



**BOYS & GIRLS CLUBS**  
OF GREATER CONEJO VALLEY

## CLUB CHAPARRAL – 2013-2014 KINDER CLUB REGISTRATION APPLICATION

*We Look Forward to Welcoming Your Child(ren) to the Club!*

### #1. .Kinder Club

Membership provides an after school program exclusively for Kindergarteners which runs from school dismissal until 3 p.m., Monday – Friday on all school days. Club members will be met at their Kindergarten classrooms and walked down to the club for a range of fun enrichment and social experiences. Monday, Tuesday, Thursday, Friday from 1:15 p.m. – 3:00 p.m., Wednesday from 11:30 a.m.-3:00 p.m. On Wednesdays, Kindergarteners will eat their packed lunches at the Club. Spaces are limited and available on a first come, first served basis. A Waiting list will be created if our capacity is reached. Your child must be registered at Chaparral before enrolling in the program. Please select payment choice below:

**YEARLY RATE:** \$1,600 per year. **Fees due at time of registration.**

**INSTALLMENTS:** 1 initial payment of \$200 due at time of registration plus 3 Installments of \$500 each=\$1700 total over the year. **Installments due by 9/15/13, 1/15/14, 4/15/14.**

### #2. .Afternoon Club

An after school enrichment program which runs after the Kinder Club from 3 p.m. until 6 p.m. Monday – Friday and includes full day programs that month.  
 + Kindergarteners (Mon – Fri) 3:00 p.m. – 6:00 p.m. - \$300/month  
 Monthly fees due by the 1<sup>st</sup>.

### #3. .Lucky Day Club

An opportunity for parents to allow their kids to stay beyond 3 p.m. after the Kinder Club program on a flexible, as-need basis. (Day Fee: \$30)  
 + Kindergarteners (Mon – Fri) 3:00 p.m. – 6:00 p.m. \$200 for a 10-Pack

**For additional information please call 818-224-3097 or visit our website: [www.bgcconejo.org](http://www.bgcconejo.org)**

#### MEMBER INFORMATION

(PLEASE PRINT AND USE ONE FORM PER CHILD)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_  MALE  FEMALE

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ OTHER FAMILY MEMBERS WHO HAVE ATTENDED CLUB \_\_\_\_\_

MEMBER LIVES WITH:  MOTHER & FATHER  MOTHER ONLY  FATHER ONLY  GRANDPARENT(S)  OTHER \_\_\_\_\_

#### MOTHER / GUARDIAN CONTACT INFORMATION

CHECK IF THIS IS THE MEMBER'S PRIMARY RESIDENCE

NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_ (TO KEEP YOU UP-TO-DATE, BGC/CLV SENDS IMPORTANT CLUB ACTIVITY INFORMATION.)

#### FATHER / GUARDIAN CONTACT INFORMATION

CHECK IF THIS IS THE MEMBER'S PRIMARY RESIDENCE

NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_ (TO KEEP YOU UP-TO-DATE, BGC/CLV SENDS IMPORTANT CLUB ACTIVITY INFORMATION.)

#### EMERGENCY CONTACTS (The following individuals may pick up your child after school and can be contacted in an emergency.)

# 1 EMERGENCY CONTACT \_\_\_\_\_ Relationship to Child \_\_\_\_\_

BEST CONTACT NUMBER (\_\_\_\_\_) \_\_\_\_\_  HOME  CELL  WORK

# 2 EMERGENCY CONTACT \_\_\_\_\_ Relationship to Child \_\_\_\_\_

BEST CONTACT NUMBER (\_\_\_\_\_) \_\_\_\_\_  HOME  CELL  WORK

# 3 EMERGENCY CONTACT \_\_\_\_\_ Please indicate relationship to child \_\_\_\_\_

BEST CONTACT NUMBER (\_\_\_\_\_) \_\_\_\_\_  HOME  CELL  WORK

OTHERS who are authorized to pick up member \_\_\_\_\_ Relationship to Child \_\_\_\_\_

OTHERS who are authorized to pick up member \_\_\_\_\_ Relationship to Child \_\_\_\_\_

OTHERS who are authorized to pick up member \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**HOW DID YOU BECOME AWARE OF BGC/GCV:**  OTHER MEMBER  PARENT  CHILD'S SCHOOL  MAILING  PARENT/TEACHER ASSOC  
 NEWSPAPER, WHICH ONE? \_\_\_\_\_  OTHER: \_\_\_\_\_

**I WOULD BE INTERESTED IN VOLUNTEERING:**  WORKING WITH CHILDREN  DATA ENTRY  FUNDRAISING EVENTS  ADMINISTRATION  
 PARENT CLUB COUNCIL  PUBLIC RELATIONS  FRONT DESK  SPECIAL EVENTS  SPORTS  OTHER \_\_\_\_\_

**MEDICAL INFORMATION**

(Revised: 1/13)

Name of Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy and Certificate # \_\_\_\_\_  
Medical or Dietary Restrictions (allergies, necessary medications, sports restrictions, etc.) \_\_\_\_\_

Is there anything else you would like to share about your child? \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

Please Initial

- \_\_\_\_\_ In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary
  - \_\_\_\_\_ I expect my child to stay at the Club until picked up:  Yes  No
  - \_\_\_\_\_ I give permission for my child to be transported to and from program areas on field trips and in the case of an emergency.
  - \_\_\_\_\_ I give permission for my child to walk within a one mile radius of the Clubhouse with a staff member for various Club activities.
  - \_\_\_\_\_ I understand the BGC/GCV retains the right to use photographs, slides or video-taped material of my child taken during activities for promotional purposes and waive all rights for compensation.
  - \_\_\_\_\_ I understand the Club is not responsible for my child's personal belongings, and will advise my child to leave valuables at home.
  - \_\_\_\_\_ I give permission for the release and exchange of confidential information from the Las Virgenes Unified School District in order to provide programs and coordinate services for my child. I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
  - \_\_\_\_\_ I agree to defend, indemnify and hold harmless the LVUSD, and its officers, employees and agents against any and all loss, liability charges, expense (including attorney fees) which may arise by reason of participation in any program.
  - \_\_\_\_\_ I understand there will be a late fee of **\$15.00 per member** for each part of a 15-minute increment used after 6:00 p.m. The Police Department will be asked to watch your child if we have not heard from a parent or guardian by 7:00 p.m.
  - \_\_\_\_\_ I understand it is my responsibility to read the **BGC/GCV Club Chaparral PARENT HANDBOOK**, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it. (Parent Handbook can be found at [www.bgcconejo.org](http://www.bgcconejo.org))
- Print Name of Parent/Guardian: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL INFORMATION** (Please note, this information is strictly for statistical and fundraising purposes only.)

**ETHNICITY**

African American  
 Asian  
 Caucasian  
 Hispanic  
 Native American  
 Other \_\_\_\_\_

**ANNUAL HOUSEHOLD INCOME:**

\$10,000 or below       \$40,001 - \$50,000  
 \$10,001 - \$20,000     \$50,001 - \$60,000  
 \$20,001 - \$30,000     \$60,001 +  
 \$30,001 - \$40,000     Decline Information

**HEAD OF HOUSEHOLD:**

Mother     Father  
 Other \_\_\_\_\_

**PUBLIC ASSISTANCE:**

Yes     No

FINANCIAL AID SCHOLARSHIPS ARE AVAILABLE ON A CASE-BY-CASE BASIS.  
Tax ID#: 91-2151731      Not affiliated with the Las Virgenes Unified School District

**How to Register. . . Submit your Application and Payment:**

**1. In person at the Chaparral Kindergarten Registration day    2. Via Fax at 818-337-2210**  
**3. At Club Chaparral, 22601 Liberty Bell Road, Calabasas**  
**Registration opens February 6<sup>th</sup>, 2013 for the 2013-2014 school year.**

✓ **When paying Program Fees, please make Checks payable to: BGC / GCV**    ✓ **VISA and MasterCard are accepted.**

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_  I would like my Credit Card charged automatically for Program Fees.

PLEASE VISIT OUR WEBSITE at [www.bgcconejo.org](http://www.bgcconejo.org) to learn about activities and events at our Clubs  
or if you or someone you know would like to make an on-line donation to the Boys & Girls Clubs of Greater Conejo Valley.

**FOR CLUB USE ONLY**

Club ID Number: \_\_\_\_\_ Entered Into Vision by: \_\_\_\_\_ Date Entered Into Vision: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Payment Option:     YEARLY RATE       INITIAL PAYMENT OF \$200 \_\_\_\_\_ & INSTALLMENTS 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_