BOYS & GIRLS CLUBS OF GARDEN GROVE

BGCGG Registration Form
and Emergency Information

26-27 Intermediate

This program is made possible through a partnership between Garden Grove Unified School District and Boys & Girls Clubs of Garden Grove.

Child:

Last Name | First Name | Middle Initial

Ethnicity ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Multi Racial ☐ Pacific Islander ☐ Other: _____

Health Conditions/Allergies:

Gender: ☐ Male ☐ Female ☐ Non-Binary	Date of Birth: (mm/dd/yy)	Age	Grade	School	SIDN

(Intermediate Only) How will your child be getting home:
☐ Walk Home (Students will be dismissed no later than 4:45pm)
☐ Adult pick-up (Students must be picked by an adult no later than 6:00pm)

My Child has Medical Insurance: ☐ Yes ☐ No
Physician or Health Plan_____ Phone Number ( ) _____

My child may have access to the Internet while in the program. ☐ Yes ☐ No
To better address your student needs, please indicate if your child has an Individualized Education Program (IEP). ☐ Yes ☐ No
If Yes, do you grant BGCGG permission to obtain pertinent details of that IEP from GGUSD. ☐ Yes ☐ No
Photos or videos may be taken of my child and used for marketing and training purposes. ☐ Yes ☐ No

Caregiver/Parent #1 Information:

Last Name | First Name | Middle Initial

Relationship To Child: | Employer:

Address | Apartment # | City | Zip Code

E-mail Address	Date of Birth: (mm/dd/yy)	Gender: ☐ Male ☐ Female ☐ Non-Binary

Home Phone Number ( ) | Cell Phone Number ( ) | Work Phone Number ( )

Primary Language: ☐ English ☐ Spanish ☐ Vietnamese ☐ Korean ☐ Other (Please indicate)

Household Income : ☐ $0-$24,999 ☐ $25,000-$54,999 ☐ $55,000-$89,999 ☐ More than $90,000
Household Size (circle one): 2 3 4 5 6 7 8 9 10

Who does the member live with? ☐ Both Parents ☐ Single Parent Household ☐ Guardian ☐ Other _____

Are there any restraining orders or court orders we should be aware of? ☐ Yes ☐ No * Copy of documents required

I understand the Parent Handbook is available at www.bgcgg.org and agree to comply. ☐ Yes ☐ No

Caregiver/Parent #2 Information:

Last Name | First Name | Middle Initial

Relationship To Child: | Employer:

Address | Apartment # | City | Zip Code

E-mail Address	Date of Birth: (mm/dd/yy)	Gender: ☐ Male ☐ Female ☐ Non-Binary

Home Phone Number ( ) | Cell Phone Number ( ) | Work Phone Number ( )

Emergency Contacts & Authorized Pickup: Please include at least one authorized pickup in the section below. All authorized pickups must be 18 or older.			
Last Name	First Name	Relationship	Telephone ( )
Last Name	First Name	Relationship	Telephone ( )
Last Name	First Name	Relationship	Telephone ( )
Last Name	First Name	Relationship	Telephone ( )

I hereby acknowledge and certify I am the legal parent/guardian of the child(ren) registering for Boys & Girls Clubs of Garden Grove (BGCGG). I understand the names listed on the Emergency Contacts & Authorized Pickup section are approved to pick up my child(ren). BGCGG will only release child(ren) to those listed on the Emergency Contacts & Authorized Pickup section. All authorized pickups MUST be 18 years of age or older and provide valid identification at time of pickup. BGCGG and GGUSD will not be held liable should any child leave the premises without permission.

I hereby consent to my child's membership in the Boys & Girls Clubs of Garden Grove (BGCGG) and release the Club, Garden Grove Unified School District (GGUSD) and its agents from all liability. BGCGG has my permission to select a physician or contact emergency services in case of emergency and treatment may be given should the parent or authorized physician be unavailable.

BGCGG is committed to working collaboratively with parents/guardians around the needs of their students to ensure a child's success in the program. When member behavior issues arise, BGCGG will work with parents and members to reach a resolution. Should BGCGG determine that my child cannot follow the established behavior policies, parents will be notified and disciplinary action will be taken, including possible termination of the child's membership.

In order to evaluate the effectiveness of our program, my child may participate in assessment activities. I also consent to allow Boys & Girls Clubs of Garden Grove, to exchange confidential educational and health information and records regarding my child with Boys & Girls Clubs of America and GGUSD. I have read, understand and agree to the above activity.

_____ (Staff printed name) read/translated/assisted in filling out (Circle One) the document for _____ before he/she signed the document.

Signature: _____ Print Name: _____ Date: _____

For Office Use Only

Received On:_____ Received By:_____ Start Date: :_____