



BOYS & GIRLS CLUBS
OF SOUTHERN MARYLAND



2020 - 2021 AFTER



SCHOOL



PROGRAM



\$30 Annual Membership Fee

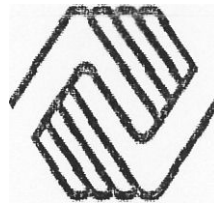
\$30 Weekly Program Fee

9021 Dayton Avenue

North Beach, MD 20714

410-286-9880

Program Hours: 2:00 PM to 6:00 PM



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- * Afterschool Program operates Monday –Friday from 2-6pm, BGCSM has extended hours for early dismissal days from 1-6pm. BGCSM follows CCPS calendar for closures, inclement weather, etc.
- * Offered at low cost of a **once yearly \$30 annual enrollment fee**, and a **\$30 membership weekly** (which also includes a daily snack!)
- * "Power Hour" provides time for homework, assistance if needed, and tutoring per request. Reading is required during this time as well!
- * BGCSM has five core areas: Education & Career, Health & Life Skills, Character & Leadership Development, Sports & Fitness, and The Arts.
- * BGCSM offers enrichment groups such as Torch Club, Smart Moves, etc. to address the five core areas, provide mentoring, and development of social skills.
- * BGCSM is family oriented! BGCSM is involved in Town of North Beach Events such as the Holiday Parade and Plant The Town, and hosts our own Family Dinners quarterly. We would love for your family to participate!
- * You can join BGCSM by completing an application and paying in person or by PayPal on our website. If there are any additional questions, contact the Program Director at bayside@bgcsm.net or call 410-286-9880, or visit www.bgcsm.net

Enroll Today !!!

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
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Today's Date: _____

Club Site:
 Bayside

Membership Application for 2020-2021

Membership Weekly Fee: \$30.00

(Annual Membership: Once yearly \$30 fee)

Child's Name: First: _____ Middle: _____ Last: _____

Sex: () Male () Female Date of Birth _____ Age _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Work _____

Email Address _____ Community (for data purposes only) _____

School _____ Grade _____

Ethnic Origin (for data purposes only) African American Caucasian Hispanic Latino
 Asian Multi-Racial Other

Primary Language Spoken in Home: English Spanish Other _____

Child Lives With: (for data purposes only) Both Parents Mother Father Other

Mother's Name _____ Father's Name _____

Guardian's Name _____ Relationship to Child _____

Other Emergency Contacts:

1 Emergency Name _____ Phone # _____

2 Emergency Name _____ Phone # _____

My child will be a: Walker Car Rider (will wait in Club until picked up by authorized person)

Persons authorized to pick up my child:

1. _____ Phone # _____

2. _____ Phone # _____

Is there anyone who is not legally authorized to pick up your child? Yes No

If yes, please state Name _____ Relationship _____

(YOU MUST PROVIDE US WITH COURT-ORDERED PAPERS)

GREAT FUTURES START HERE.



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Please describe any medical problems, allergies, conditions, or special concerns regarding your child:

In the event of illness or injury, I expect to be consulted immediately, but in the event that a consultation is not possible, I hereby consent to whatever treatment of care is considered necessary in the best judgment of BGCSM and the attending physician and/or hospital staff and/ or facility furnishing medical or dental services. Accordingly, I absolve and hold harmless BGCSM with regards to any and all liability relating to said treatment or care. Further, I understand that I am solely responsible for providing medical insurance for my child and for the payment of any medical treatment expenses for my child that are incurred that are not covered by such insurance.

Date: _____

Signature of Parent/Guardian

I, _____, hereby promise to adhere to the rules, regulations and procedures as outlined in the Boys & Girls Clubs of Southern Maryland posted rules.

I hereby give my permission for my child to participate in the OJP Mentoring Program at the Boys & Girls Club. We give permission to the BGCSM to release the member's name and/or photograph to be used by BGCSM for promotion of BGCSM or to be used by the media in reporting about a BGCSM program or event. I hereby give my permission for BGCSM to seek medical treatment for my child as necessary.

Please Note: The BGCSM is NOT responsible for any lost or stolen items. BGCSM reserves the right to terminate a membership contract based on inaccurate information or behavioral issues.

Parent/Guardian Signature: _____ Club Member's Signature: _____

For Office Use Only

Date Received _____ Amount Received _____

Cash ___ Check ___ Money Order ___ Check Number _____ Scholarship _____

New/Renewal _____ Processed By _____ Membership Card Issued: Yes No