## **SPRING 2017**

# **ENROLLMENT FORM (3-7PM)**

(DECEMBER 2, 2016 - MAY 31, 2017)

### **VARIETY BOYS & GIRLS CLUB**

2530 Cincinnati Street, Los Angeles, CA 90033 323-269-3177, Fax: 323-269-3268



# FOR STAFF USE ONLY 2017 Spring Membership Cost: \$20.00 Paid: Yes\_\_\_\_ No\_\_\_Receipt Number\_\_\_\_ Enrollment Date: \_\_\_\_ Child's tracking number: \_\_\_ Membership Site: Main\_\_\_ PDS \_\_\_ Cash\_\_\_ Money Order \_\_ Check \_\_BGS \_\_\_ Renewal? Yes / No Staff\_\_\_\_

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PARENT Information (PleasePrint)  * denotes required information								
First Name*		Middle Name	гединей туоттат	on	Last Nai	me*		
Annual Family Less then \$12,000   Gender (circle *\$12,000 to \$17,000		2,000		Family Size:	Home A	ddress*:		
one) Male Female	\$17,000 to \$25 \$26,000 to \$ 35 \$ 36,000 to\$60	,000 5,000 ,000		Number o				
		,000		Number o	f			
*Telephone # Home	Mobile Work			*E-mail Address:				
Employer: Job Title:								
Military Branch:	Status: Start Date		: End Date:					
Spouse - Parents/Guardian  *First Name:  *Last Name:  Gender: Male_ Female_					Female_			
*Home Address:	123	ast Name.	*Mobile Pho	one:	Е-1	mail Address:		
Employer:	er: Job Title:							
Military Branch:	Status: Start Date		End Date:					
YOUTH Information								
First Name*		Middle Name			Last Name*			
Social Security #:		Birth date*:			Male	Female		

Ethnicity : African American Native American Caucasian	Membership type:  SPRING (Jan-May): SUMMER (Jun-Aug): FALL (Sep-Dec):	School Enrollment Information*  School:						
Hispanic Asian Multiracial Other		Grade: Age:						
Home Phone:	Home Address:							
Check All that apply*: TANF Food Stamps General Assistance SSDI SSI Veterans Compensation  School Lunch (Free/Reduced) Medical Medicaid Single Parent Home								
`	YOUTH Medical Information:							
Insurance Company:	Insurance Policy/Group Number:	Health Problems/Allergies:						
Medications: Dis	sabilities/Psychological Conditions: Perm	ission for Treatment by Doctor/Hospital:						
Physician:	Physician Phone: Hospital:	Hospital Phone:						
	ple authorized to pick up memb	,						
1. First Name	Last Name Phon	ne: Home Work						
Primary Emergency Contact Emergency	Contact Lives with member Relationsl	hip to member						
2. First Name	Last Name Pho	ne: Home Work						
Primary Emergency Contact Emergency	Contact Lives with member Relationsl	hip to member						
* I have read the completed application, understand the rules of the Variety Boys & Girls Club and request that my son/daughter/ward be admitted into membership.								
*I have explained the rules to my son/daughter/ward and agree that the Variety Boys & Girls Clubs will not be responsible for any accident to the boy/girl while on the Variety Boys & Girls Clubs premises or while engaged in any of its activities away from the Variety Boys & Girls Club.								
*I give my consent for photographs or video taping in which my son/daughter/ward may appear, to be used in any way the Variety Boys & Girls Clubs may care to use them as long as it is consistent with the VBGC mission.								
Parent or Guardian Signature	Member's Signature	Date						

### Note to Parent:

Member participation in Boys & Girls Clubs programs is likely to produce positive outcomes when members attend three times a week or more. Boys & Girls Clubs staff welcomes high levels of member participation in all programs as well as special programming.

### Variety Boys & Girls Club

### **Code of Conduct**

Play Fairly and Be Honest Bring Your Membership Card Everyday Be Respectful of Boys & Girls Club Staff Say Only Good Things About Others Resolve Disagreements in a Positive Way Be Respectful Of Other Members and Their Property Take Care of Your Boys & Girls Club Facility and Equipment Avoid Use of Improper Language Remove Hats Before Entering Building Applaud The Efforts of Others No Running Participate In Program Areas Open To Your Age Group Listen During Assemblies Dress Appropriately At All Times Smoking, Drugs, Alcohol and Other Drugs and Weapons Are Strictly Prohibited Stealing will not be Tolerated!

### Please read the following and sign where indicated:

	(or ward) must be picked up no later than closing time or parent <u>will be</u> r understand if no one answers he or she will be dropped off at the
	as an open door policy and cannot be responsible for my child (or ward) tand that all members are free to come and go from the Club at their
child (or ward) must obey all rules (Code of C	oes not refund membership, field trip or special program fees and that my Conduct). I further understand that behavioral problems that cannot be revoked from VBGC without monetary refund.
personal property, for any bodily injuries, or property of the VBGC	that VBGC shall not be responsible or legally liable for any losses of the results thereof, incurred and suffered by the applicant on any its Units, or while engaged in any of the VBGC's activities away from the
I give permission for	(Name of School) to release a copy of my child,
agreements: (1) always be respectful of others remember you are responsible for what you d	tunity to use Club's computers is based upon clear guidelines and s, (2) never give out personal information over the computer, (3) always lo online, (4) always follow the computer lab supervisor's instructions, (5) u meet online and (6) never visit 'off-limits' web sites. Failure to uphold the member's online privileges.
Signature of Parent/Guardian	Date
Signature of Child	Date