

Office Use Only: Fee Received \_\_\_\_\_ Membership ID#: \_\_\_\_\_

Please Sign Up for our Texting Service!

Text:

BGCEast  
BGCWest  
BGCDanz  
BGCFort

To: 855-954-1348



**BOYS & GIRLS CLUB  
OF GREATER GREEN BAY**

# Membership Application

See staff for fee information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Clubhouse serves members starting at age 7)

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## Race/Ethnic Identity (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian/Indigenous      | <input type="checkbox"/> Native Hawaiian/other islander |
| <input type="checkbox"/> Asian or Hmong                  | <input type="checkbox"/> Latino/Latina/LatinX           |
| <input type="checkbox"/> Black or African American       | <input type="checkbox"/> White                          |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Other                          |

## Place of Membership (check one)

- Thomas H. Lutsey (East Unit)
- Bruce W. Nagel (West Unit)
- Danz After School Program
- Fort Howard After School Program
- Be Great Graduate
- Shawano Program

## Type of Membership

(check one)

- New Membership
- Renew Membership

## School Information for 2022-2023 School Year

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Lunch:  Free/Reduced

## Medical/Health Information

### Allergies

Please list any allergies your child has that Club should know about:

\_\_\_\_\_

### Medical Conditions

Please list any medical conditions your child has that Club should know about:

\_\_\_\_\_

If your child requires medication to be given while at Club, please fill out additional form attached.

\*\*Youth Information Only\*\*

## Household Contacts

**Primary Parent/Guardian (required)\***

Relationship to Youth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Family Member #2**

Relationship to Youth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Other Emergency Contacts:** Please list additional contacts authorized to pick up youth from Club.

Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Household Demographics Information

1. Is this a military family? **YES/NO**
2. Is this a single parent household? **YES/NO**
3. How many adults and youth live in your household:  
     #Adults \_\_\_\_\_ #Youth \_\_\_\_\_
4. Housing Type (please check one)
  - ◇ Permanent (Own,Rent,Etc.)
  - ◇ Public Housing
  - ◇ Group Home
  - ◇ Foster Home
  - ◇ Homeless

**Please Indicate your total household income**

<input type="checkbox"/> \$0 - \$10,000	<input type="checkbox"/> \$30,001 - \$35,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$35,001 - \$40,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$40,001 - \$45,000
<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$45,001 - \$50,000
<input type="checkbox"/> \$25,001 - \$30,000	<input type="checkbox"/> \$50,001 +

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Your signature confirms that all information above is accurate and you agree to all releases and waivers on the next page. For further information about policies & procedures please request our Club handbook.*

## **Boys & Girls Club of Greater Green Bay Releases & Waivers Page**

(Parent/Guardian keeps this page)

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the **Boys & Girls Club of Greater Green Bay (BGCGB)** and **Boys & Girls Clubs of America (BGCA)**, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

**Data Collection** I give my permission to the BGCGB to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCGB in writing.

**Medical** I give permission to the BGCGB to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. Proper documentation must be provided in order for the BGCGB to distribute any medication.

**Technology** As a member of the Boys & Girls Club, your child may have access to the Internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access. The Boys & Girls Club will not be responsible for any unauthorized access.

**Transportation** Parents and Club members are responsible for their own transportation to and from the Club, unless otherwise specified. As a drop-in facility, we are not responsible for Club members' whereabouts.

**Data Sharing** I give my permission to the BGCGB to share information about the minor child listed on this application with BGCA, the Brown County United Way, and Achieve Brown County for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to the above named parties 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 BGCGB, including data collected via surveys or questionnaires. All information provided to BGCA, the Brown County United Way, and Achieve Brown County will be kept confidential. This release may be revoked at any time by contacting the BGCGB in writing.

**School Communication & Club Support** I understand and consent to verbal communication between the Boys & Girls Club and my child's school for the purpose of health and safety. I understand that during the child's Club day, a social worker or UWGB social work intern may be in contact with your child due to any behavioral or emotional concern.

**Media** I give my permission for my child's picture, video, image, or likeness, to be used by the Boys & Girls Club and its affiliates or donors, including BGCA, for promotional purposes including but not limited to social media, television and other news media, websites, and general publications. I acknowledge neither my child nor I will receive payment for same.

**Miscellaneous** I understand who the Boys & Girls Club is not responsible for lost or stolen items. The Boys & Girls Club has an open door policy where members are allowed to come and go as they please. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCGB reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

**Art Work** I grant the Boys & Girls Club of Greater Green Bay 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.



**BOYS & GIRLS CLUB  
OF GREATER GREEN BAY**

**Wisconsin After 3-Enrollment Form**

Welcome to the Wisconsin After 3 program! Your child has been selected participate in the Wisconsin After 3 program. Wisconsin After 3 is funded by the State Department of Children and Families and utilizes two highly acclaimed pro-grams that boost positive youth outcomes by increased reading and math fluency and career preparedness, Power Hour and CareerLaunch.

Power Hour: Making Minutes Count program which contains the following components:

1. Homework help and tutoring program for youth ages 6 to 18.
2. NBA Math Hoops- a dynamic experience that features digital and physical games, classroom curricula, and community events that allow students and educators to explore fundamental math and social-emotional skills through the game of basketball

CareerLaunch: CareerLaunch is a job-readiness and career preparation program for grades 6-12. It provides fun and interactive activities for youth to explore a broad range of career areas, match their interest to career clusters and identify the skills and education needed for their particular career path. CareerLaunch is designed to support youth in preparing for their first job, internships, summer employment and so much more!

**We are required to report TANF eligibility information on Wisconsin After 3 participants to other agencies for grants and other revenue purposes. Parent/guardian certification to share household information is required to determine eligibility for these programs. This information is not reported with your name and is only used as needed. It is otherwise kept confidential. Please check the boxes that apply to you and complete the income and household questions.**

We qualify for the following program(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Wisconsin Works (W-2)    | <input type="checkbox"/> SNAP (FoodShare)   |
| <input type="checkbox"/> Wisconsin Shares         | <input type="checkbox"/> WIC                |
| <input type="checkbox"/> SSI-Caretaker Supplement | <input type="checkbox"/> Free/Reduced Lunch |

My Annual Income is: \_\_\_\_\_

The number of people living in my household is: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Additional Club Support

The following questions are optional and are designed to help Club provide the best services possible for your child. Question responses will not affect member enrollment. You may contact the Club's Director of Social Emotional Learning, Brooke Unrath ([bunrath@bgcgb.org](mailto:bunrath@bgcgb.org), 920-494-7090 ext. 2056), to provide more detailed responses.

1. Does your child have any mental health challenges?

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2. Does your child have any physical or developmental challenges?

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3. Does your child have any behavior challenges?

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4. Are there any additional resources or supports that would help your child or family?

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<u>Club Members Full Name</u>	<u>Birthdate (mm/dd/yyyy)</u>
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**MEDICATION INFORMATION:**

Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered (Example: with Water/Food?)	Dates – Medication Time Period	
				From	To
		AM PM			
		AM PM			
		AM PM			
		AM PM			

Additional information / special instructions / contraindications – Specify.

**AUTHORIZATION**

As the parent or guardian of the above mentioned student, I will keep the Club aware of any changes in medication(s) profile or health concern of my child.

As a part of the Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, child care organizations are required to have permission from a medical provider and parent to administer medications. As part of this authorization form, Boys & Girls Club employees may contact the medical provider with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above with parent permission.

SIGNATURE – Parent or Guardian Date Signed