BOYS & GIRLS CLUBS
OF SOUTHEAST MISSOURI

Dear Club Parent:

Warnings Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization**. COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

While COVID-19 can cause mild symptoms in some individuals, it can lead to severe illness and even death in others. **Adults over age 65** and **people of any age with serious underlying medical conditions** including, but not limited to, **HIV**, **asthma and other respiratory conditions**, and **pregnancy**, may be a **higher risk for more serious complications from COVID-19**.

Boys & Girls Clubs of Southeast Missouri has been cleared to bring staff back. We will provide essential services in the community and have put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that your child/guardian will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/guardian may be exposed to or infected by COVID-19 by continuing to attend Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may be greater due to exposures from Club staff, other club members, teachers, and those on-site outside of Club.

I agree to assist Club in maintaining a safe environment for Club members and staff by:

1. Wearing a mask during pick up. Temperatures will be taken and logged for anyone entering the Club space for any reason

2. Notifying Club of any risks or exposures of members or their immediate families.

3. Understand that Club could close at any time due to exposures or school closings.

By signing I understand that my child/guardian could be removed from Club at any time if I do not follow the above guidelines.

_____ _____

Parent Signature Date

BOYS & GIRLS CLUBS
OF SOUTHEAST MISSOURI

After School Program

Membership Information

1913-1915 Whitener St.
Cape Girardeau, MO 63701
Ph: 573-335-7141
www.bgcsemo.org

PLEASE PRINT OR TYPE

School Year

_____

This form must be completed in its entirety. We require 3 contact phone numbers at all times. Please update contacts regularly.

CHILD INFORMATION

Child's Name (First Middle Initial Last)	Home Telephone Number
Address (Street, City, State, Zip)	

Race/Ethnicity	Sex	Birthdate (MMDDYY)
☐ African American or Black ☐ American Indian and Alaska Native ☐ Asian ☐ Hispanic/Latino ☐ Multi-Racial (Black/White) ☐ Native Hawaiian and Other Pacific Islander ☐ White	☐ M ☐ F	

School	Teacher	Grade	School Lunch Program:
			☐ None ☐ Reduced ☐ Free

IDENTIFYING INFORMATION

1. Parent/Legal Guardian Name (First Middle Initial Last)	Home Telephone Number ( ) -
Address (Street, City, State, Zip)	Cell Phone Number ( ) -
Employed by (or school attending)	Email
Occupation	Work/School Number ( ) -
2. Parent/Legal Guardian Name (First Middle Initial Last)	Home Telephone Number ( ) -
Address (Street, City, State, Zip)	Cell Phone Number ( ) -
Employed by (or school attending)	Email
Occupation	Work/School Number ( ) -

EMERGENCY CONTACTS/AUTHORIZED PICK-UP

1. Name – Other Than Parent(s) or Doctor (First Middle Initial Last)	Telephone Number ( ) -
Address (Street, City, State, Zip)	Relationship to Child
2. Name – Other Than Parent(s) or Doctor (First Middle Initial Last)	Telephone Number ( ) -
Address (Street, City, State, Zip)	Relationship to Child

ACADEMIC ENHANCEMENT AUTHORIZATION

I give the Boys & Girls Clubs of Southeast Missouri permission to receive copies of my child's grade reports, test scores, disciplinary information and progress notes to assist with his/her academic enhancement.

School _____ Grade _____ Teacher _____

Parent Signature _____

HEALTH REPORT FOR SCHOOL AGE CHILD

Child's Health History and Current Health Problems

Please list any allergies, special medical conditions, including chronic health problems.

Any special medication and/or restrictions.

Comment's on Child's Development: (Note: allergies, habits, etc…)

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children.

Parent/Legal Guardian Signature: Date:

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize employees of the Boys & Girls Clubs of Southeast Missouri to contact:

Doctor/Clinic Name	Doctor/Clinic Phone Number
Doctor/Clinic Address (Street, City, State, Zip)	
For Emergency Medical Treatment of My child, My Preferred Hospital is:	
Hospital Name	Hospital Phone Number ( ) -
Hospital Address (Street, City, State, Zip)	

AGREEMENTS

- I agree to keep the facility updated on my changes of information on the enrollment form.
- When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care
- I understand that this facility will contact or notify me about any medical emergency, accident, injury, or at-risk situation.
- I do give consent for my child and family to be included in pictures, recordings, evaluations, and screenings associated with the Boys & Girls Clubs of Southeast Missouri.

The information given herein is true and complete. I understand and agree to the policies indicated above. I am hereby enrolling my child, _____ in the Boys & Girls Clubs of Southeast Missouri.

Parent or Legal Guardian Signature: _____ Date: _____

HOUSEHOLD INFORMATION

This information is collected for grant-writing purposes ONLY and is never made public.

Annual Income Level:

0-5,000 ____	5,001-10,000____
10,001-15,000____	15,001-20,000____
20,001-25,000____	25,001-30,000____
30,001-35,000____	35,001-40,000____
40,001-45,000____	45,001-50,000____
50,001-55,000____	55,001-60,000____
60,001-65,000____	65,001-70,000____
70,001-75,000____	75,001-80,000____
80,001-85,000____	85,001-90,000+____

Member lives with: ☐ Mom ☐ Dad ☐ Step Parent ☐ Grandparent ☐ Foster Parent ☐ Other: _____

Current Single Parent: ____Yes ____No

Current Head of Household: ____Female ____Male ____Both

Number in Household: _____ Number in Household under 18: _____

Is there a Member of the Household 65 years old or Older: ____Yes ____No

Is Parent a member of: ☐ Active Military ☐ Reserve Military ☐ None

Lives on Military Base: ____Yes ____No Military Branch: _____

Please check all programs that apply: (statistical purposes only)

☐ TANF ☐ SSDI ☐ SSI ☐ Food Stamps ☐ General Assistance
☐ School Lunch Program ☐ Daycare Voucher ☐ Veterans Compensation

Office Use Only:

Enrollment Date: _____ Site: _____ Visions: _____ Copies: ST / MB / AA Added: V/S/Sn