

Date entered in KidTrax _____ Entered by (staff) _____ Membership ID # _____

Received: _____ Start Date: _____ Staff Initial: _____

**Please return applications to
the Olga Brener school office
by May 17th, 2019.**



**BOYS & GIRLS CLUB
OF SHAWANO**

Building Location:
Shawano Middle School
Cell: (715) 851-6171

SUMMER MEMBERSHIP APPLICATION

\$25 Fee per Child required AFTER acceptance into program ___ Paid

For your child's well-being, the information you provide must be complete and accurate. This information is necessary to maintain funding, state compliance and records for Boys & Girls Club service. The membership form will NOT be accepted without all sections completed.

YOUTH:			
Preferred Name:	First _____	Middle _____	Last _____
Birth Date:	_____ / _____ / _____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current School: _____			
Lives With:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Shared Custody <input type="checkbox"/> Extended Family <input type="checkbox"/> Foster Family <input type="checkbox"/> Group Home		
Ethnicity:	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Native American	<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> Other: _____

Regular attendance is encouraged to ensure enrollment in program:

___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ All Days

HEAD OF HOUSEHOLD:		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Home Address:	First _____	Last _____
City:	State/Zip:	Household Size: _____
Home Phone: () _____	Cell Phone: () _____	
Employer:	Work Phone: () _____	Ext. _____
Parent's Email Address: _____		
Are any parents' active in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are any parents' veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Wages Earned Annually:	<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$15,000 to \$24,999
	<input type="checkbox"/> \$25,000 to \$34,999	<input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 and over

**OTHER PARENT/
GUARDIAN IN
HOUSEHOLD:** _____ Male
 Female

First _____ Last _____

Cell Phone: (_____) _____ Email Address: _____

Employer: _____ Work Phone: (_____) _____ Ext. _____

CHECK ALL PROGRAMS FOR WHICH FAMILY RECEIVES ASSISTANCE:

SSDI Day Care Voucher School Lunch
 SSI Food Stamps Veterans Compensation
 TANF General Assistance MA (Medicaid, BadgerCare, etc.)

PICKUP INFORMATION:

List names of individuals (other than parents) authorized to pick up youth. These individuals will also be emergency contacts.

1. _____ Relationship: _____ Phone: _____
2. _____ Relationship: _____ Phone: _____
3. _____ Relationship: _____ Phone: _____

Person(s) Not Authorized: _____

ADDITIONAL INFORMATION:

Grade for 2018-2019 school year: _____ Name of child's 2018-2019 teacher: _____

Medical Information-Check any special medical condition that your child might have.

Food Allergies- Specify food(s): _____
 Non-food allergies- Specify: _____
Does your child have an Epi-pen for allergies? Circle: YES NO
 Asthma Does your child have an Inhaler? Circle: YES NO
 Diabetes
 Epilepsy/Seizure disorder
 Other special needs for your child _____

Signs or symptoms to watch for medical conditions listed above-Specify:

Doctor Name: _____ Phone Number: _____

Does your child have an IEP? Circle: YES NO
What language does your child primarily speak? _____
Special concerns about your child or family-Specify?

PARENT/GUARDIAN APPROVAL:

I approve my child’s application for membership to the Boys & Girls Club of Shawano. I am aware that the Club rules and policies are available at the Club office and I will take time to review the policies and guidelines by which the program will run. I understand that a \$25.00 membership fee is due before my child can start program. (Please contact Site Director if you need payment assistance.) My child and I agree to follow the Club rules and policies, and we understand that Club membership is a privilege that may be revoked at any time.

Internet and movies: I understand that my child will have supervised access to the Internet for web browsing and educational purposes. I give my permission for my child to view G and PG rated movies while attending Boys and Girls Club.

Sharing of Personal Information: I give my permission to the Boys & Girls Club of Shawano to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate program effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child’s school or school district, and other information collected by Boys & Girls Club of Shawano, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Surveys and Questionnaires: I give my permission to the Boys & Girls Club of Shawano to survey my child about his or her Club experiences, risk behaviors, skills, and attitudes. I give consent for my child to complete youth outcomes surveys involving questions about his/her risk behaviors at the end of the calendar year, in the spring, and at the end of summer. I am aware that blank sample copies of the youth outcomes surveys are available for review at the Front Desk. I agree that if I do not want my child to participate in the youth outcomes surveys, I must provide notice in writing to the Boys & Girls Club of Shawano.

School Information: I give my permission to the Boys & Girls Club of Shawano and my child’s school to exchange information regarding my child. Information that will be shared may include the information provided on this membership application form, school records involving student progress, behavior, and attendance, and other information collected by Boys & Girls Club of Shawano, including data collected via surveys or questionnaires. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school and in the Club. This release is valid for one year and may be revoked by contacting my child’s school in writing.

Use of My Child’s Image and Artwork: I grant the Boys & Girls Club of Shawano the irrevocable right to photograph / record my child’s physical likeness and any artwork or other projects created by my child and to use the said images in the production of promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interest in said images and I waive the right to inspection and approval of the finished reproduction.

Medical Treatment: I give my permission for Club staff members to administer first aid treatment or allow a physician or hospital to administer emergency treatment to my child as deemed necessary.

Release of Liability: I will not hold the Boys & Girls Club of Shawano responsible in case of any loss, damage, injury, or death resulting from use of Club facilities or participation in Club activities either at or away from the Club.

<u>Authorization:</u>	
Yes	No
	I give my child permission to participate in field trips and other activities during operation hours (busing and/or walking). Staff will notify in advance if the distance away from the school exceeds 1 mile.
Yes	No
	I give consent for my child to participate in Big Brothers Big Sisters program during BGC After School Program. I authorize BBBS of NEW to meet and interview my child to obtain information regarding the child’s interests and desire to participate. Certain information regarding your child will be shared with a volunteer for match purposes and may include: age, sex, race, religion, interests, hobbies, and school performance. IF your child is matched, you will receive an information packet about the Big Brothers Big Sisters program. Not all members will participate in BBBS. Amount of matches made is determined by availability of adult volunteers obtained by BBBS.

Child’s Name: _____

Legal Guardian Signature

Date