



**BOYS & GIRLS CLUBS**  
OF HARFORD & CECIL COUNTIES

**2021-2022 Student Enrollment Form**  
**Boys & Girls Clubs of Harford & Cecil Counties**

**Bakerfield Elementary**

**Any information requested on this form is used for recording purposes or required for funding. The answers you provide on this membership form will be kept CONFIDENTIAL.**

**STUDENT Information (Please Print)**

\*denotes required information

<b>*First Name:</b>	<b>Middle Name:</b>	<b>*Last Name:</b>
<b>Nickname:</b>	<b>*Birthdate and current grade level:</b>	<b>*Gender:</b> Male _____ Female _____
<b>Ethnicity:</b> __ African American __ Native American __ Caucasian __ Hispanic/Latino __ Asian __ Multiracial __ Other	<b>*Home Address:</b>	<b>Check all that apply:</b> __ Maryland Scholarship (Child Care Subsidy) __ TANF __ Food Stamps __ General Assistance __ SSDI __ SSI __ Free/reduced lunch __ Medicaid __ Single Family Home

**PARENT Information (Please Print)**

\*denotes required information

<b>*First Name:</b>	<b>Middle Name:</b>	<b>*Last Name:</b>
<b>*Home Address:</b>	<b>*Home/Cell Phone Number:</b> Home: Cell:	<b>Email Address:</b>
<b>Place of employment:</b>	<b>Work Address:</b>	<b>*Work Phone Number</b>
<b>Check All that apply:</b> __ Military __ Student	<b>Family Size:</b>	<b>Annual Family Income:</b> __ Less than 20,000 __ 21,000-30,000 __ 31,000 to 40,000 __ 41,000 to 50,000 __ 51,000 to 60,000 __ 61,000 to 70,000 __ 71,000 to 80,000 __ 81,000 and over

**SECOND PARENT Information (Please Print)**

\*denotes required information

<b>*First Name:</b>	<b>Middle Name:</b>	<b>*Last Name:</b>
<b>*Home Address:</b>	<b>*Home/Cell Phone Number:</b> Home: Cell:	<b>Email Address:</b>
<b>Place of employment:</b>	<b>Work Address:</b>	<b>*Work Phone Number:</b>

**Check All that apply:**  
\_\_ **Military**    \_\_ **Student**

**STUDENT Medical Information**

**Health Concerns (please specify):**

**Behavioral Concerns (please specify):**

**Allergies (please specify):**

**Any Medications:**

**Medications student will need during hours of care:**

**\*Insurance Company:**

**\*Physician or Physician Group:**

<b>Address:</b>	<b>*Phone Number:</b>
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**\*Dentist or Dental Group:**

<b>Address:</b>	<b>*Phone Number:</b>
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**Emergency Contacts Information:  
TWO MUST BE ON FILE**

**1** \*denotes required information. At least one phone per Emergency Contact MUST be listed.

<b>*First Name:</b>	<b>*Last Name:</b>	<b>Phone Number Home:</b>	<b>Phone Number Work:</b>	<b>Phone Number Cell:</b>
<b>*Address: Street/Unit #</b>	<b>*City:</b>	<b>*State:</b>	<b>*Zip Code:</b>	<b>Relationship to student:</b>

**2** \*denotes required information. At least one phone per Emergency Contact MUST be listed.

<b>*First Name:</b>	<b>*Last Name:</b>	<b>Phone Number Home:</b>	<b>Phone Number Work:</b>	<b>Phone Number Cell:</b>
<b>*Address: Street/Unit #</b>	<b>*City:</b>	<b>*State:</b>	<b>*Zip Code:</b>	<b>Relationship to student:</b>

<b>*Student's Grade:</b>	<b>*Check type of care you are requesting:</b> <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and After School
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I have read and explained the rules to my student and agree that the Boys and Girls Club of Harford and Cecil Counties and the Boys and Girls Club School Based Programs will not be responsible for any accident to the student while on premises or while engaged in any of the activities away from the Boys & Girls Club and School Based Program.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

**Boys & Girls Clubs of Harford & Cecil Counties**  
**Boys & Girls School Based Programs**  
**Code of Conduct**

Play Fairly and Be Honest  
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  
Run Outside Only or designated areas  
Participate Only 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 initial where indicated:**

I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged which must be paid before my child (or ward) can return to the Club. \_\_\_\_\_ **(initial)**

I understand and agree that BGCHC does not refund membership fees and that my child (or ward) must obey all rules (Code of Conduct). I further understand that behavioral problems that cannot be solved can result in my child (or ward) being suspended from BGCHC without monetary refund. \_\_\_\_\_ **(initial)**

It is expressly understood and agreed that BGCHC shall not be responsible or legally liable for any losses of personal property, for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BGCHC or in connection with any activities of any of its Units, or while engaged in any of the BGCHC's activities away from the Club.

I give permission for \_\_\_\_\_ (Name of School) to release a copy of my child, \_\_\_\_\_, report card for the entire school year to the Boys & Girls Clubs of Harford & Cecil Counties. I understand the information obtained from report cards will be confidential and used to assess the progress of my child.

Internet Usage Agreement: The opportunity to use Club's computers is based upon clear guidelines and agreements: (1) always be respectful of others, (2) never give out personal information over the computer, (3) always remember you are responsible for what you do online, (4) always follow the computer lab supervisor's instructions, (5) never agree to meet in person with anyone you meet online and (6) never visit 'off-limits' web sites. Failure to uphold these agreements will result in revocation of the member's online privileges. \_\_\_\_\_ **(initial)**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

