



Phone: 330-988-1616
Email: membership@bgcwooster.org
Web: www.bgcwooster.org
Address: 2695 Graustark Path

Office Use Only	Staff Initials: _____
Membership Date	_____
Club I.D. Number	_____
Fee Category (25, 15, 0)	_____
_____ New	_____ Returning

2024-2025 CLUB MEMBERSHIP

All ages will participate in Club at Edgewood Middle School. A shuttle from Melrose & Parkview (only) will be provided.

Completed forms may be scanned to membership@bgcwooster.org OR dropped off at our Club at Edgewood Middle School.
 Allow 2 business days for new forms to be processed. A waitlist will be created when capacity is reached.

CAREGIVER INFORMATION

Primary Parent/Guardian (must live with child)

Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____
 Employer: _____ Work Ph.: _____
 Email: _____

Email is required for billing purposes

Emergency Contact #1

(required, must be different from above)

Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____
 Employer: _____ Work Ph.: _____
 Address (if different): _____
 City: _____ State: _____ Zip: _____

Emergency Contact #2

(required, must be different from above)

Please provide a third, non-parent, Emergency Contact

Name: _____
 Address: _____
 Phone: _____

WHO DOES THE CHILD LIVE WITH?

2 Parent Family Grandparent(s)
 Mom Only Guardian
 Dad Only Other: _____
 1 Parent/1 Step Parent Shared Custody

CHILD INFORMATION:

Child's Name: _____
 Address: _____
 City, State, Zip: _____
 Age: _____ Date of Birth: _____

GENDER Male Female

GRADE _____

SCHOOL _____

RACE

African American
 Asian
 Caucasian
 Hispanic
 Native American
 Multi-racial
 Other _____

ETHNICITY

Hispanic
 Non-Hispanic

FREE/REDUCED LUNCH STATUS

Free Reduced
 Does not qualify

All information requested on our membership application is REQUIRED and is kept strictly confidential.
 Free/reduced lunch status and race/ethnic background information is needed and used for grant funding and reporting purposes.

Please Check YES or NO: I grant the Boys & Girls Club of Wooster permission to:

- YES NO Use photographs of my child for publicity purposes
- YES NO Ask my child to complete surveys that help evaluate the programs
- YES NO Take my child on walking field trips. Separate permission will be required for field trips where a van or bus is used.

SIGN OUT: If a member is signed out after we close (6:00pm), you will be charged an extra fee. See the Family Handbook for details.

OPEN DOOR POLICY: I understand that the Boys and Girls Club of Wooster is an open door facility and open to all members during posted hours of operation. My child will be supervised while at Club. I set the boundaries and consequences if my child leaves the facility without my permission. Once a child is signed out, they will not be allowed to re-enter unless coming back from a pre-approved activity.

All youth 13 years of age or older may sign themselves out at any time.

Initial: _____

PLEASE LIST ANYONE WHO CANNOT SIGN OUT YOUR CHILD:

All ages will participate in Club at Edgewood Middle School.

After School Shuttle to Club provided by Wooster City Schools

Permission is required for ALL Melrose & Parkview students who participate in our after school program. Boys & Girls Club will provide a list of approved bus riders to the Transportation Office.

Please sign page 5 of this packet.

DISCLAIMER/ACKNOWLEDGEMENT OF BEHAVIOR POLICY

Our aim is to provide clear and straightforward guidance on acceptable behavior, emphasize the positive rather than the negative, and give recognition/praise whenever possible. If members conduct themselves in a disorderly fashion and disregard the Club Expectations and/or endanger themselves or their fellow members, they will receive an appropriate consequence. Examples of Minor and Major Infractions can be found in our Family Handbook.

WAIVER OF DISABILITY

In consideration of my child's membership and participation in the activities and program of the Boys & Girls Club of Wooster, I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights and claims or damages against the Club and/or its sponsors for knowledge of the risks involved in said participation a participants when my child is involved in any of the sponsored activities.



I have read and understand BGCW's Behavior Policy & Waiver of Disability

Child's Signature: _____

Adult Initial: _____

Emergency Medical Authorization
(will be kept separately for field trips)

Child's Name: _____

Date of Birth: _____ Grade _____

This form should list all facts concerning the child's medical history including allergies, medications being taken, and any physical impairments of which the Boys & Girls Club of Wooster professional staff and/or emergency medical staff should be aware. This information will be held confidential. This information is being requested so that we may better serve your child.

	Primary Contact	Secondary Contact
Parent/Guardian Name		
Home Phone		
Cell Phone		
Work Phone		
Employer		
	Emergency Contact other than those already listed	
Name & Relationship to Member		Phone Number:

EMERGENCY AUTHORIZATION:

___ I **DO** give permission to Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

___ I **DO NOT** give permission to Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. **Please note: A BGCW staff person will reach out to you if you choose this option.**

Please list any and all allergies, medical conditions or physical limitations of member:

Please list any and all emotional or behavior limitations of member:

Please list any and all medications taken by member (include OTC medications, dose and frequency):

Please tell us anything else we should know about your child:

I, the parent/guardian of the child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Wooster, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Parent/Guardian Signature: _____

Date: _____

Registration and Payment

1 Determine your family's fee category:

2024-2025 Fee Structure
To find your family's fee category:

1. Determine the number of family members residing in your household.
2. Determine the annual Income of the household.
3. Follow the chart to determine your fee category.

For example:

A family of 4 earning \$50,000/year would be Category 2

Household Size (# of residents)	Household Income Category 1 "Free lunches" Maximum Assistance	Household Income Category 2 "Reduced lunches" Partial Assistance	Household Income Category 3 No Assistance
1	\$19,578 or less	\$19,579 — \$27,861	\$27,862 or greater
2	\$26,572 or less	\$26,573 — \$37,814	\$37,815 or greater
3	\$33,566 or less	\$33,567 — \$47,767	\$47,768 or greater
4	\$40,560 or less	\$40,561 — \$57,720	\$57,721 or greater
5	\$47,554 or less	\$47,555 — \$67,673	\$67,674 or greater
6	\$54,548 or less	\$54,549 — \$77,626	\$77,627 or greater
7	\$61,542 or less	\$61,543 — \$87,579	\$87,580 or greater
8	\$68,536 or less	\$68,537 — \$97,532	\$97,533 or greater
Each additional	+\$5,380	+\$5,380	+\$5,380

2 Check the appropriate category below:

PROGRAM FEES		
<input type="checkbox"/>	Category 1	FREE
<input type="checkbox"/>	Category 2	\$15/month
<input type="checkbox"/>	Category 3	\$25/month

3 Please mark with an X the program(s) that your child will be attending:

Before School Program <i>For Edgewood students only</i>	After School Program <i>For grades K-7</i>
<input type="checkbox"/>	<input type="checkbox"/>

4 You will be invoiced for the months listed below. You may pay in advance.

2024: September	October	November	December
2025: January	February	March	April

- Payment is required monthly.
- An invoice will be provided to you via email for Before School participants and at sign out for After School participants.
- If you have questions, concerns, or would like to discuss a payment plan, please contact us at 330-988-1616

5 I understand that monthly payments are required for participation in the program.

Parent/Guardian Signature: _____

Date: _____

BGCW After School Shuttle—*provided by Wooster City Schools*
If your child is an Edgewood Middle School student, please skip this section and move on to the BGCW Family Handbook Acknowledgement.

Permission is required for ALL elementary age youth who participate in our after school program. Boys & Girls Club will provide a list of approved bus riders to the Transportation Office.

My child, _____ (first & last name),

has permission to take the BGCW Shuttle from _____ (Parkview or Melrose)

Elementary to the Boys & Girls Club after school program at Edgewood Middle School.

-Please Sign Below-

BGCW Family Handbook Acknowledgement
2024/2025 School Year

I acknowledge that I have been provided with a copy of the Boys & Girls Club of Wooster (BGCW) Family Handbook, which contains important information on BGCW policies and procedures.

I understand that I am responsible for familiarizing myself with the policies in this handbook and agree to comply with all rules applicable to me and my family.

I understand that BGCW reserves the right to make changes to its policies or procedures at any time at its discretion.

I further understand that BGCW reserves the right to interpret its policies or to vary its procedures as it deems necessary or appropriate.

I have read or will read and agree to abide by the policies and procedures contained in the handbook.

Authorized Adult Name (printed): _____

Authorized Adult Name (signed): _____

Child's Name (first & last): _____

Date: _____

