



1401 E Smith St. Warsaw, IN 46580
 Phone: 574-267-8771
 Fax: 574-306-2277

2019-2020 After School Program

Date Rec'd	Credit/Debit	<input type="checkbox"/>
<input type="text"/>	Cash	<input type="checkbox"/>
Employee Initials	Check #	<input type="checkbox"/>
<input type="text"/>		

Contact

Child's First Name	M.I.	Child's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	City:	State: Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parents / Guardians:	Home Phone:	Cell Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact (outside of the household):	Home Phone:	Cell Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL

Demographic

<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthday <input type="text"/> Age <input type="text"/>	Grade <input type="text"/>	Ethnicity: Please Circle One African American Caucasian Hispanic Asian Arab Russian Multi-Racial Other _____
What School does the Child Attend? <input type="text"/>	Primary Adult(s) Member Lives With: (Please Circle One) Mother Only 1 Parent/1 Step 2 Parents Father Only Grandparents Foster Care	Total In Household <input type="text"/>	
Member Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years? <input type="text"/>		

Parent/ Guardian Info

Father/ Guardian's Name	Father/Guardian's Employer	Work Phone & Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother/ Guardian's Name	Mother/Guardian's Employer	Work Phone & Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Income in the Household
Please Circle One**

Below \$21,775
 \$21,775-\$29,471
 \$29,472-\$37,167
 \$37,168-\$44,863
 \$44,864-\$52,559
 \$52,560-\$60,255
 \$60,256-\$67,951
 \$67,952-\$75,647
 Above \$75,647

Confidential: The Following information **IS** necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Medical Issues/Allergies/Food Allergies

Any behavioral issues BYC needs to be aware of

Transportation

Please Circle One...

Pick Up

Walk /Bike

Please List Person(s) Allowed to Pick up Child...

By submitting application, I give consent to Baker Youth (BYC) to:

- Transport my child to activity/field trips.
- Obtain my child's academic report from his/her school, including grades, attendance, discipline reports, standardized state test and reading grade levels, and share with BYC (confidentially) for research purposes to improve program effectiveness.
- Seek emergency medical treatment for my minor child if I cannot be reached.
- Baker Youth Club and to Kosciusko County Schools and/or Warsaw Community Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the students be successful in school, in the Baker Youth Club and in life. This release is valid for one year and may be revoked at any time by contacting Warsaw Community Schools or the Baker Youth Club in writing.
- Complete club surveys, questionnaires, interviews and focus groups with members (all confidentially) to help assess and improve program effectiveness.
- Have my child participate in age appropriate programs designed to help youth practice positive personal decision making and avoid anti-social behavior.
- Use photograph/videos in which my child or I may appear for BYC publicity, press releases, news stories, reports, and other such purposes.
- Insure my child(ren) follow dress code and policies.
- Encourage child(ren) to keep all cell phones, electronic games, trading cards, collection or other valuables at home. Lost, stolen, or damaged items are not the responsibility of the club.
- Accept responsibility for any damages created by inappropriate behaviors by my child including internet usage. Precautions are taken to block inappropriate sites on the internet, but it is possible your child my access sites. The club has consequences for such behavior; however, we will not be responsible for the consequences of such access.

In addition to the above, I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Baker Youth Club, their representatives, successors, insurers, assigns or any other person or entirely 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, damaged, injury or death and any claim of damages resulting from use of facilities owned or controlled by the organizations, or participation in activities of said organizations either at or away from the Baker Youth Club.

I represent and warrant that my child(ren) have not been convicted of, or pled guilty to, any crime whatsoever. Further, I represent and warrant that my child is not subject to any restrictions regarding interactions or contact with any particular person(s) or group of people. To the extent that this changes during my child(ren)'s membership at Baker Youth Club, I agree to immediately notify the Baker Youth Club.

Finally, I understand and acknowledge that Baker Youth Club reserves the right to revoke my child's membership for any reason deemed appropriate by Baker Youth Club at any time.

Parent/ Guardian Signature

Date