



**BOYS & GIRLS CLUBS**  
OF GREATER CONEJO VALLEY

## CLUB BAY LAUREL- 2018-2019 KINDER CLUB REGISTRATION APPLICATION

*We Look Forward to Welcoming Your Child(ren) to the Club!*

### Kinder Club

Membership provides an after school program exclusively for Kindergarteners which runs from school dismissal until 3 p.m., Monday – Friday on all school days. Club members will be met at their Kindergarten classrooms and walked down to the club for a range of fun enrichment and social experiences. Monday, Tuesday, Thursday, Friday from 1:00 p.m. – 3:00 p.m., Wednesday from 11:30 a.m.-3:00 p.m. Spaces are limited and available on a first come, first served basis. A Waiting list will be created when capacity is reached. Your child must be registered at Bay Laurel Elementary before enrolling in the program. Please select payment choice below:

- YEARLY RATE:** \$1,850 per year. **Fees for this option due at time of registration.**
- INSTALLMENTS:** 1 initial payment of \$275 due at time of registration plus 3 Installments of \$525 each=\$1850 total over the year.  
**Installments due by 9/15/18, 1/15/19, 4/15/19.**

### Afternoon Club

The after school enrichment program which runs after the Kinder Club from 3 p.m. until 6 p.m. Monday – Friday and includes full day programs that month.  
+ Kindergarteners (Mon – Fri) 3:00 p.m. – 6:00 p.m. - \$330/month  
Monthly fees due by the 1<sup>st</sup>.

### Lucky Day Club

An opportunity for parents to allow their child to stay beyond 3 p.m. after the Kinder Club program on a flexible, as-need basis. (Day Fee: \$35)  
+ Kindergarteners (Mon – Fri) 3:00 p.m. – 6:00 p.m. \$220 for a 10-Pack

**For additional information please call 818-225-8660 or visit our website: [www.bgcconejo.org](http://www.bgcconejo.org)**

### MEMBER INFORMATION

(PLEASE PRINT AND USE ONE FORM PER CHILD)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_  MALE  FEMALE

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ OTHER FAMILY MEMBERS WHO HAVE ATTENDED CLUB \_\_\_\_\_

MEMBER LIVES WITH:  MOTHER & FATHER  MOTHER ONLY  FATHER ONLY  GRANDPARENT(S)  OTHER \_\_\_\_\_

### 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/CLV 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/CLV SENDS IMPORTANT CLUB ACTIVITY INFORMATION.)

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

# 1 EMERGENCY CONTACT \_\_\_\_\_ Relationship to Child \_\_\_\_\_

BEST CONTACT NUMBER (\_\_\_\_\_) \_\_\_\_\_  HOME  CELL  WORK

# 2 EMERGENCY CONTACT \_\_\_\_\_ Relationship to Child \_\_\_\_\_

BEST CONTACT NUMBER (\_\_\_\_\_) \_\_\_\_\_  HOME  CELL  WORK

# 3 EMERGENCY CONTACT \_\_\_\_\_ Relationship to child \_\_\_\_\_

BEST CONTACT NUMBER (\_\_\_\_\_) \_\_\_\_\_  HOME  CELL  WORK

OTHERS who are authorized to pick up member \_\_\_\_\_ Relationship to Child \_\_\_\_\_

OTHERS who are authorized to pick up member \_\_\_\_\_ Relationship to Child \_\_\_\_\_

OTHERS who are authorized to pick up member \_\_\_\_\_ 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 \_\_\_\_\_

(Revised: 4/15)

**MEDICAL INFORMATION**

(Revised: 2/18)

Name of Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy and Certificate # \_\_\_\_\_  
Medical or Dietary Restrictions (allergies, necessary medications, sports restrictions, etc.) \_\_\_\_\_

Is there anything else you would like to share about your child? \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT (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 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 the BGC/GCV retains the right to use photographs, slides or video-taped material of my child taken during activities for promotional purposes and I 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 will periodically show movies rated PG or lower.
  - \_\_\_\_\_ I give permission for the release and exchange of confidential information from the Las Virgenes Unified School District (LVUSD) 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 BGC/GCV, the LVUSD, 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 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](http://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.)**

<b>ETHNICITY</b> <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 _____	<b>ANNUAL HOUSEHOLD INCOME:</b> <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  <b>FREE OR REDUCED LUNCH:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HEAD OF HOUSEHOLD:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father Other _____ How many people in your household: Under 18 _____ Over 18 _____ Over 65 _____  <b>MILITARY:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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FINANCIAL AID SCHOLARSHIPS ARE AVAILABLE ON A CASE-BY-CASE BASIS.  
Tax ID#: 91-2151731      Not affiliated with the Las Virgenes Unified School District

**How to Register. . . Submit your Application and Payment:**  
**1. On-line at the [www.bgcconejo.org](http://www.bgcconejo.org)**  
**3. At Club Bay Laurel 24740 Paseo Primario, Calabasas**  
**Registration opens January 15<sup>th</sup>, 2018 for the 2018-2019 school year.**

✓ **When paying Program Fees, please make Checks payable to: BGC / GCV**    ✓ **VISA and MasterCard are accepted.**  
Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Name on it: \_\_\_\_\_  
Signature: \_\_\_\_\_  I would like my Credit Card charged automatically for Program Fees.

**PLEASE VISIT OUR WEBSITE at [www.bgcconejo.org](http://www.bgcconejo.org) to learn about activities and events at our Clubs or if you or someone you know would like to make an on-line donation to the Boys & Girls Clubs of Greater Conejo Valley.**

**FOR CLUB USE ONLY**

Club ID Number: \_\_\_\_\_ Entered Into Daxko by: \_\_\_\_\_ Date Entered Into Daxko: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Payment Option:     YEARLY RATE       INITIAL PAYMENT OF \$250 \_\_\_\_\_ & INSTALLMENTS 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_