

General Heiser Boys & Girls Club Branch  
 17565 Old Stage Coach RD.  
 703-441-0611



**BOYS & GIRLS CLUBS**  
 OF GREATER WASHINGTON

Prince William County/Manassas Branches

**START DATE** \_\_\_\_\_

**2021/2022 DAY CARE REQUIRED DOCUMENTATION**

- Copy of a Physical Form (2 years old or newer)       Original Immunization Records
- Emergency Contact Info (2 additional contacts other than parents)
- Medication Consent Form (if applicable)
- Day Care Application Fee (\$50)     Membership Fee \$50 (if applicable)

**REGISTRATION STARTS WITH (MCH)**

**My Club Hub parent Portal**

<https://bgcgw.imiscloud.com>

**New Parents Will Create A New Account**

**Current Parents Username: Your Email....Request A New Password**

**COMPLETE THE ENTIRE APPLICATION**

First Name (child's)	Last Name (child's)	MI	DOB
Address	City	Zip	Phone Number
School	Grade	Age	Gender

**FAMILY INFORMATION**

Mother Name	Father Name
Address	Address
E-mail	E-mail
Employer	Employer
Work Number	Work Number
Cell Number	Cell Number

Child lives with: (please check one)  Mother  Father  Both  Other

**HEALTH INFORMATION**

Doctors Name	Phone Number
Health Problems (if any) None	Allergies None
Medications (if any)	<i>Medical consent form needed for all medications</i>

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**PICK UP AUTHORIZATION (two contacts other than parents)**

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

**OTHER PERSONS NOT ALLOWED TO PICK UP**  
**Legal court ordered paperwork is required**

Name _____	Name _____
Name _____	Name _____

**EMERGENCY MEDICAL CARE AUTHORIZATION**

I, \_\_\_\_\_ hereby authorize the General Heiser Boys & Girls Clubs of Greater Washington permission to obtain emergency medical care for my child while under their care.

**PICTURES-VIDEO AUTHORIZATION**  
**for promotional purposes while attending activities**

I, \_\_\_\_\_ hereby authorize the General Heiser Boys & Girls Clubs of Greater Washington permission for promotional purposes to take pictures & video of my child.

Photo: Yes _____ signature	Photo: No _____
Video: Yes _____ signature	Video: No _____

**FOR OFFICAL USE ONLY-IDENTITY VERIFICATION (we only need a visual)**

Place of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Birth Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Other Forms of Proof: \_\_\_\_\_