
- I give permission for the release and exchange of confidential information from the Conejo Valley Unified School District in order to provide programs and coordinate services for my child. I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I agree to defend, indemnify and hold harmless the BGC/CLV, Conejo Valley Unified School District, and its officers, employees and agents against any and all loss, liability charges, expense (including attorney fees) and costs of whatsoever character which may arise by reason of participation in any program.
- I understand there will be a late fee of **\$15.00 per member** for each 15-minute increment used after 6:30 p.m. The Thousand Oaks Police Department will be asked to watch your child if we have not heard from the parent/guardian by 7:30 p.m.
- I have received a copy of the **BGC/CLV PARENT HANDBOOK**. I understand it is my responsibility to read this Parent Handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it. I have signed and provided a copy of the Parent Handbook Agreement to the BGC/CLV. (Parent Handbook can also be found on our Website, www.bgcconejo.org)

Print Name of Parent/Guardian: _____ Best Contact Number: _____
Signature of Parent/Guardian _____ Date: _____

I WOULD BE INTERESTED IN VOLUNTEERING: Working With Children Data Entry Fundraising Events Administration
 Parent Club Council Public Relations Front Desk Assistance Special Events Other _____

CONFIDENTIAL INFORMATION

(Please note, this information is strictly for statistical and fundraising purposes only.)

ETHNICITY

African American
 Asian
 Caucasian
 Hispanic
 Native American
 Other _____

ANNUAL HOUSEHOLD INCOME:

\$10,000 or below \$40,001 - \$50,000
 \$10,001 - \$20,000 \$50,001 - \$60,000
 \$20,001 - \$30,000 \$60,001 +
 \$30,001 - \$40,000 Decline Information

HEAD OF HOUSEHOLD:
Name: _____

PUBLIC ASSISTANCE:
 Yes No

Financial Assistance is available on a case-by-case basis. A confidential 'Request for Financial Assistance' is required to be completed. Requirements include: Total income of household members, previous year's tax returns, and most recent form of income.

CLUB USE ONLY

Club Location: _____ Club ID Number: _____
Entered Into Vision by: _____ Date Entered Into Vision: _____
Date Membership Paid: _____ Amount Paid: _____ Receipt #: _____

PLEASE VISIT OUR WEBSITE, www.bgcconejo.org to learn about activities and events at our Clubs and if you or someone you know would like to make an on-line donation to the Boys & Girls Clubs of Conejo & Las Virgenes.

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