

Bressi Clubhouse Afterschool/Camp Program Registration



Child's Name: _____
 School and Grade: _____

Afterschool Program (ASP)*:

Please select one (mark "x"):

ASP with transportation \$250 monthly:

☐

ASP without transportation: \$90 monthly

☐

Add Snack fee, \$10 monthly:

☐

Charge Date

Payment Charged on the 1st of every month after initial sign up.

Cancellations must be made 6 business days before next billing cycle.

☐

Membership fee \$50 (good for one calendar year)

Available Camps*. Please indicate if you would like to sign up by marking an "x"

	Just Camp	With FT	Charge Date
SMUSD PT Conf. Elementary Camp Oct 6th \$28:	<input type="checkbox"/>		9/29/2025
Thanksgiving Camp Novemer 24th-26th: \$84 without trips, \$174 with field trips	<input type="checkbox"/>	<input type="checkbox"/>	11/17/2025
Winter Camp Week 1 December 22nd-23rd, 26th: \$84 without trips, \$174 with field trips	<input type="checkbox"/>	<input type="checkbox"/>	12/15/2025
Winter Camp Week 2 Dec 29th-30th, Jan 2nd: \$84 without trips, \$174 with field trips	<input type="checkbox"/>	<input type="checkbox"/>	12/18/2025
SMUSD Winter Camp Week 3 Jan 5th-9th: \$140 without trips, \$230 with field trips	<input type="checkbox"/>	<input type="checkbox"/>	12/23/2025
CUSD Semester Break January 16th \$28:	<input type="checkbox"/>		1/9/2026
President's Day Camp February 13th \$28:	<input type="checkbox"/>		2/6/2026
SMUSD Spring Break March 30th-April 3rd: \$140 without trips, \$230 with field trips	<input type="checkbox"/>	<input type="checkbox"/>	3/23/2026
CUSD Spring Break April 6th-10th \$140 without trips, \$230 with field trips	<input type="checkbox"/>	<input type="checkbox"/>	3/30/2026

Financial Aid available. Financial Aid prices vary

Late Nights

Late Nights: Afterhour events from 6-9pm that include activities, dinner and fun!

additional Late Nights available at our Village location listed below (3115 Roosevelt Street)

Mark an x in each event you would like *\$30 per late night for early registration, charged 1st of respective month

Bressi *	Event Date	Village *	Event Date
<input type="checkbox"/>	11/14/2025	<input type="checkbox"/>	10/24/2025
<input type="checkbox"/>	3/13/2026	<input type="checkbox"/>	12/12/2025
		<input type="checkbox"/>	2/27/2026

Membership Registration Packet

Member General Information

* indicates required field

* Child's First Name		*Child's Last Name		Middle Initial	*Date of Birth
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
*Age	*Gender		Status (Check One)		*School
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Other/decline to state		<input type="checkbox"/> New Member <input type="checkbox"/> Returning		<input type="text"/>
<input type="checkbox"/> Female				*Grade	<input type="text"/>
*Street #	*Street Name				Apt. # or Unit #
<input type="text"/>	<input type="text"/>				<input type="text"/>
*City	*State	*Zip	*Total # of People living in household		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*Child's Ethnicity					
Black or African-American		Asian		Multi-Racial	
Hispanic/Latino		Caucasian		American Indian or Alaska Native	
				Native Hawaiian or Pacific Islander	
				Other: _____	

Member Medical Information

My child is currently: On an IEP/Special Ed Classification: On a 504-Plan:

*Medical Conditions, Allergies, Special Needs (Include information that may assist staff in supporting your child's activities. If none, please write "none")

All Medications (if any need to be administered during program hours, please fill out an Authorization for Administration of Medication form)

*Medical Insurance Company	*Name of Policy Holder	Policy Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact and Household Information

***Household Type (Circle One)**

Both Parents	Father Only	Father/Stepparent	Guardian	Aunt/Uncle
Grandparent	Mother Only	Mother/Stepparent	Foster Parent	Split/Joint Custody

☐ No ☐ Yes Are one or both parents/guardians currently active in the military?

☐ No ☐ Yes If yes, does your child live on military base?

*Annual Household Income: ☐ 0 - \$19,800 ☐ \$19,801 - \$33,000 ☐ \$33,001 - \$52,750

☐ \$52,751 - \$71,950 ☐ \$71,951 - \$91,150 ☐ \$91,151 - Over

Does your child qualify for free or reduced-price lunches at school? ☐ Yes ☐ No

*PRIMARY CONTACT Parent/Guardian's First Name & Last Name		Relationship to Member	
<input type="text"/>		<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother
<input type="text"/>		<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Check this box if address is the same as child's address.		<input type="checkbox"/> Guardian	Other: <input type="text"/>
Street #	Street Name	Apt. # or Unit #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	*Mobile Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Email Address	Email is our primary form of communication. Please write legibly.		
<input type="text"/>		Home Phone Number	
<input type="text"/>		<input type="text"/>	
*Parent/Guardian's Employer		Parent/Guardian's Work Phone	
<input type="text"/>		<input type="text"/>	

Parent/Guardian's First Name <input style="width: 100%;" type="text"/>		Parent/Guardian's Last Name <input style="width: 100%;" type="text"/>		Relationship to Member <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian Other: <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> Check this box if address is the same as child's address.					
Street # <input style="width: 100%;" type="text"/>		Street Name <input style="width: 100%;" type="text"/>		Apt. # or Unit # <input style="width: 100%;" type="text"/>	
City <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text"/>		Zip <input style="width: 100%;" type="text"/>	
Email Address* <small>*Email is our primary form of communication. Please write legibly.</small> <input style="width: 100%;" type="text"/>				Mobile Phone Number <input style="width: 100%;" type="text"/>	
Parent/Guardian's Employer <input style="width: 100%;" type="text"/>				Home Phone Number <input style="width: 100%;" type="text"/>	
				Parent/Guardian's Work Phone <input style="width: 100%;" type="text"/>	

<u>Additional</u> persons authorized to pick up child (do not include parents/guardians listed above)		
*Emergency Contact #1 : (other than parent) <input style="width: 100%;" type="text"/>	*Relationship to member: <input style="width: 100%;" type="text"/>	*Emergency Phone # : <input style="width: 100%;" type="text"/>
*Emergency Contact #2 : (other than parent) <input style="width: 100%;" type="text"/>	*Relationship to member: <input style="width: 100%;" type="text"/>	*Emergency Phone # : <input style="width: 100%;" type="text"/>
Name of Person: <input style="width: 100%;" type="text"/>	Relationship to member: <input style="width: 100%;" type="text"/>	Contact Phone: <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

How Did You Hear About Us?				
From a Friend: <input style="width: 40px;" type="text"/>	BGC Website: <input style="width: 40px;" type="text"/>	School: <input style="width: 40px;" type="text"/>	Other: <input style="width: 40px;" type="text"/>	

I HAVE PROVIDED ALL INFORMATION REQUESTED IN THE ABOVE SECTIONS TO THE BEST OF MY KNOWLEDGE AND ABILITY. I HAVE READ THE ABOVE AND UNDERSTAND ITS PROVISIONS.	<table style="width: 100%;"> <tr> <td style="width: 50%;">Parent/Guardian Name (Print)</td> <td style="width: 50%;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Parent/Guardian Signature</td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	Parent/Guardian Name (Print)	<input style="width: 100%;" type="text"/>	Parent/Guardian Signature	<input style="width: 100%;" type="text"/>
Parent/Guardian Name (Print)	<input style="width: 100%;" type="text"/>				
Parent/Guardian Signature	<input style="width: 100%;" type="text"/>				
	Date <input style="width: 100%;" type="text"/>				

Permission & Liability Release

I hereby give my son/daughter permission to participate in all activities associated with the Boys & Girls Clubs of Carlsbad. I understand that the Boys & Girls Clubs of Carlsbad, its directors, officers, employees, volunteers, agents, assigns and representatives are not responsible for any personal injury to my child or loss of property. I also understand that all programs offered by the Boys & Girls Clubs of Carlsbad are "drop-in" in nature and that the Boys & Girls Clubs of Carlsbad is not a licensed child care provider as defined in any city, county, state, or federal code. Accordingly, I fully understand that my child has the right to come and go from the facilities of the Boys & Girls Clubs of Carlsbad and personnel, volunteers, agents and representatives of the Boys & Girls Clubs of Carlsbad cannot prevent my child from leaving any facilities of the Boys & Girls Clubs of Carlsbad at any time.

I hereby give permission for employees, personnel, volunteers, representatives, and agents of the Boys & Girls Clubs of Carlsbad to administer first aid and to arrange for the transportation and treatment of my child by paramedics, ambulance team or licensed physicians. I also release the Boys & Girls Clubs of Carlsbad, its directors, officers, employees, volunteers, agents, assigns and representatives from any and all kinds of claims, costs, expense, actions, causes of action and liability of any kind or nature whatsoever that may arise, whether now or in the future against the Boys & Girls Clubs of Carlsbad, its directors, officers, employees, volunteers, agents, assigns or representatives. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but it is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his or hers best judgment may deem advisable. This authorization is given pursuant to the provision of CA FAM § 6910. Parent acknowledges that they have their own medical insurance which covers the minor(s) and release the Boys & Girls Clubs of Carlsbad from any and all liability for medical bills. I hereby waive all claims, which I might have against Boys & Girls Clubs of Carlsbad, their agents, and employees for injury, accident, illness, or death occurring during or by reason of the following BOYS & GIRLS CLUBS OF CARLSBAD EVENTS FROM THE DATE SIGNED THROUGH 08/31/2026.

I hereby consent to the reproduction and use of photographs/video footage of my child for advertising, educational and/or publicity in any and all publications, websites and publicity materials, without limitations or reservation as deemed appropriate by the organization. I also consent to any testimony or text written about my child that may accompany said photographs or stand-alone in any and all publications, advertisements and publicity materials, without limitation or reservation as deemed appropriate by the organization.

Parent/Guardian Permission and Responsibility

I, being the legal parent/guardian of the aforesaid minor child, expressly give my permission for aforesaid minor child to participate in events, activities, or trips, including all transport involved during date range listed above. I understand that in the event that my child behaves in a manner deemed unacceptable by the adult leader, I will immediately pick up my child at my own expense, or make arrangements for immediate pick-up of my child at my own expense.

General Liability Release for Trips

The Boys & Girls Clubs of Carlsbad is a nonprofit organization located in Carlsbad, CA. Any minors who accompany the Boys & Girls Clubs of Carlsbad on any trip or off-site event do so only with full and expressed permission of minor's legal parent/guardian. This may include, but is not limited to, transporting the minor traveler from school or Boys & Girls Clubs of Carlsbad facilities to programs sponsored by the Boys & Girls Clubs of Carlsbad to any off-site field trip or any walking groups. In consideration of the services extended by the Boys & Girls Clubs of Carlsbad, the parent/guardian or the minor traveler fully and finally releases and discharges against the Boys & Girls Clubs of Carlsbad, its directors, officers, employees, volunteers, agents, assigns and representatives, all actions, claims and demands whatsoever that the parent/guardian of the minor traveler may have or which may hereafter accrue in favor of any of the parent or guardian of the minor traveler (including but not limited to all injuries to the person or property of the minor traveler) however arising out of any matters, incidents, acts, equipment and/or circumstances, which they or any of them might otherwise now or hereafter sustain, upon any theory of liability whatsoever or howsoever claimed unless such liability arises as the result of the intentional or willful misconduct of the Boys & Girls Clubs of Carlsbad or their directors, officers, employees, volunteers, agents, assigns and representatives. The parent/guardian of the minor traveler agrees to save and hold harmless and to fully and completely indemnify the Boys & Girls Clubs of Carlsbad, its directors, officers, employees, volunteers, agents, assigns and representatives against any and all claims, suits and/or judgments related to any of the matters as to which they or any of them are herein above released. This release and indemnity agreement shall apply to all known, unknown and/or unanticipated injuries and damages resulting from or during the minor traveler's participation on the trip from any cause whatsoever, as aforesaid, and parent/guardian of the minor traveler individually and on behalf of all of his/hers aforesaid representatives, heirs, devisees, legatees and dependents expressly waives the provisions of section 1542 of the Civil Code of the State of California and any similar provisions of the laws of any other jurisdiction, which said code section reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."


I HAVE READ THE ABOVE AND UNDERSTAND ITS PROVISIONS.	Parent/Guardian		Date
	Name (Print)		
	Parent/Guardian		
	Signature		

Policy & Procedure Agreement

The policies outlined in the Parent Handbook are designed to enhance the safety of your children and the structure of our programs. Please carefully read the Parent Handbook, then fill out the information below. **We strongly recommend you keep a copy of the Parent Handbook for future reference.**

I have read, understand and agree to the Clubhouse Policies and Procedures. I understand the clubhouse programs are a service provided as a convenience for members and parents/ guardians, and continued service is dependent on adherence to clubhouse policies. I understand that the below signature verifies agreement to the Boys and Girls Clubs of Carlsbad policies by all parents/guardians of, and all persons paying for, a member attending programs.

(Please initial on each line to verify you have thoroughly read the corresponding section in the Parent Handbook)

_____ Registration Policies	_____ Absence, Delivery, Pickup	_____ Payment Policies	_____ Guidelines
_____ Clubhouse Policies	_____ Behavior Policies	_____ Teen/Preteen Policies	
_____ Safety & Health Policies	_____ Field Trip Policies	_____ Financial Assistance	

I HAVE PROVIDED ALL INFORMATION REQUESTED IN THE ABOVE SECTIONS TO THE BEST OF MY KNOWLEDGE AND ABILITY. I HAVE READ THE ABOVE AND UNDERSTAND ITS PROVISIONS.	Parent/Guardian		Date
	Name (Print)		
	Parent/Guardian		
	Signature		

Do not sign these forms if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

Clubhouse Use

- ☐ Blue
☐ Green
☐ None



Member's Last Name

Member's First Name(s)

Automatic Payment Form

Thank you for enrolling your child in the Boys & Girls Clubs of Carlsbad.

Please fill out the following information in order to begin automatic payment for fees associated with your child's participation. All fees will be drafted weekly for our Summer Programs and monthly for our Afterschool Programs unless otherwise specified.

It is your responsibility to inform the Front Desk Attendant of any updates to the below information (i.e. new credit card, address change, etc.).

PLEASE COMPLETE THE FOLLOWING:

Cardholder Name (Please Print): _____ Signature: _____

Card#: _____ Exp Date: _____

(Please Print)

Parent Name(s): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

THANK YOU FOR YOUR BUSINESS!

**Questions regarding payments?
Village Clubhouse: 760-729-0956
Bressi Clubhouse: 760-683-5106**

For Admin Use Only

PAYMENT FOR:

☐ Transportation: \$ _____ ☐ Monthly Dues: \$ _____ ☐ Snack: \$ _____ Staff Initials _____ Date: _____ Time: _____

SUBMITTED TO: _____