



2023-2024 School Year Membership Application

First Name: _____ **Middle:** _____ **Last Name:** _____

Address: _____ **City:** _____ **State/Zip Code:** _____

Gender: (circle) Female Male **Date of Birth:** _____ / _____ / _____ **Age:** _____

School: _____ **Grade:** _____ **T-shirt:** S M L Adult S M L

Ethnicity: (circle) African American/Black American Indian Asian Caucasian/White
Hispanic/Latino Multi-Ethnic Other: _____

Lives With: (circle) Both Parents Mother Only Father Only Parent/Step-Parent
Guardian Foster Parent Other: _____

How many members are in your household in total? _____ **How many are under the age of 18?** _____

Annual Household Income: (must circle) Under \$10,000 \$11,000-\$20,000 \$21,000-\$30,000
\$31,000-\$40,000 \$41,000-\$50,000 \$51,000-\$60,000 \$61,000-\$70,000 Over \$71,000

Parent/Guardian Information

Name: _____

Relationship to Member: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-mail: _____

Parent/Guardian Information

Name: _____

Relationship to Member: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-mail: _____

Emergency Contact Information

Name: _____ Relationship to Member: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship to Member: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

My child will arrive to the Center by: (circle) Walking/Walking Program Parent/Guardian Other: _____

All individuals listed below must be OVER the age of 18 in order be authorized to pick up the child:

Name: _____ Relationship to Member: _____ Phone Number: _____

Name: _____ Relationship to Member: _____ Phone Number: _____

Name: _____ Relationship to Member: _____ Phone Number: _____

Name: _____ Relationship to Member: _____ Phone Number: _____

Does your family have health or accident insurance? (circle one) Yes No

Insurance Company: _____ **Doctors Name:** _____ **Phone Number:** _____

Does your child have any Medical Conditions or Special Needs? (circle one) Yes No *if yes, circle all that apply*

By circling yes, the parent/guardian is responsible for providing appropriate documentation from a doctor

Asthma Diabetes Autism ADD/ADHD Emotional/Behavioral Disorder IEP/504

Epilepsy/Seizure Disorder Cerebral Palsy/Motor Condition Gastrointestinal or Feeding Concerns

Other: _____

Does your child have any allergies or dietary restrictions? (circle one) Yes No *if yes, circle all that apply*

If your child is allergic to any food item(s), appropriate documentation must be provided along with needed medication

Peanuts/peanut butter Milk/diary products Wheat/gluten Beef Pork Fish/shellfish

Other: _____

Does your child take medication? (circle one) Yes No *if yes, describe medicine taken*

Medicine: _____ Taken at: (circle) Home Center

APPLICATION IS NOT COMPLETE UNTIL THIS FORM HAS BEEN COMPLETED AND SIGNED BY PARENT(S).

I approve my child's application as a member of the Youth Centers of Orange (YCO) and will notify the Center when any changes such as: telephone numbers, address, health conditions occur, and custody agreements. My child and I agree to follow all rules and policies that embody the YCO and understand that their membership may be re-evaluated at any time for failure to follow the rules and policies.

I am aware of the YCO's hours of operation and the dismissal time for pick up. In addition, I understand the policies for the YCO transportation services such as the Walking Program. If my child is not at the meeting area by the time of departure, the YCO does not hold responsibility in transporting or walking my child to the YCO program location.

I understand members are able to enter and leave as they please. I understand that once my child has entered the building, he/she will not be able to leave the Center without a parent, guardian, or authorized adult to sign them out. Staff are not able to physically restrain members from exiting the building without a parents permission.

I am aware that the YCO is **NOT** a licensed day care facility. Under Title 22, Division 12 Chapter 1 Article 2: 7.1 Participants in the program may not go over the 16 hours of attendance per week.

I give permission to the Youth Centers of Orange to use photographs, recordings, and audiotapes of my child for the sole purpose of program evaluations, public relations, and social media that belongs to the Center. The Youth Centers of Orange has permission to share and receive information that pertains to the YCO's needs with agencies that serve our members such as the Orange Unified School District, Health agencies, and Health Department.

I agree to hold the Youth Centers of Orange and their fiscal sponsor The Hub OC, harmless in case of injury as a result from my child's participation in the YCO's programming. The Youth Centers of Orange has my permission to give access to emergency treatment by a doctor or physician in case of an emergency or accident. I am also aware that I am accountable for any costs from medical care which the YCO/The Hub OC will not be accountable for.

Lastly, the Parent/Guardian signing below will be the only authorized person to make future changes to this application.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____