



**VACAVILLE NEIGHBORHOOD
BOYS & GIRLS CLUB**

2022 AFTER SUMMER SCHOOL PROGRAM

Date Received:
Received By:
Payment Received:
Cash Check CC \$ _____

CLUB MEMBER INFORMATION			
Last Name:	First Name:	MI:	Date of Birth:
Home Address:	City:	Zip:	Gender: Male Female
Grade Level Upcoming School Year:	School Attending:		

GUARDIAN INFORMATION			
Mother/Guardian Last Name:	Mother/Guardian First Name:	Main Phone:	Work Phone:
Employer:	Title:	Cell Phone:	Current Email:
Father/Guardian Last Name:	Father/Guardian First Name:	Main Phone:	Work Phone:
Employer:	Title:	Main Phone:	Current Email:

AFTER SUMMER SCHOOL SITE - circle one	
FAIRMONT	MARKHAM

CLUB MEMBER SIGN OUT AUTHORIZATION	
Authorized:	Unauthorized: (Please note, certain circumstances may warrant corroborating documentation)
1.)	1.)
2.)	2.)
3.)	3.)

It will be required that all Individuals show proof of identification upon signing Club Member out of programming.

WALKER AUTHORIZATION	
<p>Because our Centers are located within neighborhoods of many children, the Vacaville Neighborhood Boys & Girls Club allows members to walk home. Members may walk home although they are advised to stay at the Centers and we cannot legally require them to stay. It is the responsibility of the child AND parent/ guardian to determine if walking home is an appropriate departure method.</p>	
<input type="checkbox"/> Member may walk home	<input type="checkbox"/> Member requires pick up

EMERGENCY CONTACT INFORMATION			
Emergency Contact #1	Phone	Emergency Contact #2	Phone

MEDICAL INFORMATION	
Please list medical conditions:	List any medications taken:
Allergies:	Learning Impairments:
Physician Name/Phone:	Health Insurance Group #:

PLEASE SELECT YOUR WEEK:

- Week 1, June 13th -16th
- Week 2, June 20th - 23th
- Week 3, June 27th - 30th
- Week 4, July 5th - 7th
- Week 5, July 11th - 14th

If absent for any week, please state your reason: _____

PARENT OR GUARDIAN APPROVAL OF MEMBERSHIP (Please read and sign below):

_____ An "Active Member" attends 4 days per week to maintain active membership. Members who are not active and do not fulfill this requirement could be in jeopardy of losing their membership.

_____ I understand my child is free to come anytime the Club is open and is required to check in and check out of the Club. If my child chooses to leave, they will not be permitted to return. It is the responsibility of me and my child to determine whatever arrival and departure method is the best for us.

_____ I hereby agree to give my child permission to participate in activities to participate at The Vacaville Neighborhood Boys & Girls Club (VNBGC). I understand that this is not a licensed childcare facility. I will not hold the VNBGC responsible for any actions, accidents, injuries, or losses which may occur as a result of my child's participation in this program. I agree to indemnify and hold harmless the VNBGC, Its Board of Directors, officers, staff and its agents, the City of Vacaville, and the Vacaville Unified School District from all liability which may occur as a result of my child's participation.

_____ I authorize Club personnel, EMT, physician, or hospital to administer emergency medical treatment in the event of an accident or sudden illness.

_____ I understand my child will be required to do academics while at the club.

_____ I give my child permission to participate in the Club's activities within or near the Club's facility.

_____ I hereby give permission to my child to utilize computer equipment and the internet at the VNBGC. I understand that my child must follow Club computer rules in order to maintain this privilege. I also am liable for replacing equipment or software if my child damages and/or makes the equipment useless.

_____ I give my consent and allow my child to be photographed and or video'ed and their picture, without identification, may be used for promotional purposes in publications and social media.

_____ I voluntarily submit my child in programs and I understand that prevention-based programming is available for my child at the Club. A trained staff member has my permission to discuss, at a level determined to be age appropriate, the following subject matters: drugs and alcohol, chemical abuse, human anatomy, mental health issues, interpersonal relationships, and values clarification.

_____ I understand that if my child is picked up after closing time, I will be charged a late pick-up fee of \$1 per minute. Any child left 30 minutes after the Club is closed is by law considered abandoned and must be reported to the authorities, who will then pick up your child.

_____ I agree to notify the VNBGC if there are changes in the members' contact information.

_____ I have received and read a copy of the parent/member handbook.

Travel & Transportation: I authorize travel on the city transit system, in the Club van, or on a chartered bus during the summer program for the purpose of a field trip. I understand that the VNBGC can revoke my child's ride privileges at any time due to negative behavior and that VNBGC is not liable for any injuries that may occur while traveling.

Parent/Guardian Signature: _____ Date: _____

I have read the information above and give my consent and authorization for my child to join The Vacaville Neighborhood Boys & Girls Club.

Parent/Guardian Signature _____ Date: _____

\$20 registration fee is required to secure your spot.

The fee will be refunded at the conclusion of the summer program.

**Data Reporting
2022**

*The information being requested is not meant for public dissemination but only for monitoring or audit purposes as required by HUD. Thank you for your cooperation. **This form is also used to qualify families for scholarships. Parents/guardians interested in scholarship assistance must also provide past 30 days of wage statements and a copy of the 2021 tax return.***

1. Is Parent/Guardian Active Military: Yes No

2. Is The Child Living On Base: Yes No

3. Name of military parent: _____

4. Branch of Service and Rank: _____

5. Total Annual Household Income: _____

6. Number Of People In Household: _____

7. Head of household Male Female

8. Disabled Yes No

9. Race and Ethnicity (please check the ethnicity of the child enrolled):

American Indian or Alaska Native

American Indian or Alaska Native & White

Am. Indian or Alaska Native & Black or African Am.

Asian

Asian & White

Black or African American

Black or African American & White

Latino/Hispanic

Native Hawaiian/Pacific Islander

White

African American & Asian

Other (specify): _____