

Membership #: _____ Group: _____ Enrollment Fee/Receipt #: _____

2026 Member Application

Please complete this form and return, if additional information is needed, please call 936.649.4443

ONE-TIME Annual Registration: \$45.00 per child, grades K-12th

MONTHLY ACTIVITY FEES: \$45 per child/per month; Activity fees are for programming purposes **ONLY**.

Monthly activity fees are due on the 1st of every month; Payments accepted—PayPal, CASH, MONEY ORDER OR CHECK.

Child's Information	
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age:
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____	
Address:	
School:	Grade:
Student ID#:	
Birthdate:	Social Security#:
Mother/Guardian:	Work #:
Email Address:	
Father/Guardian:	Work #:
Email Address:	
Special Needs (allergies, illness, injuries, etc)	Please check ALL special needs/disabilities that may impact your child while attending the Club. Special needs/disabilities can include but are not limited to the listed common needs/disabilities below. Also list any additional/detailed information that may be needed to help your child.

<input type="checkbox"/> My child has NO special needs/disabilities. <u>My child has the following:</u> <input type="checkbox"/> ADHD <input type="checkbox"/> Allergies (meds, food, bugs, etc.) <hr/> <input type="checkbox"/> Anxiety <input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Court Orders (Briefly list details in Other/Details Section) <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hearing/Vision Loss <input type="checkbox"/> Intellectual Disabilities <input type="checkbox"/> Language & Speech Disorders	<input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Migraines <input type="checkbox"/> Non-verbal <input type="checkbox"/> Recent Injuries <input type="checkbox"/> Require one-on-one/quiet time <input type="checkbox"/> Taking medication(s) <input type="checkbox"/> Utilizes calming devices/routine <input type="checkbox"/> Other/Details: _____ <hr/> <hr/> <hr/> <hr/> <hr/>
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Emergency Contacts & Security Code		
Security Code: To add an emergency contact not listed below, you will give the code YOU indicate in the box. This is an emergency code. Please only share with those authorized to pick up.		
Name	Contact #	Relation to Child

Membership #: _____		Group: _____		Enrollment Fee/Receipt #: _____	
Siblings & Grade/School					
Name: _____		Name: _____		Name: _____	
School/Grade: _____		School/Grade: _____		School/Grade: _____	
Authorizations					
Parent/Guardian Initial for Consent: _____		If I, parent/guardian, or any other emergency contact person(s) can NOT be reached for an emergency medical situation, I authorize the BGCWC staff persons in charge to take my child to the nearest hospital to be seen by emergency room physician/personnel on duty or to be transported by ambulance (if needed). Parent/Guardian will be responsible for medical expenses.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand and agree that the BGCWC cannot and will not administer prescriptions or over-the-counter medications of any kind to my child. I will speak with BGCWC senior staff for any medications my child may need while on premises.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand and agree that the BGCWC does not provide medical insurance for my child.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand and agree that the BGCWC is not responsible or legally liable for any personal property losses/damage.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand and agree that the BGCWC Club is NOT regulated as a licensed daycare by the State of Texas.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child has permission to participate in the computer program which uses educational internet programs.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission to BGCWC to photograph my child during programming for the sole purpose of marketing/fundraising BGCWC.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I acknowledge receipt of the operational policies including discipline and guidance procedures.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed the HISD Transportation Form and returned it to my child's school.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to submit my child's student ID number, copies of report cards, age verification and standardized test results for the purpose of recording club stats, designing tutoring opportunities and all educational pursuits or allow BGCWC to retrieve said information from my child's school.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for the Club to administer occasional anonymous surveys to my child for purposes of better understanding the needs of my child and the impact of the Club on my child.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand and agree that the Club does not refund fees. Supplies and programming materials are pre-ordered and reserved for your child's attendance at the Club.				
Anticipated Start Date: _____		TDCJ Employee: _____		Check one YES NO	
Military Family: _____		Check one YES NO		Free or Reduce Lunch: _____	
				Check one YES NO	
Parent/Guardian Signature					
Signature: _____				Date: _____	
OFFICE USE ONLY:					
Date Received: _____		Database Entered: _____		Entered By: _____	

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Respect others. Respect yourself. Respect your Boys & Girls Club and what it represents.