



BOYS & GIRLS CLUBS
OF GREATER CONEJO VALLEY

CLUB BAY LAUREL – 2018-2019 REGISTRATION APPLICATION

Located on the lower level of Bay Laurel Elementary, 24740 Paseo Primario, Calabasas
For further information, please call (818) 225-8660 or visit our website at www.bgconejo.org

PLEASE SELECT PROGRAM(S) OF CHOICE:

MORNING CARE CLUB 7:00am-7:45am

#1. .AFTERNOON CLUB

Membership provides an enriching after school program starting from school dismissal until 6PM, Monday – Friday and includes the Wednesday Club program and full day programs offered that month.
+ Kindergarten: (Mon-Fri) 3PM-6PM-\$330/month
KINDER CLUB required if attending before 3PM.
+ Grades 1-3: (Mon-Fri*) 2:15 PM - 6 PM- \$330/month
+ Grades 4-5: (Mon-Fri*) 2:48 PM - 6 PM- \$330/month
* On Wednesdays, program begins at 12:36pm for 1st-5th Grades.

#2. .LUCKY DAY CLUB

An opportunity for parents to allow their kids to attend the Club on a flexible, as-need basis. Days from the pack of 10 can be used throughout the 2018-2019 School Year. Pack expires June 2019. \$220 for a 10-day pack (Drop In Fee per day: \$35)
+ Kindergarten (Mon, Tues, Weds, Thurs, Fri) 3:00 PM - 6 PM
+ Grades 1-3 (Mon, Tues, Thurs, Fri) 2:15 PM - 6 PM
+ Grades 4-5 (Mon, Tues, Thurs, Fri) 2:48PM - 6 PM
WEDNESDAY CLUB required for 1st-5th if attending Wednesdays

#3. .WEDNESDAY CLUB

Lots of fun and high quality enrichment activities offered every Wednesday to parents who are interested in providing positive-impact opportunities for their kids.
+ Grades 1-5: (Weds) 12:30 PM- 3 PM- \$50/month
LUCKY DAY required if attending after 3 PM

#4. .30 MINUTE CLUB \$50 or SIBLING YARD PFA Sponsor

Upon dismissal, our staff will meet 1st-3rd students at the lunch tables. For Sibling Yard we required a second sibling in the upper grades 4th-5th, and this program is sponsor by the PFA.
+ Grades 1-3: (Mon and Tues plus Thurs and Fri – excludes Wed) 2:20 PM- 3:00 PM- \$50/month for 30 minute club only.
LUCKY DAY CLUB needed if attending after 3 PM

MEMBER INFORMATION

(PLEASE PRINT, USING ONE FORM PER CHILD)

LAST NAME _____ FIRST NAME _____ MIDDLE _____ MALE FEMALE

DATE OF BIRTH ____/____/____ SCHOOL _____ NEW MEMBER RETURNING MEMBER

ENTERING GRADE ____ AGE ____ SECOND SIBLING'S NAME (If applicable) _____ GRADE _____

MEMBER LIVES WITH: MOTHER & FATHER MOTHER ONLY FATHER ONLY GRANDPARENT(S) OTHER (please specify) _____

MOTHER / GUARDIAN CONTACT INFORMATION

CHECK IF THIS IS THE MEMBER'S PRIMARY RESIDENCE

NAME _____ EMPLOYER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL (____) _____ WORK (____) _____

MOTHER'S EMAIL: _____ (TO KEEP YOU UP-TO-DATE, BGC/GCV SENDS IMPORTANT CLUB ACTIVITY INFORMATION.)

FATHER / GUARDIAN CONTACT INFORMATION

CHECK IF THIS IS THE MEMBER'S PRIMARY RESIDENCE

NAME _____ EMPLOYER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL (____) _____ WORK (____) _____

FATHER'S EMAIL: _____ (TO KEEP YOU UP-TO-DATE, BGC/GCV SENDS IMPORTANT CLUB ACTIVITY INFORMATION.)

EMERGENCY CONTACTS (The following individuals may pick up your child after school and can be contacted in an emergency.)

1 EMERGENCY CONTACT _____ Please indicate relationship to child _____

BEST CONTACT NUMBER (____) _____ HOME CELL WORK

2 EMERGENCY CONTACT _____ Please indicate relationship to child _____

BEST CONTACT NUMBER (____) _____ HOME CELL WORK

3 EMERGENCY CONTACT _____ Please indicate relationship to child _____

BEST CONTACT NUMBER (____) _____ HOME CELL WORK

Other(s) who are authorized to pick up member _____ Please indicate relationship to child _____

Other(s) who are authorized to pick up member _____ Please indicate relationship to child _____

Other(s) who are authorized to pick up member _____ Please indicate relationship to child _____

HOW DID YOU BECOME AWARE OF BGC/GCV: OTHER MEMBER PARENT CHILD'S SCHOOL MAILING PARENT/TEACHER ASSOC
 NEWSPAPER, WHICH ONE? _____ OTHER: _____

I WOULD BE INTERESTED IN VOLUNTEERING: WORKING WITH CHILDREN DATA ENTRY FUNDRAISING EVENTS ADMINISTRATION
 PARENT CLUB COUNCIL PUBLIC RELATIONS FRONT DESK SPECIAL EVENTS SPORTS OTHER _____

MEDICAL INFORMATION

(Revised: 4-17-15)

Name of Doctor _____ Doctor's Phone Number _____
Health Insurance Company _____ Policy and Certificate # _____
Medical Restrictions (allergies, necessary medications, sports restrictions) _____
Food Allergies _____
Is there anything else we should know about your child? _____

PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY

Please Initial

_____ In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary
_____ 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 Daily
_____ 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 that the BGC/GCV will periodically show movies rated PG or lower.
_____ I understand the BGC/GCV 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 understand that the BGC/GCV is not responsible for staff outside of Club duties and hours of operation.
_____ I give permission for the release and exchange of confidential information from the Las Virgenes 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/GCV, the LVUSD, and its officers, employees and agents against any and all loss, liability, charges, expense (including attorney fees) which may arise by reason of participation in any Club program.
_____ I understand there will be a late fee of **\$15.00 per member** for each part of a 15-minute increment used after 6:00 p.m. The Police Department will be asked to watch your child if we have not heard from a parent or guardian by 7:00 p.m.
_____ I understand it is my responsibility to read the **BGC/GCV Club Bay Laurel PARENT HANDBOOK**, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it. (Parent Handbook can be found at www.bgcconejo.org)

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

Signature of Parent/Guardian _____ Date: _____

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

<p>ETHNICITY</p> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	<p>ANNUAL HOUSEHOLD INCOME:</p> <input type="checkbox"/> \$10,000 or below <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$60,001 + <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> Decline Information	<p>DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No MILITARY: <input type="checkbox"/> Yes <input type="checkbox"/> No Head of Household: _____
<input type="checkbox"/> How many live in your household: Under 18 _____ Over 18 _____ Over 65 _____		

Spaces are Limited! A waiting list will be created if we reach our maximum number for each program/age group.
To Register for Programs, submit Registration Form and deposit starting April 1st, 2018.

Monthly Program Fees Due: 1st of the Month \$25.00 Late Fee per child will apply if paid after the 5th
When paying Program Fees, please make checks payable to: BGC / GCV ✓ VISA and MasterCard are accepted.
Credit Card No: _____ / _____ / _____ / _____ Expiration Date: ____ / ____ Name on the card: _____
Signature: _____ I would like my Credit Card charged monthly for Program Fees.

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 Greater Conejo Valley.

CLUB USE ONLY			
Club ID Number: _____	Entered Into Daxko by _____	Date Entered Into Daxko: _____	
Amount Paid: _____	<input type="checkbox"/> Copy of release made for Emergency Folder	Auto payments <input type="checkbox"/> Yes <input type="checkbox"/> No	