



# 2025-2026

## MEMBERSHIP APPLICATION

### MEMBER (child) INFORMATION:

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
PO Box / City (if applicable): \_\_\_\_\_  
Number of people in household: \_\_\_\_\_  
Number of people in household under 18: \_\_\_\_\_  
Child lives with: Mother Father  
Step-Mother Step-Father Please Circle  
Other: \_\_\_\_\_  
Head of household Name: \_\_\_\_\_  
Single Parent: Yes No

### PARENT / GUARDIAN 1:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Military Branch/Status: \_\_\_\_\_  
Email: \_\_\_\_\_  
1<sup>st</sup> Telephone: \_\_\_\_\_  
2<sup>nd</sup> Telephone: \_\_\_\_\_

### EMERGENCY CONTACTS & ADDITIONAL NAMES TO PICK-UP CHILD:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please check all boxes that apply:

☐ Returning BGC Member ☐ New BGC Member

**Selected pick up time must be adhered to.  
CHOOSE YOUR PICK UP TIMES**

#### REGULAR DAY REQUESTED PICK UP TIME

4:00 – 4:15 5:00 – 5:15 5:50 – 6:05

#### MINIMUM DAY REQUESTED PICK UP TIME

3:00 – 3:15 4:00 – 4:15 5:00 – 5:15 5:50 – 6:05

**MUST complete ALL sections on ALL 5 pages**

Gender: M F

African American Asian Caucasian  
Ethnicity: Hispanic Native American Multi-Racial  
Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (25/26 school year): \_\_\_\_\_ School: \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Does child receive Free/Reduced Lunch? Y N

### PARENT / GUARDIAN 2:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Military Branch/Status: \_\_\_\_\_  
Email: \_\_\_\_\_  
1<sup>st</sup> Telephone: \_\_\_\_\_  
2<sup>nd</sup> Telephone: \_\_\_\_\_

**Must be at least  
18 years old**

RETURN  
TO:

(951) 922-3259 fax: (951) 922-0009

[dunlap@bgcsgp.org](mailto:dunlap@bgcsgp.org) (pdf scan only, pics/jpegs not accepted)

Mailing address: PO Box 655, Beaumont, CA 92223

Drop off / Physical address: 240 West Ramsey St., Banning

Master/email/name List \_\_\_\_\_

E \_\_\_\_\_ A \_\_\_\_\_ P \_\_\_\_\_

**HEALTH / MEDICAL INFORMATION (please write "none" if child has none):**

Any special needs / Health issues: \_\_\_\_\_

List any food allergy: \_\_\_\_\_

List any medication to be taken at Club: \_\_\_\_\_

If yes.... Please complete a BGC SGP Medication Form

**PARENT / GUARDIAN CONSENT**

**MEDICAL RELEASE** This health history is correct so far as I know and the person herein described has permission to engage in all prescribed Club activities except as noted by their examining physician and me. In an emergency situation, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named on this application. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**HOLD HARMLESS CLAUSE** I further agree that the Boys & Girls Clubs of the San Geronio Pass, it's Board of Directors, officers, staff and volunteers are hereby relieved of any and all liability, including but not limited to: medical treatment, emergency transport or on-site assistance, in the event of accident or injury to the said minor.

**PUBLICITY RELEASE** I hereby consent to authorize the reproduction, publication and use the Boys & Girls Clubs of the San Geronio Pass and Boys & Girls Clubs of America, and their successors and assigns, for advertising, commercial, or any other purposes of any photograph picture or likeness of my child.

**EXCHANGE OF CONFIDENTIAL INFORMATION** I give permission for the release and exchange of confidential information from the following sources (Banning Unified School District, Beaumont Unified School District, and Yucaipa-Calimesa Joint Unified School District) in order to provide programs and coordinate services for my child. This information is for the express use of the Boys & Girls Clubs of the San Geronio Pass and will not be shared with any other organizations or businesses.

**DATA COLLECTION & SHARING** I give my permission to the Boys & Girls Clubs of the San Geronio Pass to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I understand that the Boys & Girls Clubs of the San Geronio Pass may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Clubs of the San Geronio Pass, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

**CONSENT** I have read and understand the above and hereby give my permission for my child to become a member of the Boys & Girls Clubs and to have my permission to participate in all the activities/programs offered by the Boys & Girls Clubs. I understand that my child must have good behavior and the Boys & Girls Club is a private organization and membership is a privilege and may be revoked at anytime. Additionally, I understand that the Boys & Girls Clubs is not responsible for the time or manner in which my child may arrive at or leave the Clubhouse, and that the Boys & Girls Club and its property are not responsible for personal injury or loss of property.

**HANDBOOK** I have received and reviewed the Handbook for Members & Parents.

Parent / Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact us at:****(951) 922-3259 fax: (951) 922-0009****[www.bqcsqpass.com](http://www.bqcsqpass.com)****[admin@bqcsqpass.com](mailto:admin@bqcsqpass.com)****Mailing address: PO Box 655, Beaumont, CA 92223****Physical address: 240 West Ramsey Street, Banning**

## PROGRAM POLICIES AGREEMENT

### 1. Logging Out:

- Members must be picked up by authorized adults who are eighteen (18) years or older.
- They must sign the child(ren) out of the program with proper identification.
- If there are any parents or individuals who, via court order, are not allowed to pick up a child, the BGCSGP must have a copy of the order.

INITIALS

### 2. Late Pick-Up: BGCSGP program ends at 6:00 pm.

- Parents are responsible for having their child picked up on time. A \$1.00 per minute late fee, per child will be charged to the account of the late party after 6:00 pm.
- Payments for late pick-ups must be submitted by the next business day.
- Children not picked up by 7:00 pm are considered abandoned; proper authorities will be called.

INITIALS

### 3. IEP/504 Plan:

- BGCSGP must be notified if at any time during the school year it is determined that your child needs an IEP/504 Plan, or develops a health need requiring special attention by staff – see Member Handbook. Parents of children with an IEP/504 Plan need to submit a copy of their child's plan at time of registration.

INITIALS

### 4. Parent Concerns/Issues: For the safety of all children:

- Adults are expected to address any concerns or issues to BGCSGP Site Manager in a calm and courteous manner.
- Issues or concerns regarding another child in the program must be addressed to the BGCSGP Site Manager; enrollment may be discontinued for a child(ren) whose parent/guardian approaches other members regarding their actions and/or behavior.

INITIALS

### 5. The Site Manager reserves the right to discontinue enrollment if it becomes necessary.

INITIALS

### 6. Documents Received and Reviewed

I received and reviewed the following documents: Program Policies Agreement, Member Application, Tuition Rate Letter, Member Handbook

INITIALS

### 7. Attendance of 80% is required to remain enrolled in the program.

The program your child is enrolled in is an ASES (After School Education and Safety, Prop 49) funded program. This grant allows members to be waived of weekly expenses often seen in other programs. To comply with this grant as stated in the Early Release Policy that was signed alongside membership applications) it is a requirement for members to stay for the entirety of the program. Members attendance is evaluated on a regular basis both internally and with the ASES audits. Members who are not meeting requirements will receive verbal/written reminders of this policy. If members do not comply with the time requirements, they may be removed from the program. Members who have absences due to illness, extra-curricular activities or other approved circumstances will need to bring a documentation.

INITIALS

Please identify any relevant information regarding your child that would be helpful to the BGCSGP staff:

---



---

I understand my responsibilities as a parent choosing to enroll in the Boys & Girls Clubs of the San Gorgonio Pass After School Program. I understand any violation of the above policies may result in discontinuing my child's enrollment in BGCSGP. I have read and agree to abide by the Boys & Girls Clubs of the San Gorgonio Pass After School Program Policies Agreement, Tuition Rate Letter and Member Handbook. Please print a copy for your records.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

## **Early Release Policy**

The key to success of the Extended Learning Program is your child's attendance and participation. Therefore, you and your child need to make every attempt to ensure they attend the program, Monday through Friday until pick-up for a total of 80% attendance. The attendance requirements for the tuition assistance program are determined by the State of California. The following are acceptable reasons for early release:

**Participating in extracurricular activity:** Programs within the school or community such as sports, cheerleading, tutoring, dance, scouting, etc. as long as an agreement or partnership with the program exists thus making this parallel program the child's enrichment program.

### **Family Emergencies**

**Medical Appointments:** From time to time it is expected that students will have routine appointments (doctor, dentist, etc.) that cannot be made during another time of the day. A parent or their designee will be able to pick their student up early from the program to attend those appointments. Please notify the program staff as to the reason the student is leaving early.

**Child Accidents:** Accidents that occur during the school day or during the Extended Learning Program that require the child to go home or seek medical attention.

**Other Needs:** As other needs arise in the students' lives that will require them to leave the program early please notify the program staff in writing. This request needs to include the following information:

- Student's name
- Parent's name
- Date or range of dates which are to be considered for early release
- Reason for making the request

The program site manager will review the request and discuss it with the Extended Learning Program Manager. If it is determined that the request reflects the best interest of the child, the request will be granted.

When signing your child out early from the program, please ensure you document an acceptable reason for early release.

Any other absences or instances of leaving before 6:10 pm may be reasons for termination from the program. After three such absences or early departures, your child may be removed from the program. The Extended Learning Program maintains a waiting list and has many children who need a regular Extended Learning Program. If a child is exhibiting sporadic attendance, their spot may be given to a child on the waiting list.

We appreciate your cooperation with these requirements and look forward to providing academic enrichment to your child this school year.

Please sign below as acknowledgement that you have received this policy and have read and understand it.

---

Parent Signature

Date

## Parent/Member Participation Contract

### **MEMBER AGREEMENT:**

I, \_\_\_\_\_ agree to participate in the Boys & Girls Club of the San Gorgonio Pass Extended Learning Program. I agree to:

- Attend daily and stay until their designated pick up time.
- Complete my homework
- Attend all tutoring sessions
- Respect others and my environment
- Be dedicated to improving my education
- Actively participate in physical activities
- Follow all school and clubhouse rules (see attached for guidelines and disciplinary actions)
- Clean up workspace

Member Signature

Date

---

### **PARENT AGREEMENT:**

As the parent/guardian of the member listed above, I \_\_\_\_\_ authorize my child to participate in the Extended Learning Program provided by the Banning Unified School District and powered by the Boys & Girls Clubs of the San Gorgonio Pass Extended Learning Program and will reinforce the rules and expectations defined above. I agree to:

- Do everything in my power to support the learning goals of the program
- Ensure and support my child's daily attendance and completion of the program
- Authorize the teacher's cooperation and release my child's grades from the school district for the purpose of tracking my child's progress
- Will pick up child by 6:10pm. I understand that I will be charged \$1 per minute, per child for every minute late after 6:10pm.

---

Parent Signature

Date