



Team Color:

Enrollment Fee/Receipt #:

Scott Johnson Elementary 2010-2011 Membership Application – (1) one application per child

Dues are \$10.00 per week / per family – Payment due MONTHLY BY THE 5TH of every month.

Date	Renewal	New Member
Please fill in appropriate information:		
Unit Location: Scott Johnson Elementary	Program: Before Only After Only Both (Before & After)	
Child's Information		
Name:	Sex: Male / Female	Age:
Address:		Ethnicity:
City:	State: TX	Zip:
Teacher:	Grade:	Birth Date:
Mother/Guardian:		Work #:
EMAIL ADDRESS:		
Father/Guardian:		Work #:
EMAIL ADDRESS:		
Physician Name:		Phone #:
Special Needs (allergies, illness, injuries, etc)		
Authorized Pick Up Other than Parent/Guardian		
Name	Drivers Licenses #	Contact #
Emergency Contacts		
Name	Contact #	Relation to Child
Siblings & Grade/School		
Name:	Name:	Name:
School/Grade:	School/Grade:	School/Grade:
Additional Authorization Information (circle what applies)		
Yes / No	My child's immunization, vision and hearing screening records are on file at the school (Scott Johnson) and are current. (A copy needed if not on Scott Johnson campus)	
Yes / No	My child has permission to walk to and from school and/or can be released to the care of his/her older sibling.	
Yes / No	My child has permission to participate in the computer program which uses educational internet programs approved by Huntsville Independent School District.	
Yes / No	I give permission to BGCWC to photograph my child during programming for the sole purpose of marketing for BGCWC.	
Yes / No	I give BGCWC permission to collect copies of my child's report card and/or benchmark results to help develop, and assist in tutoring process.	
Yes / No	I acknowledge receipt of the operational policies including discipline and guidance procedures.	
Yes / No	I acknowledge the playground equipment is not regulated by Texas Department of Family and Protective Services.	
HISD Early Release Days...The fee is \$5.00 per family (Circle the days your child will be attending BGC.)		
September 22	November 10	December 8
February 9	March 9	May 4
Signature		
Parent/Guardian		Date
Anticipated Start Date	TDC Employee:	(circle one) YES NO

There are NO refunds on weekly payments. \$35.00 charge for return checks.

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