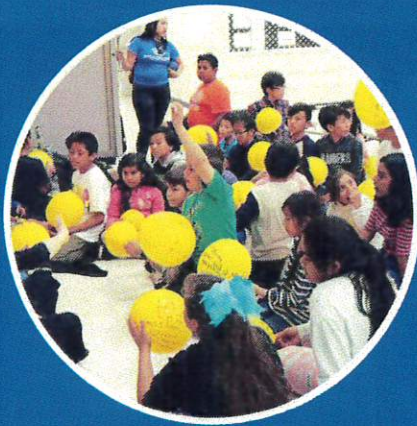


**TLC PUBLIC CHARTER SCHOOL
AFTER SCHOOL PROGRAM
2018-2019 SCHOOL YEAR**

REGISTER TODAY!



5 CORE AREAS
CHARACTER & LEADERSHIP
EDUCATION & CAREER
HEALTH & LIFE SKILLS
THE ARTS
SPORTS, FITNESS & RECREATION

For more information:

Site Supervisor

714-589-9556

TLC@bgcgg.org

HEALTHY FUTURES START **HERE.**



TLC Kids Club
 1130 E. Walnut Ave
 Orange, CA 92867
 TLC@bgcgg.org

APPLICATION FOR REGISTRATION & FEES

1. **Registration:** \$40 annual registration fee for all students to be enrolled in the Boys & Girls Clubs Community Health Services. This is a NON REFUNDABLE FEE. The registration fee covers: materials, insurance, and processing.
2. **Eligibility:** Students who are enrolled in school at TLC Public Charter School.
3. **Program Fees:** Due and payable on the 1st Monday of the month, one month in advance of care. Weekly fees are due on the Monday of the week of care. If a family chooses a daily fee, payment is due by the end of the day when service was provided.
4. Sibling discounts are available. Please ask for more information.

I wish to enroll my child: (Print Name) _____ Grade: _____

Please mark an "X" for the program your child will be attending.

X	PROGRAM	SCHEDULES	FEES
<input type="checkbox"/>	Monthly Fees	At dismissal. – 6:00 p.m.	\$260.00
<input type="checkbox"/>	Weekly Fees	At dismissal. – 6:00 p.m.	\$70.00
<input type="checkbox"/>	Daily Fee	At dismissal – 6:00 p.m.	\$25.00

Parent/Guardian Signature

Date



TLC Kids Club Registration Form and Emergency Information



Caregiver/Parent #1 Information:									
Last Name			First Name				Middle Initial		
Address			Apartment #		City		Zip Code		
E-mail Address			Date of Birth: (mm/dd/yy)			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Home Phone Number ()			Cell Phone Number ()		Work Phone Number ()				
Ethnicity: American Indian Asian Multi Racial Hispanic/Latino Pacific Islander African American Caucasian									
Primary Language: English Spanish Vietnamese Korean Other (Please indicate)									
Household Income : <input type="checkbox"/> \$0-\$24,999 <input type="checkbox"/> \$25,000-\$54,999 <input type="checkbox"/> \$55,000-\$89,999 <input type="checkbox"/> More than \$90,000									
Household Size (circle one): 2 3 4 5 6 7 8 9 10									
Employer: _____									
Whom does the Member live with? Both Parents Single Parent Household Guardian Other: _____									
Are there any restraining orders or court orders we should be aware of? Yes No * Copy of documents required									
I have received and read the Parent Handbook. I understand and will comply with the policies. Yes No									
Caregiver/Parent #2 Information:									
Last Name			First Name				Middle Initial		
Address			Apartment #		City		Zip Code		
E-mail Address									
Home Phone Number ()			Cell Phone Number ()		Work Phone Number ()				
Employer: _____									
Child # 1:									
Last Name			First Name				Middle Initial		
Ethnicity: Native American Asian Multi Racial Caucasian Hispanic/Latino Pacific Islander African American						Health Conditions/Allergies:			
Sex: M F	Date of Birth: (mm/dd/yy)		Age	Grade	School				
My Child has Medical Insurance: Yes No If No, Would you like help obtaining health insurance for your child? Yes No Physician or Health Plan _____ Phone Number () _____									
My child may take walking trips within a one (1) mile radius of the Club when chaperoned.							Yes	No	
My child may have access to the Internet for the current school/summer program.							Yes	No	
Child's Student Identification Number (SIDN) _____									

Child # 2:						
Last Name		First Name			Middle Initial	
Ethnicity: Native American Hispanic/Latino		Asian Pacific Islander	Multi Racial African American	Caucasian	Health Conditions/Allergies:	
Sex: M F	Date of Birth: (mm/dd/yy)	Age	Grade	School		
My Child has Medical Insurance: Yes No		If No, Would you like help obtaining health insurance for your child? Yes No			Physician or Health Plan Phone Number ()	
My child may take walking trips within a one (1) mile radius of the Club when chaperoned.				Yes	No	
My child may have access to the Internet for the current school/summer program.				Yes	No	
Child's Student Identification Number (SIDN) _____						
Emergency Contacts						
Last Name		First Name		Relationship	Telephone ()	
Last Name		First Name		Relationship	Telephone ()	
Last Name		First Name		Relationship	Telephone ()	
Last Name		First Name		Relationship	Telephone ()	
Out of State Emergency Contacts						
Last Name		First Name		Relationship	Telephone ()	
Last Name		First Name		Relationship	Telephone ()	

I hereby consent to my child's membership in the Boys & Girls Clubs Community Health Services (BGCCHS) and release the Club, TLC Public Charter School (TLC) and its agents from all liability. BGC CHS has my permission to select a physician in case of emergency and treatment may be given should the parent or authorized physician be unavailable. I will assume full responsibility for all uninsured medical costs incurred in that situation.

I understand that should BGC CHS determine that my child cannot follow the established behavior policies, I will be notified and my child's membership may be terminated. BGCCHS and TLC will not be held liable should any child leave the premises without permission.

I understand and agree that photos or videos may be taken of my child(ren) and used for marketing and training purposes, and that it is my responsibility to inform BGCCHS management if I do not wish for photos or videos of my child(ren) to be used.

In order to evaluate the effectiveness of our program, my child may participate in assessment activities. I also consent to allow BGC CHS, to exchange confidential educational and health information and records regarding my child with TLC, and all other funders. I have read, understand and agree to the above activity.

_____ (Staff printed name) read/translated/assisted in filling out (Circle One) the document for
 _____ before he/she signed the document.

Signature: _____ Print Name: _____ Date: _____

For Office Use Only		Enrolled By: _____		Start Date: _____	
Club Branch: _____		Monthly Fee: _____	Daily Fee: _____		
Daily Schedule: <input type="checkbox"/> MON - <input type="checkbox"/> TUE - <input type="checkbox"/> WED - <input type="checkbox"/> THUR - <input type="checkbox"/> FRI -					
Date Entered: Database _____		Quickbooks _____	New _____	Returning _____	
Parent Orientation: _____		Emergency Kit: _____	Child #1 SIDN: _____	Child #2 SIDN: _____	