Child's Name: _____

BOYS & GIRLS CLUB OF BRISTOL
FAMILY CENTER

Clear Form

School Based Program Registration Form SY 16/17

Clubhouse/School: -Select One-

Requested Start Date: _____

GRADES K THROUGH 8

Child's Information

Child's Name: _____ Home Phone: _____

Child's Resident Address: _____ City: _____

School: _____ Grade: _____

Date of Birth: _____ Age: _____

Child Resides With: ☐ Both Parents ☐ Mother ☐ Father ☐ Other, please specify: _____

Gender: ☐ Male ☐ Female

Parent's Information

Parent's Name: _____ Email Address: _____

Home Address: _____ City: _____

Employer: _____

Work Address: _____ City: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent's Name: _____ Email Address: _____

Home Address: _____ City: _____

Employer: _____

Work Address: _____ City: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Marital Status of Parents: ☐ Single ☐ Married ☐ Divorced ☐ Separated

Names of Authorized People (Including Parents) Who May Remove Child from Program or be contacted if parent can not be reached.

Parent: _____ Relationship: _____ Phone: _____

Parent: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Sign

_____ _____

Parent/Guardian's Signature **Date**

Child's Name: _____

BOYS & GIRLS CLUB OF BRISTOL
FAMILY CENTER

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First Aid and Emergency Release Form

In the event of a minor accident, a person qualified in first aid will administer necessary and immediate first aid. We will cleanse and bandage a small wound, apply ice or provide warmth and rest; whatever is appropriate.

In the event of a serious accident or emergency, a person qualified in first aid will administer necessary and immediate first aid. If the child is in need of emergency care, 911 will be called for treatment by emergency personnel. If the child needs to be transported, one staff member will accompany the child to the nearest hospital.

In the case of a medical emergency where emergency medical personnel must be contacted, **please check one alternative and sign below.**

☐ **Alternative #1**

If my child requires emergency medical attention, it is my wish that I am contacted before any medical procedures are taken for my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

☐ **Alternative #2**

If my child requires emergency medical attention, it is my wish that treatment be started while efforts are being made to contact me. So treatment is not delayed, I consent to medical procedures the emergency staff deems necessary and accept responsibility for all costs related to such treatment.

Sign

_____ _____

Parent's/Guardian Signature Date

Choice of Hospital: _____

Family Doctor: _____

Doctor's Phone: _____

Health

Does your child require use of an Epi Pen? ☐ Yes ☐ No

Does your child require use an Inhaler or Nebulizer? ☐ Yes ☐ No

Does your child take medications regularly? ☐ Yes ☐ No

If so, what medication and for what condition? _____

Are there any foods your child cannot eat? ☐ Yes ☐ No If so, what? _____

Does your child have any allergies? ☐ Yes ☐ No If so, what? _____

What communicable disease has your child had? ☐ Measles ☐ Mumps ☐ Chicken Pox ☐ Whooping Cough

☐ Other, please specify: _____

Are there any other medical facts we should know about? ☐ Yes ☐ No If so, what?

All parents are required to report all special needs and disabilities your child may have and/or medications your child takes. Have you done so?	☐ Yes ☐ No

Sign

Parent Signature: _____ Date: _____

What arrangements can you make for your child's care during illness? _____

Child's Name: _____

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FAMILY CENTER

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Social Relationships

Does your child spend time with both parents? ☐ Yes ☐ No

If parents are separated, how often does the child see the absent parent? _____

Has your child participated in any group situations outside of school such as:

☐ Camp ☐ Scouts ☐ Day Care ☐ Other please specify: _____

How do you feel your child will function in a group? _____

Do you anticipate any special needs? _____

How does your child express his/her feelings? _____

What do you feel is the best way of disciplining your child? _____

Child's first language: _____ Parent's first language: _____

Parent/Guardian Agreement

I/We approve this application and believe that this child will do well in this experience. I/We understand that competent leadership will be provided. I/We authorize the Boys & Girls Club of Bristol Family Center to have and use photographs, slides, moving pictures or television videotapes of the person named on this application as may be needed for its record or public relations program.

I/We acknowledge that all the above information is accurate. I also agree that in the event that any information changes during the time that my child/children are in the care of the Boys & Girls Club of Bristol Family Center, that I/We will inform the facility immediately.

Sign _____ _____

Parent/Guardian's Signature **Date**