



**BOYS & GIRLS CLUBS
OF DURHAM AND ORANGE
COUNTIES**

Durham | South Estes | Craig Gomains
(919) 687-4517 | www.bgcdoc.org

2022-2023 MEMBERSHIP APPLICATION – Durham

Membership Fee \$10

Please complete and attach a copy of your child's last report card.

NOTE: Application is incomplete until report card and payment are submitted. No refunds after the first day of attendance.

Child's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Sex: _____ Age: _____

Race/Ethnicity (Circle all that apply): African American Caucasian Hispanic/Latino Asian Native American Other _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Parent/Guardians Last Name: _____ First Name _____

Employer: _____ Employer Phone: _____

School Information

Current School: _____ Grade: _____

Special Education, IEP, Curriculum Assistance: (please circle) Yes No

Medical Information

Doctor Name: _____ Doctor Phone: _____

Insurance Carrier: _____ Permission for Doctor/Hospital: Yes No

Does your family have health insurance: Yes No

Policy#: _____ Group#: _____

Health/Behavioral Concerns: Yes No If yes, explain _____

Medications: Yes No if yes, see medication administration form on last page

Food Allergies: Yes No if yes, explain _____

Household:

Child Resides With: (please circle) Mom, Step-Mom, Dad, Step-Dad, Grandparent, Foster Parent, Other _____

Current Head of Household: Female Male

Current Single Parent: Yes No Current Number in Household: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Yearly Income per household: _____

Member in Household in Military: Yes No



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What Type of Activities/Programs Interest Your Child? () Sports Leagues () Music () Arts & Crafts () Educational Programs () Group Clubs () Technology () Other (Please List) _____

Child's strongest subjects in school? _____

Child's weakest subjects in school? _____

Has your child ever repeated a grade? Yes No If so, which grade? _____

Does your child receive free or reduced lunch? Yes No

If yes, Free Reduced

Emergency Contact Information (Person(s) Authorized to Pickup Member)

Parent/Guardian: _____

Parent/Guardian: _____

Number: _____

Number: _____

Relationship: _____

Relationship: _____

DOB: _____ Male Female

DOB: _____ Male Female

Address: _____

Address: _____

Parent/Guardian: _____

Parent/Guardian: _____

Number: _____

Number: _____

Relationship: _____

Relationship: _____

DOB: _____ Male Female

DOB: _____ Male Female

Address: _____

Address: _____



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Activity & Photography Consent

All members must submit report cards as they are distributed by each school member's school. All information is kept confidential. This information is used for grant purposes.

I give my child _____ permission to participate in BGCDOC activities and programs. BGCDOC reserves the right to restrict students from field trips and activities based on bad behavior or poor grades.

I give BGCDOC the right or ability for grant purposes to collect information such as height, weight, and BMI. All information is kept confidential and BGCDOC will abide by all HIPAA guidelines.

I do hereby give my child permission to attend and participate in the activities sponsored by BGCDOC. I hereby release the BGCDOC, its employees, associates, and contributors from personal liability from any injury, loss of theft incurred by my child while participating. I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

Further I give permission for my child's picture to be used in any BGCDOC publication or outside publications that BGCDOC may subscribe too. I also allow my child's photo to be used on social media sites such as (but not limited to) Twitter, Instagram, and Facebook under the accounts of BGCDOC. Yes _____ No _____ Parents/Guardian's Initials _____

My signature indicates that I completely understand the above statements.

Parent's Signature: _____ Date: _____

Permission to Administer Medication (if needed)

I give permission for my child to be given the following medication:

Child's Name: _____

Name of Medication: _____ Expiration Date: _____

Dosage: _____ Refrigerate

Dates to be Given: _____

Times to be Given: _____

Emergency Only

Special Instructions:

Parent's Signature: _____ Date: _____



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BGCDOC Afterschool Busing Registration

COMPLETE THIS FORM ONLY IF YOUR CHILD WILL ATTEND ONE OF THE SCHOOLS BELOW

We will transport students from Parkwood Elementary, Lowes Grove Middle, Research Triangle Academy Elementary & Middle, Hope Valley Elementary, Triangle Day School, Duke School, Hillside & Hillside New-Tech High School to the Boys & Girls Club. Transportation from school to the Boys & Girls Club will start Monday, August 29, 2022.

- _____ **Option 1:** Full payment is \$100.00 for each child
- _____ **Option 2:** Monthly payments of \$10.00 for each child in the family. The first monthly payment must be attached at the time of registration.

It will be the parent’s responsibility to call the Boys & Girls Club by 12.00pm, if your child will or will not be riding the bus on a day that they were or were not scheduled to ride. This is not a school based program and schools will not be responsible for keeping track of your child. **Please do not call your child/children school for any changes, call the Boys & Girls Club at our number of 919-687-4517 or e-mail us at rlindsay@bgcdoc.org.**

Disrespect to the bus driver, to other students, and destroying property will not be tolerated on the bus. Transportation for your child can and will be suspended if there are repeated respect/behavior incidents. All fees are non-refundable.

Members must be waiting in the bus line and ready to go when our driver arrives. The Driver will usually wait no more than 10 minutes. **If the member fails to make the regular scheduled bus pick up it will be up to the parent to pick the member up from school.**

I grant permission for my child to participate in the afterschool transportation program. I understand that if my child is hurt during the program, it is not the responsibility of the Boys & Girls Club, or the bus company. I understand that it is my responsibility to notify the BGCDOC by 12pm at 919-687-4517, if my child/children will or will not be riding the bus on a day they were/were not scheduled to ride. I have spoken with my child/children about respect/behavior that will be expected on the bus and understand that any ongoing problems may result in my child/children not being able to ride the bus. I understand my child’s busing services can be revoked if my monthly payment is 2 weeks past due.

PARENT SIGNATURE _____