



**VARIETY
BOYS & GIRLS CLUB
OF QUEENS**

2011-2012 REGISTRATION FORM

Membership Period: Sept. 2011 to June 2012 Donation: \$25
Ages 6 to 12 Monday to Friday 2:30pm-7:00pm

Funded by NYC Dept Youth &
Community Development
Contract Nos.:42377,840103

CHILD INFORMATION

CHILD NAME: _____ **DATE OF BIRTH:** _____
HOME ADDRESS: _____
CITY _____ **STATE** _____ **ZIP CODE** _____
MEMBER ETHNICITY: African American ___ Asian ___ Hispanic/Latino ___ Caucasian ___ Native American ___ Other ___
SCHOOL: _____ **GRADE:** _____ **GENDER:** Male/Female **AGE:** _____

ARIS INFORMATION

Homework assistance: If you consent to VBGCQ following your child's progress in school please provide your child's (NYC Dept. of Ed Achievement Reporting & Innovation System) ARIS student id (username) and password .

EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____
Name of Company Employed by Mother/Guardian: _____
Name of Company Employed by Father/Guardian: _____

List any allergies or medical concerns (if more than one child, include that child's name)
A physical form must accompany registration for children 6-12 in the after school program

Are there any behavioral issues related to your child(ren) that we should be aware of prior to membership? Does your child have difficulty at home, at school or in other programs? We pride ourselves in building relationships with all children, however it is important to know as much as we can prior to working with your child.

All information gathered for registration is strictly confidential. The data collected here helps us best describe our collective membership to our funders; individuals, government & foundations. The actual annual cost per membership is approximatley \$1500 per member. Outside funding and information is crucial to keep our fees low and affordable to all. If you wish to skip this section and pay the actual cost of membership you may do so. Please contact us if you have any questions.

HOUSEHOLD INFORMATION

DOES CHILD LIVE WITH BOTH PARENTS? Y/N _____ **NUMBER OF ADULTS LIVING WITH CHILD:** _____
NUMBER OF CHILDREN LIVING IN THE HOME: _____ **TOTAL HOUSEHOLD INCOME:** _____

PARENT / GUARDIAN INFORMATION

Mother:	Father:
ADDRESS: _____	SECONDARY NAME, ADDRESS, CONTACT PHONE(if child custody is shared):
CITY & ZIP: _____	
HOME PHONE:	HOME PHONE:
CELL PHONE:	CELL PHONE:
ALTERNATE PHONE:	ALTERNATE PHONE:
PARENT / GUARDIAN EMAIL ADDRESS:	SECONDARY EMAIL ADDRESS:

By signing below, I declare that all information in this application is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Salah M. Hassanein Variety Boys & Girls Club of Queens
21-12 30 Road, Long Island City, NY 11102
TEL: (718) 728-0946 FAX: (718) 728-4001 www.vbgcq.org



VARIETY BOYS & GIRLS CLUB OF QUEENS, INC.
GENERAL CLUB RULES

The following policies and procedures are for all Club members. Please read the entire document and discuss it with your child. Then, we ask that both you and your child sign the document at the bottom of the page and return it to the Club.

- 1. FOUL LANGUAGE IS PROHIBITED. Variety Boys & Girls Club is a positive place for children to learn, play, and grow. Foul language is unnecessary and rude, and will not be tolerated.
2. CHILDREN WILL REFRAIN FROM ALL FORMS OF INAPPROPRIATE PHYSICAL CONTACT. This includes hitting, smacking, fighting, and any other type of physical contact (as well as horsing around or play fighting). Any child who touches another child inappropriately will immediately be suspended from the Club.
3. BULLYING IS NOT ALLOWED. Bullying includes name calling, teasing, and any other form of verbal or emotional abuse. All children should feel comfortable at the Club at all times.
4. CHILDREN WILL BE RESPECTFUL TO STAFF MEMBERS. Staff members are adult role models who make it possible for our Club to operate smoothly. They are to be treated with respect and kindness.
5. CHILDREN WILL FOLLOW DIRECTIONS. Club children come here to learn and play. When children are disruptive, it becomes difficult for others to have the best experience possible.
6. STEALING WILL NOT BE TOLERATED. Variety Boys & Girls Club is not responsible for any child's lost or stolen property. However, everyone here should feel that their belongings are safe. Anyone caught stealing Club property will be responsible for returning the item stolen. If the item is damaged or cannot be returned, financial arrangements will be made with the child's guardian and the child will be terminated from the Club until the item is paid for in full.
7. CHILDREN WILL RESPECT CLUB PROPERTY. Graffiti and/or destruction of Club property will not be tolerated.

Please note: Anything punishable by law will be referred to the authorities. If your child is involved in illegal activity, we will contact you as well as the police. The Club will not be a safe haven for children engaged in criminal activity or children attempting to flee the authorities.

When a child follows the rules, our Club operates smoothly and enables all of us to have great days together. If a child continuously disrupts procedures, the following steps will be taken:

- 1st Incident The Group Leader and Associate Executive Director (Mr. Mohamed) will speak to the child.
2nd Incident The parent(s) will be called. A meeting will be set up with the child, parent(s), and Club management.
3rd Incident The child will be suspended or terminated from the Club.

If the situation cannot be resolved, the child may be dismissed from the Club permanently. This is a last resort, and one we do not like to take. Any physical altercation between children will result in immediate suspension.

By signing below, I indicate that I have read these procedures and will abide by them.

Child Signature: _____ Child Name: _____ Date: _____

CONSENT FORM

- I consent that _____ (print child's name) shall be allowed to engage in all activities and trips that form part of the Variety Boys & Girls Club of Queens Program 2011/2012.
I hereby release and discharge Variety Boys & Girls Club and any of its staff members from liability in the event of any injury or accident that involves my child/children.
I authorize my child to be photographed or videotaped for archival and/or promotional purposes.
I also consent to the transportation of my child to and from all activities deemed necessary by authorized staff members of the Variety Boys & Girls Club Program 2011/2012.
I SPECIFICALLY GIVE MY PERMISSION AND CONSENT TO ANY EMERGENCY TREATMENT (MEDICAL OR SURGICAL) FOR MY CHILD AS DEEMED NECESSARY BY QUALIFIED PERSONNEL, INCLUDING TREATMENT AT THE NEAREST CLINIC OR HOSPITAL.
I understand that my child must be picked up by closing time or a late fee applies.

SIGNATURE of Parent or Guardian

Date of Registration



BOYS & GIRLS CLUB
SALAH M. HASSANEIN
VARIETY BOYS & GIRLS CLUB OF QUEENS

PHYSICAL EXAMINATION (to be filled out by physician-please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child.

IMMUNIZATION HISTORY: This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenza Type b (HIB)	Date _____	Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

MEDICAL EXAMINATION: To be filled out by licensed physician.
Examination is acceptable when performed no more than
12 months prior to start of program.

CODE: S = Satisfactory
X = Not Satisfactory (Explain)
O = Not Examined

General Appearance _____

Genitalia _____

Height _____ Weight _____ Blood Pressure _____ Posture & Spine _____ Throat-Tonsils _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____ Feet _____ Lungs _____ Skin _____

Hgb. Test (Date) _____ Urinalysis _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____ Ears _____ Hearing _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

Allergy: (Please specify) _____

RECOMMENDATIONS AND RESTRICTIONS:

Special Diet _____

Special Medicine (dose, route of administration, when it should be administered) _____

Is parent/guardian sending special medicine _____

Activity Restrictions _____

Swimming _____ Diving _____

General Appraisal _____

I have examined the person herein described, reviewed his/her health history and it is my opinion the he/she is physically able to engage in VBGCQ activities, except as noted above.

Examining Physician Signature _____ Physician's Name (print) _____

Tel _____ Address _____

Date of Examination _____

