



Membership Type *

Membership Fee

Membership Start Date (mm/dd/yyyy) *

Membership End Date (mm/dd/yyyy) *

Student Information

STUDENT INFORMATION ONLY

First Name * Middle Name Last Name * Nickname

Birth Date (mm/dd/yyyy) * Gender *

Home Address *
City * State * Postal Code *

Phone Type (select one) Phone
Cell Home Work

Phone Type (select one) Phone
Cell Home Work

Email Type (select one) Email
Personal Professional

Race (select one) *
White/Caucasian Black/African American
Asian/Asian American Native American/Alaskan Native
Native Hawaiian/Pacific Islander Two or more races
Unknown

Primary Language (select one)
English Spanish
Primary Language at Home (select one)
English Spanish

Ethnicity (select one) *
Non-Hispanic/Latino
Hispanic/Latino
Unknown

Qualifies for Free/Reduced School Lunch Program (select one) *

- No
 Yes
 Unknown

Academic Information

School year *

Grade Level *

School Name *

WVEIS Number

- Has IEP Has 504 Plan

By agreeing to allow your child to participate in the BBC program, you are granting permission for your child to participate in data collection and evaluations conducted by/connected with the Bob Burdette Center, Inc. This includes but is not limited to report cards, behavioral reports, program surveys, and standardized test scores.

Member Permissions

I grant permission for my child to participate in opt-in faith-based programming. I understand that if I do not grant permission, my child will be expected to participate in other non-faith-based programs or activities that are running concurrently. (select one) *

- Yes No

I grant permission for my child to be included in pictures and videos connected with the Bob Burdette Center, Inc. and I authorize Bob Burdette Center, Inc., to use and publish the same in print and/or electronically. (select one) *

- Yes No

Parent/Guardian Signature *

Date (mm/dd/yyyy) *

Member's Emergency Contacts

Please list any emergency contacts.

PLEASE NOTE: If there are persons who are NOT authorized to sign out your child or pick them up, please list and specify "NO CONTACT" as Relationship Type. If this person is a biological parent, the custodial parent/legal guardian must provide the BBC with a court document of denial of rights.

First Name

Last Name

Relationship Type

- Is Emergency Contact

Address Type (select one)

Home Work

Address

City

State

Postal Code

Cell

Home

Work

Physician Name

Physician Phone

Allergies, Medical Conditions and/or Current Medications (administration by BBC staff requires written permission)

Can Swim (select one)

No
 Yes
 Unknown

Handbook Agreement

I have received, reviewed, and signed the organization's Parent + Student Handbook and accept the terms, rules, and polices set forth.

Handbook Agreement Parent/Guardian Signature *

Handbook Agreement Date (mm/dd/yyyy) *

Virtual Programming Consent Form

I hereby consent to the Bob Burdette Center, Inc.'s collection, use, and/or disclosure of information about my child through the registration process and other manual and/or electronic procedures of the Bob Burdette Center Traditional and Virtual Enrichment Programs. Due to COVID-19 related school dismissals, I understand that my child may be register for a virtual course, and that the information collected is needed for course registration. This consent form covers all forms of distance learning courses, including but not limited to satellite courses, video courses, and web-based courses. Your child's image may be transmitted during video portions of distance learning and online courses. The information supplied to the course provider and/or the Bob Burdette Center, Inc. may include, but not be limited to: student name, address, phone number, age, gender, school name, student grade in school, student email address, student progress and participation in course/s.

Parent/Guardian Signature *

Date (mm/dd/yyyy) *

Registration Confirmation

You are required to complete the complete registration packet and submit for review and approval by the Program Director. Please return this form to your Site Coordinator or the BBC Administrative Assistant for prompt processing.

Your child may not begin program until this form has been approved by the Program Director. If you have questions or need assistance, please contact the Bob Burdette Center at (304) 342-1158.