



Boys and Girls Club of the Bemidji Area

Registration Form for the 2016 Summer Morning Program

Child's Full Name: _____

Nickname: _____ Date of Birth: ___/___/___ Gender: Male Female

Physical Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Phone Number: (____) _____ - _____

Grade (2016-2017 Year): _____

MORNING EMERGENCY CONTACTS: (other than listed parents/guardians. The following are authorized to pick-up your member.)

Name: _____ Relation to Member: _____

Best Contact Number: (____) _____ - _____

Name: _____ Relation to Member: _____

Best Contact Number: (____) _____ - _____

Getting Home:

- My child will stay for the afternoon program (12:30-5:30pm).
- My child will be picked up by an authorized person (listed above) by 12:30pm
- My child is allowed to walk home at _____ time, with _____.
- Other (please specify): _____

Trips/Transportation (Morning):

- I give consent for my child to take part in field trips or excursions with the Boys and Girls Club of the Bemidji Area. This includes transportation to and from trips.
- I do not give consent.

I have read and completed the registration for my child for the Summer Morning Program. I understand that by paying in full by July 29th, 2016 I am requesting a space for my child to attend the Summer Morning Program. Once your child is admitted, I understand and that if the days that were requested for your child are not used by your child any collected fees will not be refunded except at the discretion of the Executive Director. If my child is not a member, I understand I am responsible for signing them up as a member including the form, fee and orientation to make it an easy transition into the Club system.

Parent/Guardian Signature

Date

Please select from one or more schedule options.

Schedule Option 1:
 Please check those that apply.
 (\$100 per selection)

August 1st- August 5th
 August 8th- August 12th
 August 15th- August 19th
 August 22nd- August 26th
 August 29th- September 2nd

Subtotal (\$100 x how many selected):

Schedule Option 2:
 Please check those that apply (includes 5 days).
 (\$100 per selection)

Every Monday
 Every Tuesday
 Every Wednesday
 Every Thursday
 Every Friday

Subtotal (\$100 x how many selected):

Schedule Option 3:
 Please place an 'X' on the individual days you would like member to attend.
 (\$25 per day)

Subtotal (\$25 x # of days):

2016 AUGUST						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	Sept. 1	Sept. 2	

Payment Options:

Cash
 Personal Check
 Credit Card/ Debit Card

*** All fees are due by July 29th or upon registration, whichever is later***

Payment Totals:

Subtotal (schedule option 1): _____
 Subtotal (schedule option 2): _____
 Subtotal (schedule option 3): _____

Grand Total: _____

For Office Use Only:

Fee Received: ____/____/____ Total Amount Received: _____

Cash:

Check: # _____ Staff Receiving Payment (Print): _____

Credit/Debit Card:

Previous Member: YES NO

Orientation Date: ____/____/____

If no, schedule an orientation date