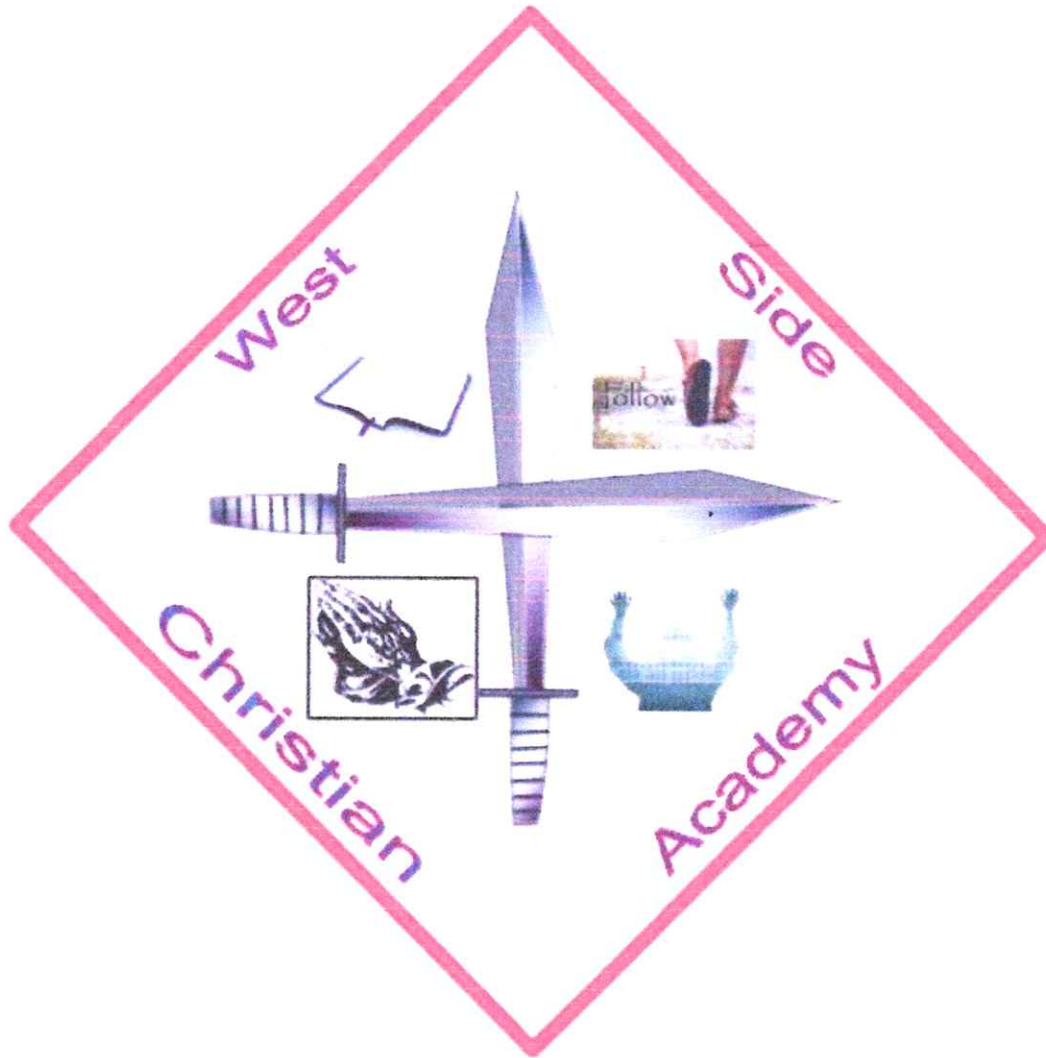


# *Warriors*

## *Student Admissions Packet*

2021-2022



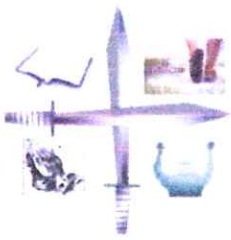
*West Side Christian Academy*

*1403 S. Cheyenne Rd.*

*Sapulpa, OK 74066*

*Phone 918-224-7229*

*Fax 918-347-8288*



# West Side Christian Academy

1403 S. Cheyenne Rd.

Sapulpa, OK. 74066

Phone 918-224-7229

Fax 918-347-8288

We are excited to see your interest in West Side Christian Academy. In this packet, you will find all of the necessary paperwork to apply for admission into our school. After returning your application, we will view all documentation and inform you of your denial or acceptance into WSCA. If you do not hear from us as soon as you anticipate feel free to call us at the above phone number or speak with the administrator, Roger McDougal at 918-949-8636.

## **Mission Statement**

Our Mission is to teach students to honor God, pursue excellence and integrity in their academic and life endeavors.

## **Vision Statement**

We want to DISCOVER the potential spiritual ability in every student and DEVELOP that spiritual ability to honor God in all things. It will be our plan to make DISCIPLES of our students as followers of Jesus Christ. We want to see DEVOTION to our Lord who saved them giving them the desire to DISCIPLE others to continue the process. We want them to attain excellence in academics and to "grow in wisdom and stature and in favor with God and men" (Luke 2:52) to become role models in their school, homes, and community.

## **VISION -- To Teach:**

1. The Love of God
2. Spiritual Wisdom
3. Hope
4. Citizenship
5. Self-sufficiency
6. Academic Excellence
7. A Love of Learning
8. Leadership Skills

# WSCA

## Tuition Payment Options & Fees

### **CURRICULUM/BOOK FEE: \$240 non-refundable**

All Students curriculum funds must be paid by July 16th, this is for their books for the school year. If your student excels quickly and completes the year's books, there will be an additional book fee for additional books ordered.

**WSCA offers three payment options:**

- 1. Year paid in Full - Due by August 1st**
- 2. Payment by Semester - Due by August 1st and January 1st**  
(\$150 off on each semester per family)
- 3. Monthly Payments - Due by the first of every month, August - May**

### **TUITION**

\$365/MONTH - 1 CHILD

\$550/MONTH - 2 CHILDREN

\$650/MONTH - 3 CHILDREN

*WSCA RESERVES THE RIGHT TO CHANGE TUITION/FEE AMOUNTS FROM YEAR TO YEAR*

### **ADDITIONAL POSSIBLE FEES**

H.S. Art Fee: \$60 one time fee (students will keep all materials)

Competition entry fees per competition or event

Cap and gown when graduating

Purchase of school t-shirts or gear (optional)

**Payments are non-refundable and non-transferable, except where students are not accepted by the school due to classes being filled, failure to meet entrance standards, or parents who move beyond travelable distance (40 miles).**

**Accounts will not be allowed to go over 10 days past due. Delinquent accounts may result in immediate dismissal from school. Student grades and records will not be released until payment is brought current.**

**Returned checks will be charged a \$25 fee. Two returned checks for any reason will put the family on a cash pay only policy.**

**Late Payments will have \$10 added to their account balance.**

**3 - PARENT**

# **Statement of Nondiscrimination**

West Side Christian Academy does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. West Side Christian Academy reserves the right to, and does, maintain student educational and behavioral requirements and standards, which are based upon religious considerations consistent with its role and mission. (Reference National Free Will Baptist Treatise)

In response to Title VII of the Civil Rights Act of 1964 and Executive Order 11246 of September 24, 1965, the policy of the Academy with regard to this matter is as follows. The Academy takes affirmative action in the acceptance and admission of students.

A. West Side Christian Academy, in all manner and respects, is an Equal Admissions Academy and shall offer a program of Equal Educational Opportunity.

B. West Side Christian Academy, in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, disability, or status as a veteran in any of its policies or procedures. This includes-but is not limited to-admissions, employment, financial aid, and educational services.

## **WEST SIDE CHRISTIAN ACADEMY**

### **DROP OFF:**

STUDENTS MAY NOT BE DROPPED OFF IN THE BREEZEWAY. PLEASE PARK IN THE FRONT PARKING LOT. PARENTS MAY WALK STUDENTS IN ON THE FIRST DAY, ONLY, THIS IS TO LIMIT CONTACT. YOUNG CHILDREN MAY BE WALKED TO THE DOOR FOR THEIR TEMPERATURE CHECK. STUDENTS WHO ARE HERE BEFORE 8:00 WILL BE ENROLLED IN LATCHKEY FOR THE DAY AND PARENTS WILL BE RESPONSIBLE TO PAY THE LATCHKEY DAILY FEE. ON THURSDAYS UNTIL FURTHER NOTICE A FOOD DISBURSEMENT SEMI-TRUCK WILL BE ENTERING THE FRONT PARKING LOT. ALL VEHICLES THAT ARE DROPPING OFF STUDENTS ON THOSE DAYS WILL NEED TO USE THE FRONT TWO ROWS OF PARKING. PLEASE BE CAUTIOUS AS YOU ENTER AND LEAVE THE PARKING LOT. MAKE CERTAIN THAT STUDENTS, PARENTS, OR OTHER CARS HAVE NOT ENTERED YOUR DRIVING PATH.

### **PICK UP:**

**K/L1 STUDENTS** MUST BE PICKED UP IN THE BREEZEWAY. PULL IN THE FIRST ENTRANCE, PROCEED AROUND THE BACK OF THE CHURCH ON THE CIRCLE DRIVE. TEACHERS WILL BRING STUDENTS OUT TO THE VEHICLES.

**L2 & UP** MAY BE PICKED UP IN THE FRONT PARKING LOT, UNLESS THEY ARE PICKED UP WITH A YOUNGER SIBLING IN BREEZEWAY.

ANY AGE STUDENT LEFT ON CAMPUS AFTER 3:30 WILL BE PLACED IN LATCHKEY AND PARENTS WILL BE RESPONSIBLE FOR FEE PAYMENTS.

### **EMERGENCY CONTACT INFO:**

BRO. RUSSELL (316) 214-4698

OFFICE (918) 224-7229

MRS. SHELIA FENNEL (918) 409-9239

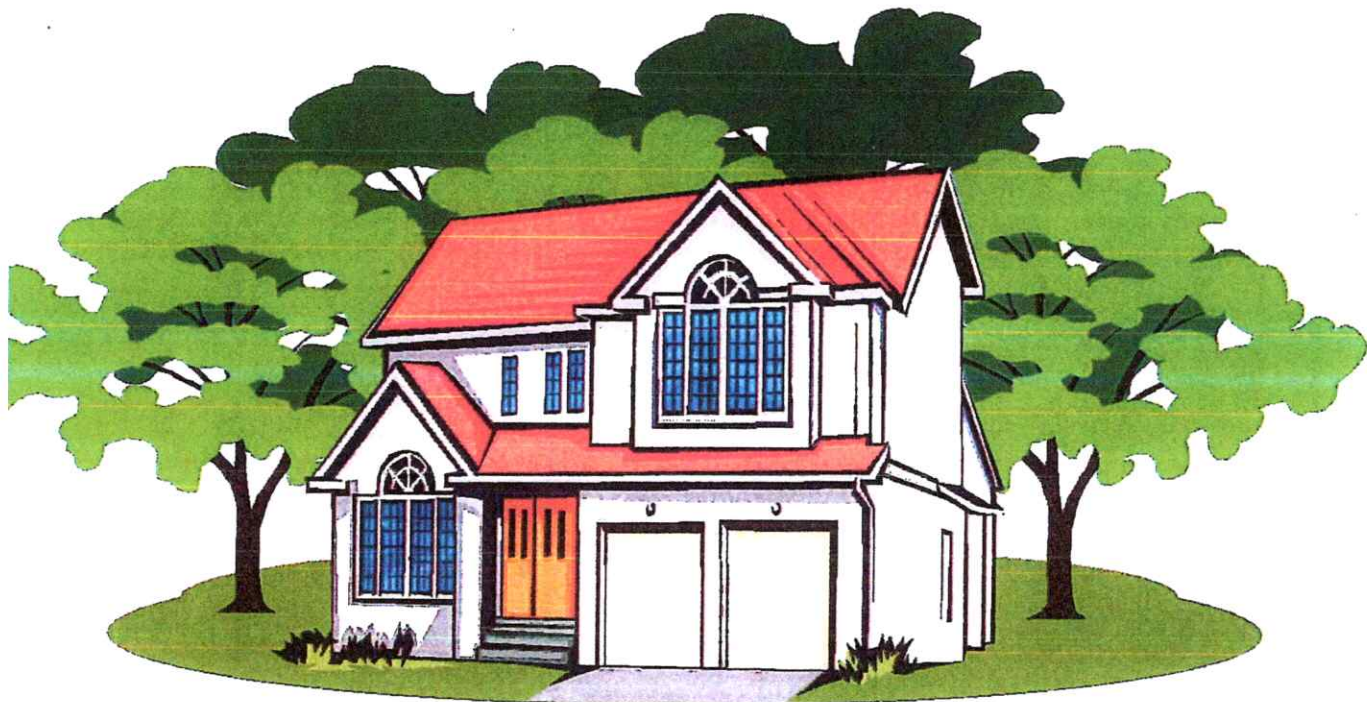
[WWW.WSCAWARRIORS.ORG](http://WWW.WSCAWARRIORS.ORG)

[WSCAWARRIORS@GMAIL.COM](mailto:WSCAWARRIORS@GMAIL.COM)

LIKE US ON FACEBOOK @ WEST SIDE CHRISTIAN ACADEMY



# WSCA Latchkey Program



Am hours 7am till 8am	\$20 weekly or \$5 daily
Pm hours 3:15pm till 5:45pm	\$30 weekly or \$7 daily
Both Am and Pm	\$45 weekly or \$12 daily

After School snack will be provided!

Providing Quality care for your children before school  
and after school.

For more information please contact  
Shelia Fennel  
(918)409-9239  
Or enroll on line at [Wscawarriors.org](http://Wscawarriors.org)

Enrollment Date: \_\_\_\_\_  
Present Grade: \_\_\_\_\_  
Office Use Only

## West Side Christian Academy

### Admission and Enrollment Information

TODAY'S DATE \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

#### Mailing Address

Street or Post Office Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Physical Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address in which school district student resides \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ Student Mobile Phone \_\_\_\_\_

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_

Birth Country \_\_\_\_\_ Date Entered U.S.A. \_\_\_\_\_

Last School Attended Name \_\_\_\_\_ Last School Attended City \_\_\_\_\_

Last School Attended Withdrawal Date \_\_\_\_\_ Last School Contact Number \_\_\_\_\_

Last completed grade \_\_\_\_\_ OR Present Grade(for transfers) \_\_\_\_\_

Previous Special Education Placement (Circle one) Yes No

Fill out Authority To Transfer Education Records sheet attached on page 5 ☒ ☐

If there are certain, specific restrictions on who can not pick up your child (due to court injunction, custody agreements, etc.), please list in the blanks below. Please provide copies of legal documents.

Person 1 \_\_\_\_\_ May Not pick up my child

Person 2 \_\_\_\_\_ May Not pick up my child

#### People With Whom Student May Leave:

1.. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

2.Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### **Parent/Guardian Contact Information**

**Parent / Legal Guardian #1** (please provide legal documentation if guardian)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone If Different From Student \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent / Legal Guardian #2** (please provide legal documentation if guardian)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone If Different From Student \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Additional Contact** (Indicates that this person may be contacted in emergencies and may also pick up student)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Please check all that apply:

1. TRANSPORTATION: I hereby give \_\_\_ / do not give \_\_\_ my consent for my child to be transported and supervised by facility's staff.
2. WATER ACTIVITIES: I hereby give \_\_\_ / do not give \_\_\_ my consent for my child to participate in water activities:
3. FIELD TRIPS: I hereby give \_\_\_ / do not give \_\_\_ my consent for my child to participate in field trips
4. Sports: I hereby give \_\_\_ / do not give \_\_\_ my consent for my child to participate in athletics.



## Medical Information

**Food Allergies** \_\_\_ Yes \_\_\_ No (If yes describe) \_\_\_\_\_

**Seizures** \_\_\_ Yes \_\_\_ No (If yes describe) \_\_\_\_\_

**Asthma** \_\_\_ Yes \_\_\_ No, If yes \_\_\_ Inhaler \_\_\_ No inhaler

**Diabetes** \_\_\_ Yes \_\_\_ No

**Behavioral** \_\_\_ ADD \_\_\_ ADHD \_\_\_ Other (please explain) \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Concussions \_\_\_ Yes \_\_\_ No If yes, date of last \_\_\_\_\_

List Medications (attach a document if needed) \_\_\_\_\_  
\_\_\_\_\_

Please describe any specific medical conditions of which the school needs to be aware that was not listed above. (attach additional information if necessary) \_\_\_\_\_  
\_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

**Health Requirements:** Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Immunization</b>	<b>Date/Dose 1</b>	<b>Date/Dose 2</b>	<b>Date/Dose 3</b>	<b>Date/Dose 4</b>	<b>Date / Booster</b>
Hepatitis B					
Rotavirus (RV)					
Diphtheria, Tetanus, Pertussis (DTaP)					
Haemophilus Influenza type b (Hib)					
Pneumococcal (PCV)					
Inactivated Poliovirus (IPV)					
Influenza					
Measles, Mumps, Rubella (MMR)					
Varicella (VAR)					
Hepatitis A (Hep A)					
Meningococcal (MCV4)					

May attach a copy of shot records to this form.

I, \_\_\_\_\_ (Parent/Guardian), understand the school's concern for my child's health, but at this time, and until further notice we choose not to vaccinate our children.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**3 - WSCA**

## **AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, or the emergency is life threatening, I authorize

Dr. \_\_\_\_\_ Phone Number \_\_\_\_\_

or any Physician, surgeon or dentist to administer any emergency treatment, procedure or medication necessary. I authorize the facility director, school staff, or church officials in charge to secure the use of an ambulance, if necessary, for transporting my child to the hospital or nearest medical facility. I further agree to pay the hospital, doctors, and ambulance for all services rendered to the student named above. I request that this authorization remain in force for as long as my child is attending or is a student in West Side Christian Academy, and is attending and or traveling to and from school event/s. If the above arrangement is unsatisfactory, please list the procedures you request WSCA to do in case your child is injured or becomes seriously ill while attending.

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Health or Accident Insurance policy # \_\_\_\_\_

Insurance Contact Number \_\_\_\_\_

**I hereby state that I have read and understand this authorization.**

Parent or Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student \_\_\_\_\_

### PERMISSION TO ADMINISTER MEDICATION

I hereby give my permission to administer the below listed medication in the prescribed or listed amounts. If given in said amounts, I release West Side Christian Academy, West Side Free Will Baptist Church, their employees, and members from any and all liability.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

#### Prescription medications

Prescription	Dose	Time	Doctor

#### Over the counter medications

Medication	Dose	Call before yes/no



# West Side Christian Academy

1403 S. Cheyenne Rd.  
Sapulpa, OK. 74066  
Phone 918-224-7229  
Fax 918-347-8288

## Authority to Transfer Education Records

West Side Christian Academy  
1403 S. Cheyenne Rd.  
Sapulpa, OK. 74066  
Phone: (918) 224-7229 Fax: (918) 347-8288

To: \_\_\_\_\_

School District Agency

Street Address

City

State

Fax#

In accordance with the Family Education Rights and Privacy Act (FERPA), 34  
OFR 99131 transfer of education records is requested for:

Name of Student

Grade

Birthdate

Parent and/Or Authorized Guardian Signature for request of records

Do we need to request for Special Education Records \_\_\_\_ Yes \_\_\_\_ No

The above student intends to enroll or is enrolled in our school. Therefore please send records to:

West Side Christian Academy

1403 S. Cheyenne Rd.

Sapulpa, OK. 74066

Or

Fax to (918) 347-8288

# **West Side Christian Academy**

**2021-2022**

## **Parent/Guardian Acknowledgement & Agreement**

### HANDBOOK ACKNOWLEDGMENT & AGREEMENT

I have read the West Side Christian Academy handbook as well as the admissions packet, and understand their contents. I understand that my child is responsible for the following procedures outlined in the student handbook. I understand and agree to the terms listed in the handbook.

### COMPUTER/INTERNET TERMS ACKNOWLEDGEMENT & AGREEMENT

I have read the West Side Christian Academy terms and conditions of computer and internet usage found in the Student Handbook. I understand that my child is responsible for following procedures outlined in the student handbook on computer and internet usage.

### PAYMENT OPTIONS ACKNOWLEDGEMENT & AGREEMENT

I agree to make payments in compliance with the tuition payment plan for my child's education at West Side Christian Academy. I have read and agree to the payment plans stated in the handbook. I realize my child will be removed from school if payment/s is/are not made at the appropriate times.

### DAMAGE, MISUSE, or NEGLECT ACKNOWLEDGEMENT & AGREEMENT

I understand and agree to the terms listed in the handbook. I agree to pay for any damage done through misuse or negligence by my child.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ (print name) have read and understand the admission form of West Side Christian Academy. I have completed all documentation of information to the best of my ability. I have not willfully withheld or modified any information to increase my child's opportunity to receive admission into WSCA.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### **Photo Release Permission Slip**

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

☐ Yes, I give consent for West Side Christian Academy to photograph my child for school purposes and/or at school events.

☐ No, I do not authorize West Side Christian Academy to photograph for my child for any event. Parent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

# WSCA Latchkey Enrollment

\_\_\_\_\_ AM

\_\_\_\_\_ PM

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Local Doctor or other person to call in case of emergency:

\_\_\_\_\_  
Name & Phone Number

Other people who may pick up my child-- or be notified in case of emergency:

\_\_\_\_\_  
Name & Phone Number

\_\_\_\_\_  
Name & Phone Number

Please see that all emergency numbers are working numbers. If a number is disconnected or changed you must let us know immediately!

Parents Consent for Treatment-- I hereby authorize the LatchKey staff to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release West Side Christian Academy and said staff from any and all liability to any injuries or illness incurred while in LatchKey.

Please check the following.

School Employee \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Enrollment Fee Paid \_\_\_\_\_

LatchKey hours are from 7:30am to 8:30am and 3:15pm to 5:30pm. We allow a 15 minute grace period until 5:45 for emergencies only. If your child is not picked up by 5:45pm there will be a late fee charged.

This will be determined by school time. The late fee is per child, not family.

If you are going to be late and know it, please let us know. Also, if someone different is to pick up your child, let us know.

\*\* Our policy requires you to sign your child in each morning and out each afternoon. This is a safety procedure.

**ANY DISRUPTING THE LATCHKEY PROGRAM WILL BE WITHDRAWN FROM THE PROGRAM.**

\_\_\_\_\_  
Signature of Parent or Guardian

**Complete and sign the WSCA LATCHKEY ENROLLMENT FORM and return to your school site.**

**NAME OF MEMBER:** \_\_\_\_\_

# **BGC MEMBERSHIP REGISTRATION**

---

**[0 – 18 YEARS OLD]**

TH

**[11/28/18]**

**The Salvation Army Boys & Girls Club of Sapulpa**  
1721 S. Hickory – Sapulpa, Ok. 74066  
(918) 224-4415 Fax: (918) 224-4493  
**Boys & Girls Club (0-18yrs)**  
**MEMBERSHIP REGISTRATION**

*WE REQUIRE A CURRENT IMMUNIZATION RECORD ON FILE if enrolling in a program;  
membership renewal is due with enrollment into any BGC Program*



**DOING  
THE MOST  
GOOD**



**BOYS AND GIRLS CLUB  
OF SAPULPA**

**T-SHIRT SIZE:** \_\_\_\_\_

**(Please print clearly AND complete EACH space provided)**

**Member's Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_ **Sex** \_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_ **County** \_\_\_\_ **Race** \_\_\_\_

**Home Phone Number ( )** \_\_\_\_\_ **What School?** \_\_\_\_\_

**Grade in currently** \_\_\_\_\_ **Year of expected Graduation from High School** \_\_\_\_\_

**Legal Guardian / Custodian's Email Address:** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ (living in household with this child? Y N )

**Primary Phone # ( )** \_\_\_\_\_ **Work # ( )** \_\_\_\_\_

**Step-Mother's Name** \_\_\_\_\_ (living in household with this child? Y N )

**Primary Phone # ( )** \_\_\_\_\_ **Work # ( )** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ (living in household with this child? Y N )

**Primary Phone # ( )** \_\_\_\_\_ **Work # ( )** \_\_\_\_\_

**Step-Father's Name** \_\_\_\_\_ (living in household with this child? Y N )

**Primary Phone # ( )** \_\_\_\_\_ **Work # ( )** \_\_\_\_\_

**Custodial Grandparent or Guardian's Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Primary Phone # ( )** \_\_\_\_\_ **Work # ( )** \_\_\_\_\_

**Emergency Contact / Authorized to pick child up from Club (other than parent or guardian):** Use as many spaces as needed.

**First & Last Name** \_\_\_\_\_ **Relationship to member** \_\_\_\_\_

**Home Phone # ( )** \_\_\_\_\_ **Cell # ( )** \_\_\_\_\_

**First & Last Name** \_\_\_\_\_ **Relationship to member** \_\_\_\_\_

**Home Phone # ( )** \_\_\_\_\_ **Cell # ( )** \_\_\_\_\_

**First & Last Name** TSA BGC STAFF OR VOLUNTEER DRIVERS **Relationship to member** STAFF OR VOLUNTEER OF TSA BGC

**OFFICE Phone # ( 918 ) 224-4415**

**List any health or behavior related conditions that your child may have – such as:** allergies to food, airborne or contact-allergies, asthma, serious illnesses, injuries, ADD/ADHD, etc. \_\_\_\_\_

**Medications currently taking:** \_\_\_\_\_

Physician's Name or Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does this child receive FREE lunch at school? \_\_\_\_\_; Does this child receive REDUCED price lunch? \_\_\_\_\_

**Please fill out the other side of this form**

## **COMPLETE EACH SPACE:**

I hereby authorize any physician, surgeon, or dentist (or nearest emergency medical center) to administer any emergency treatment, procedure, or medicine necessary or advisable when accompanied by an adult. I further authorize (child's name) \_\_\_\_\_, to be transported to an emergency medical center. I authorize officials of The Salvation Army Boys & Girls Club of Sapulpa to secure an ambulance, if necessary, for transporting my child for emergency medical treatment. I request that this authorization remain in force as long as my child is engaged in any activity related to The Salvation Army Boys & Girls Club and its activities, unless notified in writing by me. Unless deemed necessary by medical personnel, I prefer my child be transported to (hospital name) \_\_\_\_\_ if transportation is necessary by ambulance.

### **Authorization to be photographed**

I authorize (my child's name) \_\_\_\_\_ to be photographed while participating in activities of The Salvation Army Boys & Girls Club of Sapulpa which may or may not be used in brochures or advertisements on social media.

### **Release of Liability**

It is expressly understood and agreed by the undersigned that The Salvation Army Boys & Girls Club of Sapulpa is not liable for the loss or damage of property or personal injury unless such loss or injury results directly from the Club's negligence or the willful act of an employee of the organization. A Bumps 'n Boo Boo's Log is available for daily viewing for my child, as well as a medication log. My child has my permission to swim in the pool located at 1721 S. Hickory, Sapulpa, OK. I realize it is my responsibility to provide necessary flotation devices, not that of staff or the club's.

This release includes all transportation to and from all Club activities and field trips.

### **Membership Policy**

Due to the open-door policy of The Salvation Army Boys & Girls Club of Sapulpa, it is understood and agreed that all members may come and go as they desire. Therefore, when your child attends the Club on his/her membership, The Salvation Army Boys & Girls Club will not be held liable for your child leaving the building and/or grounds if not enrolled into one of its program's (ie: Before or After School or a Day Camp). If your child is enrolled in a program, explain to your child they he/she will not be allowed to leave the building or its program without an authorized adult signature on the roll sheet.

This membership will expire in 6 or 12 months from today's date – depending on the amount you paid. **This registration packet must be submitted with all fees owed, as well as with a copy of your child's immunization record.**

**NO REFUNDS & NO EXCEPTIONS**

**Physical Description of this member**



Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Please fill out the other side of this form**

**HOUSEHOLD - MEMBER LIVES WITH - complete EACH space**

Mom \_\_\_\_\_ Step Mom \_\_\_\_\_ Dad \_\_\_\_\_ Step Dad \_\_\_\_\_

Grandmother \_\_\_\_\_ Grandfather \_\_\_\_\_ How many Brothers in household \_\_\_\_\_ How many Sisters in household \_\_\_\_\_

Foster Parents \_\_\_\_\_ Other \_\_\_\_\_ if other, who? \_\_\_\_\_

Number in this household \_\_\_\_\_ Current Head of household: Male \_\_\_\_\_ Female \_\_\_\_\_

Current Single Parent: Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a member of this household 65 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a member of this household handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a member of this household ACTIVE Military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

Branch? \_\_\_\_\_ Stationed outside of the home? Yes \_\_\_\_\_ NO \_\_\_\_\_

Where? \_\_\_\_\_

**ACKNOWLEDGEMENT OF CONDITIONS SET FORTH AND RECEIPT OF PARENT HANDBOOK**

I understand that it is my responsibility to explain to my child all rules that apply to him/her. If I have any questions I will consult a staff member. I understand that my child will receive BGCA programming. I understand it is my responsibility to adhere to the guidelines set forth in the Parent Handbook, postings around the Club and all hand-outs and flyers – including providing a lunch, swimsuit and towel for my child each day. I understand all fees owed for the week are to be paid *before* I leave my child on Monday morning of each week.

This registration must be completed and signed to be processed.

**CELL PHONE POLICY:** I understand that a staff member may confiscate my child's cell phone at their discretion if use during programming causes disruption. I will be able to pick it up at the front desk.

\_\_\_\_\_  
Child's Printed Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

(signature covers all rules and policies stated herein)

**PROVIDING THIS INFORMATION HELPS US OBTAIN GRANT FUNDING for THIS BOYS & GIRLS CLUB ONLY & IS NOT ATTACHED TO YOUR NAME OR HOUSEHOLD**

Annual Income Level:	\$0-\$5000 _____	\$30,001-\$35,000 _____	\$60,001-\$65,000 _____
	\$5001-\$10,000 _____	\$35,001-\$40,000 _____	\$65,001-\$70,000 _____
	\$10,001-\$15,000 _____	\$40,001-\$45,000 _____	\$70,001-\$75,000 _____
	\$15,001-\$20,000 _____	\$45,001-\$50,000 _____	\$75,001-\$80,000 _____
	\$20,001-\$25,000 _____	\$50,001-\$55,000 _____	\$80,001-\$85,000 _____
	\$25,001-\$30,000 _____	\$55,001-\$60,000 _____	\$85,001-\$90,000 _____ +

**OFFICE USE ONLY:**

Date this membership card issued: \_\_\_\_\_

Amount Paid for membership: \$ \_\_\_\_\_; Amount Paid for program: \$ \_\_\_\_\_ Program Name: \_\_\_\_\_

Payment method: (CIRCLE) cash check # \_\_\_\_\_ debit card type \_\_\_\_\_ credit card type \_\_\_\_\_ money order

Receipt Number: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of membership: 6 month Youth or Teen; 12 month Youth or Teen Immunization Record Rec'd? Y or N

New Member: \_\_\_\_\_ Renewal: \_\_\_\_\_ Re-Join: \_\_\_\_\_ Membership Number: \_\_\_\_\_

REGISTRATION PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Member's Name: \_\_\_\_\_

## Club Rules

The Safety, both physical and emotional, of ALL our Club members is our number one priority. Adults and children alike will utilize this facility and we wish to make it a pleasant and rewarding experience for all.

Volunteer when and where you can!

Read all postings on the front doors, front desk and doors as you walk through the facility to stay up-to-date on happenings and notices.

Scan your membership card 2 times IN and again 2 times OUT. Read the monitor (screen) upon the first scan to ensure that you do not have a message from our staff to you.

**RULE ONE: HAVE FUN AND RESPECT ALL STAFF**

**RULE TWO: COME TO CLUB FULLY DRESSED IN STREET CLOTHES AND ONLY CHANGE CLOTHING BEHIND CURTAINS OR PARTITIONS – NOT OUT IN OPEN AREAS**

**RULE THREE: SIGN IN AND OUT AT FRONT DESK EACH VISIT – DO NOT LEAVE THRU SIDE DOORS – USE FRONT DOORS ONLY**

**RULE FOUR: PARTICIPATE IN OUR VARIOUS ACTIVITIES THROUGHOUT THE YEAR**

**RULE FIVE: BE POSITIVE – REMEMBER THERE'S A \$5 CHARGE FOR WHINING! KIDDING – SERIOUSLY – BE POSITIVE!**

**RULE SIX: LEAVE PERSONAL ITEMS AT HOME OR KEEP WITH YOU AT ALL TIMES IF VALUABLE**

**RULE SEVEN: BE WHERE YOU ARE SUPPOSED TO BE – NOT IN THE KITCHEN OR OFFICES WITHOUT PRIOR PERMISSION. SCHEDULE WITH US IN ADVANCE IF SPACE IS NEEDED FOR A MEETING**

**RULE EIGHT: BE SAFE**

**RULE NINE: NO FOUL LANGUAGE**

**RULE TEN: RESPECT THE RULES!**

I \_\_\_\_\_ understand and agree to the Rules put in place by The Salvation Army Boys and Girls Club of Creek County.

Club Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Print

Sign

Club Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_