



2018-19 MUTUAL Girls Club -- After-School Membership Registration

NEW 2018-19 fees: \$250 per semester

Request for Financial Aid through receptionist

1st payment from fee schedule must be paid to be enrolled and hold place.

Girl's Name _____ Birthdate ____/____/____ Age _____ Grade _____

Address _____ City _____ Zip _____ School _____

Is your child shorter than 4' 9"? Booster seat is provided by MUTUAL (Please circle) Yes No

How did you hear about our program? _____

Have you been enrolled in MUTUAL's _____ after-school or _____ summer program?

Please Print Names: (IN HOME)

Mother/Guardian _____ Cell _____ Work _____

Address _____ Email _____

Father/Guardian _____ Cell _____ Work _____

Address _____ Email _____

Emergency Contact Person (s): If I can't be reached, I want one of the following notified, if possible, in case of serious accident or illness. These people are authorized to act for me, including picking up my child from MGC.

Name: _____ Phone: _____ Relationship to Child: _____

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Name: _____ Phone: _____ Relationship to Child: _____

Only persons authorized by this form may pick up your child. Please keep this list of authorized people current.

RESTRAINING ORDER OR OTHER LEGAL RESTRICTIONS: The following person (s) may not pick up my child:

Please include a copy of the restraining order with the application: _____

Remind Text/Email

Date Subscribed _____

To provide weather-related emergencies or other reminders and/or information through text or email.

Subscribe for text: Send a text message to **81010 or 918.901.9941** with the message **@6f93f4**

When prompted for name, please include Parent's AND Child's name

Subscribe for email: Send an email to **6f93f4@mail.remind101.com**

First Day of Club: Monday, August 20, 2018

Last Day of Club: Friday, May 17, 2019

We follow Bartlesville Public School's schedule for holidays, weather days, etc.

See Calendar in Parent Handbook for full year's calendar (subject to change).

Transportation:

I, parent/guardian of _____, a minor, agree to MUTUAL Girls Club of Bartlesville, Inc. rules. In consideration of my child’s participation at MUTUAL, I hereby release, discharge, and/or otherwise indemnify MUTUAL, their employees and associated personnel against any claim by or on behalf of this girl as a result of her participation in the programs and/or activities at the facility and/or being transported to or from the same. I hereby authorize all transportation necessary for all activities.

Signed: _____ Date: _____
By Parent or Legal Guardian

Circle one choice for each permission below:

- 1. **Yes / No** Girl may leave without an adult signing her out. Please initial _____ ONLY if you wish your child to leave the building alone without being signed out. Some families with a small child in the car choose to call into Club and ask girl to walk out to car without signing out.
- 2. **Yes / No** Photograph Permission to use at Club and/or newspaper, scrapbook, display boards, social media, or other appropriate printed material or videos.
- 3. **Yes / No** Girl may take supervised field trips with MUTUAL staff or other official, authorized driver.

Attendance:

I understand that the afterschool program is from 4:00 p.m. to 5:25 p.m. It is my responsibility to pick-up my girl on time each day. By failing to be on time two times, my girl will be suspended. If, after suspension, tardiness continues, the girl might loose her privilege to attend the program for the rest of the school year. **In the event this occurs, no refunds will be made.** Our program is a faith based after-school program which focuses on teaching the girls character and life skills. We appreciate parents picking-up members after 5:15 p.m., in order for the girl to get the most out of the program.

Signed: _____ Date: _____
By Parent or Legal Guardian

Grant Writing Information

Please fill out this information to help MUTUAL when writing grants. Information is used only as % figure or as a total without names or other information.

Circle Race: African American / Caucasian / Hispanic / Native American / Other _____

Circle Income: Under \$25,000 \$25-35,000 Over \$35,000

Girl lives with (Please circle all that apply) Both Parents Mother or Father Grandparent Other

Emergency Release Form

Girl's name:	D.O.B.
Parent/Guardian:	Relationship:
Address:	
Home phone:	Work phone:
Cell phone:	Email:

EMERGENCY MEDICAL AUTHORIZATION

In the event emergency medical aid or treatment is required due to illness or injury while participating in program functions, outdoor activities or field trips, I authorize MUTUAL Girls Club, it's agents or assigns, to:

Secure and retain medical treatment and transportation if needed, and

Release the girl's records upon request to the authorized individual or agency involved in the medical emergency treatment.

This provision will be invoked only if the person listed below cannot immediately be reached.

Emergency Contact:	Phone number:
Physician's Name:	Phone number:
Preferred Medical Facility:	
Health Insurance Co.	Policy No.
Allergies:	
Medical Conditions:	
Medications:	

Signature	Relationship	Date

NON-CONSENT OPTION (ONLY)

If Parent/Guardian does not consent to the above emergency procedures and wishes alternate action taken, please state so here:

Signature	Relationship	Date

Medication Authorization

For the safety of each program participant, some medication will be held at the office, by the Program Coordinator, and administered by authorized personnel. **We only accept prescribed medication labeled with the girl's name by the pharmacy, and those that are related to Asthma, Diabetes and/or threatening allergic reactions.**

Medication **must be in the original container**, in a zip-lock bag, with the girl's name, accompanied by this form.

I _____ the parent/legal guardian of _____
 give my permission for MUTUAL Girls Club to:

PLEASE WRITE YOUR INITIALS ON THE LEFT SIDE OF THE OVER THE COUNTER MEDICATIONS LISTED THAT YOU AUTHORIZE MUTUAL GIRLS CLUB TO DISPENSE.	
	Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to the participant for headache, fever or minor pain.
	Dispense Benadryl or generic equivalent to participant for allergic reactions.
	Dispense antibiotic ointment (such as Hydrocortisone Cream) for minor injuries.
	Dispense prescription or other over the counter medication designated by and provide by the parent/guardian or family physician.

I understand that MUTUAL Girls Club staff shall not be liable to the student, parent, or guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication while at the program.

Signature	Relationship	Date

MEDICATIONS

Name of medication:	Reason for medication:
Dosage:	Time to administer:
Special indications:	
Side effects to report to parents:	
Side effects requiring immediate medical attention:	