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| **Enrollment Date:** | **Date Child Left Care:** | **Member ID #** | **Expiration Date:** **August 31, 2020** |

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| **CHILD’S INFORMATION** |
| CHILD’S NAME: **First**: |  | **Middle:** |  | **Last:** |  |
| Home Address: |  | City: |  | State: |  | Zip Code: |  |
| Home Phone: |  | Work Phone: |  | Cell Phone: |  | Email: |  |
| Current School Attending: |  | Grade: |  | Age: |  | Date of Birth: |  | Gender: |  |
| Ethnicity: 🞎 African American 🞎 Caucasian 🞎 Hispanic 🞎 Native American 🞎 Asian 🞎 Multi-Racial 🞎 Other |
| Previous Child Day Care Program/Schools Attended: *Please provide name:* |  | Walker 🞎 Pick Up 🞎  | 🞎Before Care 🞎 Both🞎After Care  |
|  |
| **PARENT(s) / GUARDIAN(s) INFORMATION** |
| **Name of Guardian**: *(Having Legal Custody of Child)* |  |
| **Mother’s Name:** |  | Employer: |  |
| Address: |  | City: |  | State: |  | Zip Code: |  |
| Home Phone: |  | Work Phone: |  | Cell Phone: |  | Email: |  |
| **Father’s Name:** |  | Employer: |  |
| Address: |  | City: |  | State: |  | Zip Code: |  |
| Home Phone: |  | Work Phone: |  | Cell Phone: |  | Email: |  |
| Family Setting: 🞎 Lives with both parents 🞎 Lives with Mother 🞎 Lives with Father 🞎 Lives with Grandparent(s) 🞎 Lives with Guardian/Foster |
| # Family Members in Household: |  | Active Military: | 🞎 Yes | 🞎 No | Branch: |  | Start Date: |  |
| **EMERGENCY INFORMATION** |
| ***\*\*\*SHOT RECORD & UPDATED PHYSICAL MUST ACCOMPANY REGISTRATION FORM OR CHILD WILL NOT BE ALLOWED TO ATTEND AS PER STATE REGULATIONS\*\*\**** |
| Last Physical: |  | Medication: |  | Any Restrictions: |  | Can Child Swim: |  |
| **Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:** |
| ***List Two (2) Contacts if Parent(s)/Guardian(s) Cannot Be Reached & Authorized To Pick Up Your Child(ren):*** |
| Name: |  | Phone: |  | Relation: |  | Address: |  |
| Name: |  | Phone: |  | Relation: |  | Address: |  |
| **CONFIDENTIAL INFORMATION: *The following information is necessary for our records and the funding our Organization receives. The answers you provide are confidential. Your cooperation is both appreciated and necessary*** |
| Estimated Household Income: 🞎 $0-$10,000 🞎 $10,001-$20,000 🞎 $20,001-$30,000 🞎 $30,001-$40,000 🞎 $40,001-$50,000 🞎 $50,001-$60,000 |
| Do you receive any of the following: 🞎 **SSI** 🞎 **TANF** 🞎 **FOOD STAMPS** 🞎 **GENERAL ASSISTANCE**🞎 **FREE SCHOOL LUNCH** 🞎 **REDUCED SCHOOL LUNCH** |

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| **AGREEMENTS**1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
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| **SIGNATURES**BY SIGNING I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. |
|  |  |  |
| Print Name of Parent/Guardian | Signature of Parent/Guardian | Date |
| **APPLICATIONS MUST BE COMPLETE TO BE ELIGIBLE FOR MEMBERSHIP** |

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| **OFFICE USE ONLY****IDENTITY VERIFICATION*****IF PROOF OF IDENTITY IS REQUIRED & A COPY IS NOT KEPT, PLEASE FILL OUT THE FOLLOWING:*** |
| **Birth Certificate Information** |
| Place of Birth: |  | Date of Birth: |  |
| Birth Certificate Number: |  | Date Issued: |  |
| Other Form of Proof *(Report Card)*: |  | Person Viewing Documentation: |  | Date: |  |
| **FINANCIAL INFORMATION** |
| Amount Paid: |  | Date Paid: |  | Staff Initials |  |
| **ORIENTATION INFORMATION** |
| Date Orientated: |  |  |  | Staff Name: |  |

Forms to bring or fill-out during parent orientation

**MEMBERS CHECKLIST:**

🞎 Child Registration Form – All fields completed

🞎 Emergency Contact Completed (Two Names Given with Phone Numbers)

🞎 Birth Certificate – Updated Physical – Immunization Record Attached**(Bring to Orientation)**

🞎 All Southside Boys and Girls Club permission slips, forms (signed & dated) Attached

🞎 Incomplete Applications \*\*RTFD Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Applications Completed: Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_