

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 _____

End Date _____

2022/2023 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)
 Fees: Membership Fee \$50 (if applicable)

**Registration Starts With (MCH)
 My Club Hub's Parent Porter
 New Parents Will Create A New Account**
<https://bgcgw.force.com/portal/s/>

MEMBER INFORMATION

First Name:	Last Name:	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) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other	

HEALTH INFORMATION

Doctors Name/Office	Phone Number
Health Problems (if any) None	Allergies None
Medications (if any)	Medical consent form need for all medications
	Any other information of importance?

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EMERGENCY CONTACT

Name: _____ Name: _____
Address: _____ Address: _____

Phone: _____ Phone _____

OTHER PERSONS ALLOWED TO PICK UP

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.
Parent initials _____

PICTURES-VIDEO AUTHORIZATION for promotional purposes while attending activities

I, _____ hereby authorize the General Heiser Boys & Girls Clubs of Greater Washington permission for promotional purpose's to take pictures & video of my child _____.

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

Signature of Parent/Guardian _____

Date _____