



The Boys' and Girls' Brigade of Brockton
900 Main Street, Brockton, MA 02301 • 508-649-3161



Your application needs to include everything in order to be processed!

- Completed Enrollment Form
- Check or Money Order with FULL Payment for program (checks and money orders should be made out to BBGB)
- Health record of your child's last physical
- A copy of your child's most up to date immunizations
- Required Parent/Guardian Signature Page
- If applying for scholarship, provide proof that your family qualifies for a form of public assistance, such as federal free lunch program, SNAP, public housing or WIC

Date Received:	
Amount Paid:	
Received By:	

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Enrollment Form

Child's Information

Child's Name:			
Date of Birth:	Age:	Gender:	
Ethnicity:		Primary Language:	
Race: (please circle) Asian Black Hispanic Mixed/Other Native American White			
Home Address:			
City:		State:	Zip Code:
School Attending in Fall:			Grade Entering in Fall:

Parent/Guardian Information

Parent/Guardian Name:		Parent/Guardian Name:	
Relationship to Child:	Primary Language:	Relationship to Child:	Primary Language:
Does your child live with you? Yes / No		Does your child live with you? Yes / No	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	Best Phone:	Work Phone:	Best Phone:
Email Address:		Email Address:	

While church membership is NOT required, we are interested in knowing if your family is a member of a worshipping congregation

My child has participated in the Boys' & Girls' Brigade Brockton in the past:	Yes / No
What years?	
My family is a member of an Episcopal/Anglican congregation:	Yes / No
Which church?	
How did you find out about us? (circle all that apply) Returning Family Member Flier School Website Other	

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Emergency Contacts/Medical Information

Child's Name	Date of Birth:
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Emergency Contacts

Please list individuals who can be contacted in an emergency or nonemergency if you cannot be reached. Please note that persons listed as "emergency contacts" are automatically authorized to pickup your child from the program.

Name:	Relationship to child:	Does this person live with your child? Yes / No
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to child:	Does this person live with your child? Yes / No
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to child:	Does this person live with your child? Yes / No
Home Phone:	Cell Phone:	Work Phone:

Child's Medical Information (Please write NONE if there are none)

Allergies	Reaction	Treatment
Does your child have any special disabilities/needs or chronic health conditions? Yes / No If yes, please explain:		
Does your child take any medications? Yes / No If yes, please explain:		
Does your child have any dietary restrictions? Yes / No If yes, please explain:		
Does your child have an IEP or any learning or reading disabilities? Yes / No If yes, please explain:		

Child's Insurance Information

Medical Insurance Company:	Policy Number:
Child's Physician:	Physician's Phone Number:

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Required Parent/Guardian Signatures

Child's Name	Date of Birth:
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General Permission

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE BBGB PROGRAM. I UNDERSTAND THAT THIS INCLUDES CLOSELY SUPERVISED OUTDOOR ACTIVITIES AND FIELD TRIPS. I HAVE SUBMITTED ALL PERTINENT INFORMATION FOR MY CHILD TO THE DIRECTOR OF THE PROGRAM. I DO NOT HOLD BBGB, GRACE CHAPEL BROCKTON OR ANY OF THEIR AFFILIATES LIABLE FOR ANY PERSONAL INJURIES THAT MAY OCCUR TO MY CHILD DURING THEIR PARTICIPATION IN THE PROGRAM. I GIVE PERMISSION TO THE HEALTH CARE PROFESSIONAL SELECTED BY BBGB TO ORDER ANY TREATMENTS RELATED TO THE HEALTH OF MY CHILD FOR BOTH ROUTINE HEALTH CARE AND IN EMERGENCY SITUATIONS. IF I CANNOT BE REACHED IN AN EMERGENCY, I GIVE MY PERMISSION TO THE HEALTH CARE PROFESSIONAL TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND ORDER INJECTION, ANESTHESIA, OR SURGERY FOR THIS CHILD. I UNDERSTAND MY CHILD'S HEALTH INFORMATION WILL BE SHARED ON A "NEED TO KNOW" BASIS WITH BBGB STAFF.

Parent/Guardian Signature	Date:
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Photo/Video Release

I GIVE PERMISSION FOR THE IMAGE OF MY CHILD, _____, TO BE USED ON THE BBGB WEBSITE, IN OTHER PROMOTIONAL MATERIALS OF THE CHURCH OR THE EPISCOPAL DIOCESE OR OTHER PARTNER ORGANIZATIONS.

Parent/Guardian Signature	Date:
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Field Trip Permission

I, _____, GIVE PERMISSION FOR MY CHILD, _____, TO PARTICIPATE IN ALL BGGP FIELD TRIPS (INCLUDING BUS TRIPS). IT IS IMPORTANT FOR YOUR CHILD TO FOLLOW ALL PROGRAMS AND GROUP RULES. OTHERWISE, YOUR CHILD MAY LOSE ALL FIELD TRIP PRIVILEGES.

Parent/Guardian Signature	Date:
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Transportation Waiver (BGGP is not responsible for transportation to and from the program).

_____ YES, I DO GIVE PERMISSION FOR MY CHILD TO LEAVE THE BGGP PROGRAM BY HIM/HERSELF AT DISMISSAL TIME. I WILL PROVIDE FOR ANY NECESSARY TRANSPORTATION AND I ACCEPT ALL RESPONSIBILITY FOR MY CHILD ONCE HE/SHE LEAVES THE PROGRAM. I DO NOT HOLD BGGP STAFF OR AFFILIATES RESPONSIBLE IN THE EVENT OF AN EMERGENCY OR ACCIDENT.

_____ NO, I DO NOT GIVE PERMISSION FOR MY CHILD TO LEAVE THE BGGP PROGRAM BY HIM/HERSELF AT DISMISSAL TIME. MY CHILD MUST REMAIN AT THE PROGRAM UNTIL I OR ANOTHER PERSON DESIGNATED ON THE APPLICATION FORM ARRIVES TO PICK UP MY CHILD.

Parent/Guardian Signature	Date:
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