

CLUB

SUMMER

2026

Membership Application



New members: Membership materials take 24-48 hours to process. You will receive a confirmation phone call/email to notify you when your child may begin attending. For your child's well-being, the information provided must be complete and accurate. This information is necessary for compliance with Wis. Dept. of Children & Families Administrative Code for Group Child Care Centers and Boys & Girls Club records.

Please select your preferred Club location:

- 53rd Street School***
3618 N. 53rd St., 53216
- 81st Street School***
2965 N. 81st St. 53222
- Allen-Field School***
730 W. Lapham Blvd. 53204
- Audubon Tech School***
3300 S. 39th St. 53214
- Bay View High School***
2751 S. Lenox St. 53207
- Bethune Academy***
1535 N. 35th St. 53208
- Carson Academy***
4920 W. Capitol Dr. 53216
- Carver Academy***
1900 N. 1st St., 53212
- Engleburg School***
5100 N. 91st St. 53225
- Escuela Vieau***
823 S 4th St, 53204
- Granville Lutheran**
8242 N Granville Rd, 53224
- Greenfield School***
1711 S. 35th St., 53215
- Hayes Bilingual School***
971 W. Windlake Ave. 53204
- Kagel School***
1210 W. Mineral St. 53204
- Kluge School***
5760 N. 67th St. 53218
- La Escuela Fratney***
3255 N. Fratney St. 53212
- LaFollette School***
3239 N. 9th St. 53206
- Lincoln Bilingual School***
1817 W. Lincoln Ave., 53215
- Maple Tree School***
6644 N. 107th St. 53224
- Marvin E. Pratt School***
5131 N. Green Bay 53209
- Mil. Academy of Science**
2000 W. Kilbourn 53233
- Mitchell Bilingual School***
1728 S. 23rd St. 53204
- North Division High School***
1011 W. Center St. 53206
- Prince of Peace**
1646 S. 22nd St. 53204
- Sherman School***
5110 W. Locust St. 53210
- Townsend School***
3360 N. Sherman 53216
- Washington High School***
3618 N. 53rd St. 53216
- Zablocki School***
1016 W. Oklahoma 53215
- Daniels-Mardak**
4834 N. Mother Daniels, 53209
- Don & Sallie Davis**
1975 S. 24th St. 53204
- Fitzsimonds / Metcalfe***
3400 W. North Ave. 53208
- Mary Ryan**
3000 N. Sherman 53210
- Pieper-Hillside**
611 W. Cherry St. 53212

BGC MKE Legacy Clubs

Completing this application packet

Step 1

Fill out all attached forms in this packet, checking off forms on this page as you go. Please note that all forms must be completed, signed and checked off below before registration packet can be turned in.

Step 2

Include a most recent copy of your child's immunization record for a complete registration form. If you do not have access to your child's records, please complete the Child Immunization Record form included in this packet.

Step 3

Drop off your completed application at any Club location. Please check our website for Club hours or check with your Club manager. Completed digital applications can be emailed to membership@bgcmilwaukee.org.

- | | |
|--|--|
| <input type="checkbox"/> Page 3-4 Participant Payment Agreement | <input type="checkbox"/> Pages 7-8 Youth Participation Registration Form* |
| <input type="checkbox"/> Page 5 Consent Forms & Waivers | <input type="checkbox"/> Pages 9-10 Health History & Emergency Care Plan* |
| <input type="checkbox"/> Page 6 Are You Eligible for WI Shares | |
| <input type="checkbox"/> Child Care Immunization Record Submitted | |

*Forms provided and required by our state and local partners.

Text Messages: I understand by filling out this form I consent to receive text messages from Boys & Girls Clubs of Greater Milwaukee regarding services for my child/children.

Fees: Please see the registration form for information regarding fee waivers. The inability to pay is not a barrier to participation in the program. Waivers are available for all program fees. No documentation is required to waive fees.

Disabilities: BGCGM is committed to creating a learning and recreational environment that meets the needs of its diverse members, including those with disabilities. If you anticipate or experience any barriers to participating in our programs, please feel welcome to discuss your concerns with the Club Manager.

Need assistance? Contact us!

Membership@BGCmilwaukee.org

414-267-8100

2

Parent Written Payment Agreement

Instructions: The provider must retain a copy of each current written payment agreement at the location where child care is provided.

The provider must retain a copy of an expired written payment agreement for 3 years after the agreement is terminated and the child no longer attends. The expired agreement may be kept at a location where it can be made available to the Department of Children and Families within 24 hours.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

This Agreement is Between Boys & Girls Clubs of Greater Milwaukee

Club Name	Provider Number / Location Number /
Club Address	Club Phone Number
Parent Name (Last, First, MI)	
Second Parent Name (Last, First, MI)	

For the Care of

Example:

Child Name <i>Jones, Sally, A.</i>	Date of Birth <i>10/04/2015</i>	Child Care Price <i>\$150.00 per week</i>	Payment Schedule <i>Weekly, on or before Friday</i>
Child Name (Last, First, MI)			Date of Birth (mm/dd/yyyy)
Child Care Price (choose one)		Payment Schedule (choose one)	
<input type="checkbox"/> \$ per month	<input type="checkbox"/> Monthly, on or before (Date of Month)		
<input type="checkbox"/> \$ per week	<input type="checkbox"/> Weekly, on or before (Day of Week)		
<input type="checkbox"/> \$ other (specify)	<input type="checkbox"/> Other (specify)		

Parent and Provider Agreed Upon Start Date	Provider's Days and Hours of Operation (as of date)
--	---

Anticipated Closure Dates and Policy for Payment during Closures

All scheduled times are subject to billing and based on payment frequency (payment frequency may be weekly, biweekly or monthly). There are no refunds for anticipated closures or unanticipated closures such as inclement weather and other emergencies. See BGCGM parent handbook for holidays and dates when your Club will be closed.
Notes:

Policy and Payment Expectations for Expected Child Absences

Expected absences are those reported in advance by the parent, including vacations or appointments. Unexpected absences are those not reported in advance, including sick days or no-shows. In order to maintain appropriate staffing levels and program quality, fees for weekly designated participation will be assessed regardless of expected or unexpected absences.

Reasons and Procedures for Termination/Expulsion of a Child(ren) and Parent's Procedures for Termination/Disenrollment of a Child(ren)

In reference to the Boys & Girls Clubs of Greater Milwaukee Parent/Student Rights, Responsibilities and Discipline Handbook, Boys & Girls Clubs is committed to providing a safe and effective learning environment for students and staff members. Boys & Girls Clubs reserves the right to suspend or expel students who compromise safe learning environments. To cancel enrollment, provide the Site Manager with a two-week verbal or written notice. No refunds will be issued. Payments may not be transferred between children or applied to other services or locations.

Provider Fees

During the summer, the cost for Boys & Girls Clubs of Greater Milwaukee (BGC GM) school-based sites is \$280 per week per child. We recognize that this weekly expense for care is difficult for many Milwaukee families to afford, and for this reason, the Clubs fundraise to substantially offset this expense for our member families. It is important to note that ALL fees are waived (free attendance) for families that secure a childcare authorization through the Wisconsin Shares – Child Care Subsidy Program (information follows). Additional opportunities for full scholarships can be provided.

The Clubs do not differentiate based on how many hours a week a child attends, or how many weeks they attend. All fees are flat rates - per child, per week based on enrollment.

Once a weekly fee rate is established, members are welcome to begin attending the Clubs. Opportunities for scholarships are available - speak to your Club Manager for more information. The Clubs will never turn a child away for the inability to pay. The Clubs want to ensure clear and open pathways for all children to attend regardless of payment history.

The Clubs offer multiple methods for private fee payment at most locations. Please check with your Club Manager to determine which method is right for you. They include: checks, money orders or cash. Checks must be made payable to: Boys & Girls Clubs of Greater Milwaukee.



Check here if members receive free/reduced lunch.

ATTESTATION

By signing this agreement, providers and parents agree to abide by the agreement and written policies of the provider. The provider may amend the policies by giving the parents a copy of the new or changed policy.

Provider Contact Name

Provider Contact **SIGNATURE**

Date Signed (mm/dd/yyyy)

Parent Name

Parent **SIGNATURE**

Date Signed (mm/dd/yyyy)

Consent Forms and Waivers

Child's Legal Name: _____

Before completing this page, please scan the QR code or visit bgcmilwaukee.org/forms-waivers to review the full forms and waivers documents carefully.



I, the parent or legal guardian for the above-named child hereby acknowledge the following:

Consent & Waivers | I have read, understand, and agree to the permissions, waivers, releases, and communications outlined in the Parent/Guardian Consent & Waiver Form.

Alternate Release | I acknowledge my understanding and agreement of the BGCGM Parent/Guardian Alternate Arrival/Release Agreement.

Virtual Programming | I give permission for the above-named member to participate in distance-based and in-Club online Club experiences at Boys & Girls Clubs of Greater Milwaukee.

Technology | I have reviewed and read the rules and regulations outlined in the Parent/Guardian Technology Consent & Waiver Form with my child, including responsible use and personal safety guidelines, the prohibition of inappropriate use, and the prohibition of illegal online activities.

Member Expectations | My child has read, understands, and agrees to the code of conduct outlined in the Member Expectations form.

By signing below, I agree that I have read, understand, and will abide by these regulations, policies, and agreements. I acknowledge that I have reviewed the applicable rules with my child.

Parent/Guardian Name (Print First/Last)

Parent/Guardian Signature

Date

Club Member Name (Print First/Last)

Club Member Signature

Date

Do you receive WI Shares Child Care or W2?

Please complete the form and select one of the options below.

Yes, I have an Open WI Shares Child Care Case.
 My case number is _____.
 I will call MECA (1-888-947-6583) to update my Child Care Authorization.

No, I do not currently receive WI Share Child Care or W2.

Yes, I receive W2.
 My case number is _____.
 I will contact my FEP worker to update my Child Care Authorization.

Signature **Date** **Phone Number**

Am I Eligible? Please complete the following information.

List all adults in household		
First Name	Current Health Insurance?	Currently Working?
_____	Yes	Yes
_____	Yes	Yes

Monthly Income Information	
Total Monthly Gross Income for your Household from Job(s)	\$ _____
OR	
Hours Worked Per Week	_____
Amount Earned Per Hour	\$ _____
Do you receive any additional income? Circle all that apply.	<input type="checkbox"/> Child Support W2 Payments <input type="checkbox"/> Social Security / SSI <input type="checkbox"/> Unemployment
Total Additional Monthly Income Received	\$ _____

List all children in household		
First Name	Child's Age	Current Health Insurance?
_____	_____	Yes
_____	_____	Yes
_____	_____	Yes
_____	_____	Yes
_____	_____	Yes

Continue list on back of page if needed.

FOR OFFICE USE ONLY	
Club Location	_____
Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Parent Needs to Update Auth
If eligible, date contacted _____ by _____	



A department of MPS

2026 Summer Youth Participant Registration Form Program (School):

First Day of Attendance

(mm/dd/yyyy)

Last Name First Name MI Date of Birth / /
 Age MPS Student ID#



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

Please check one for each of the following. Gender: Male Female Other

Address:
 Zip Code: Phone:
 Email: School: Grade:
 Elem. Teacher: MS/HS Math or English Teacher:

Lives with: Both Parents Father (single parent) Foster Care Grandparent(s) Guardian Joint Custody
 Mother (single parent) Other:

How my child will get to/from the program: Pick-up Walk Home Bus/Van City Bus. Route:
 Other:

Special Needs (allergies, medication, diet, etc.):

Race:

African-American
 Asian-American
 Hispanic-American
 Native American
 Pacific Islander
 White or Caucasian
 Two or More Races
 Other:

Primary Language:

English Laotian
 Spanish Hmong
 Karen Vietnamese
 Rohingya Somali
 Arabic
 Other:

Household Information Page – Fill out only once per family

Parent/Guardian Last Name	First Name	Phone Number	Email	Relationship
			@	
			@	

ADDITIONAL CONTACTS: List other contacts for the child(ren) and use the checkboxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick up? Yes/No	Emergency Contact? Yes/No	Lives With? Yes/No

[] Check the box and provide proof that legal restrictions are in effect. List persons not allowed to see the student at the Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name

ADDITIONAL PERMISSIONS: Please check ALL boxes

- I give my approval for emergency contact to be called in the event that I cannot be reached immediately.
- I understand the Program is not responsible for lost, stolen or damaged personal articles.
- I understand that I am responsible for notifying the Program of any changes in my child's attendance schedule due to vacation, life or job changes, program services are no longer needed, etc.

FIELDTRIP PERMISSION: I give permission for my child to participate in field trips and other off-premises activities. A specific permission slip will accompany each fieldtrip.

- Yes
- No

GET WET PERMISSION: Please check one box

- My child has permission to get his/her clothes wet on hot days.
- My child does not have permission to get wet on hot days.

Complete this section when your child will arrive at the Program from school, home, or other activities, or depart from the Program to go to school, home, or other activities, and the child will not be accompanied by a parent or other previously authorized person.

ALTERNATE ARRIVAL PERMISSION:

My child (name is listed above) will arrive at the Program from _____ by way of _____ at _____ on _____
(School, home or other activity) (Walking, bicycle, car pool, etc. Be specific) (Time of arrival) (Day(s) of the week)

My child will travel to this destination WITH or WITHOUT supervision.

ALTERNATE RELEASE PERMISSION:

My child (name is listed above) will leave the Program by way of _____ to go to _____ at _____ on _____
(Walking, bicycle, car pool, etc. Be specific) (School, home or other activity) (Time of departure) (Day(s) of the week)

My child will travel to this destination WITH or WITHOUT supervision.

Parent/Guardian Permission For Before and After School Program- Please Read Carefully - Must be signed by Parent/Guardian for participants 17 and under

PERMISSION: I hereby grant permission for my child myself to participate in the above-named Summer Recreation Program. In the event of any injury requiring medical attention, I hereby grant permission to the Summer Recreation Program staff (including volunteers) to attend to my son/daughter or myself, including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during activities that are not reasonably within the control of the program staff (including volunteers). I/we, therefore, agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers from any and all liability, claims, suits, demands, judgments, costs, interest, and expenses (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media, and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview children within the Summer Recreation Program and MPS. By signing this release, I also give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child, or of materials owned by me or my child and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Summer Recreation Program. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees, and agents from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Program. I further give my consent to the Program and MPS (in aggregate form) to share the participant's records with each other for purposes of educational support and assistance. In addition, I understand that the Summer Recreation Program may use the participants records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18: Signature: _____

Date: _____

Health History and Emergency Care Plan

Use of form: This form is voluntary and meets the requirements in DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian may complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
------------------------	------------------------	--------------------------------------

Home Address (Street, City, State, Zip Code)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address
Physician Name	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Brand Name
	Ingredient Strength

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
 - No specific medical condition
 - Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - Asthma
 - Cerebral palsy / motor disorder
 - Diabetes
 - Epilepsy / seizure disorder
 - Gastrointestinal or feeding concerns, including special diet and supplements

- Other condition(s) requiring special care – Specify.

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).

- Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a. _____
- b. _____
- c. _____

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____