

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

Received: _____ Start Date: _____ Staff Initial: _____

Mailing Address:
Boys and Girls Club
1300 South Union St.
Shawano, WI 54166



Building Location:
Olga Brener Intermediate
Phone: (715) 524-2131 Ext 4120
Cell: (715) 851-6171

MEMBERSHIP APPLICATION \$10 Fee per Child required **AFTER** acceptance into program ___ Paid

YOUTH:

Preferred Name: _____ Birth Date: _____ / _____ / _____ Middle Last Gender: Male Female

School: _____ Grade: _____ School Student ID Number: _____

Lives With: Both Parents Mother Only Father Only Extended Family Foster Family Group Home

Ethnicity: African American Asian Caucasian Hispanic/Latino

Native American Multi-Ethnic Other: _____

Regular attendance is encouraged to ensure enrollment in program:

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

HEAD OF HOUSEHOLD: _____ Male Female

Home Address: _____ First Last Household Size: _____

City: _____ State/Zip: _____

Home Phone: () _____ Cell Phone: () _____

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

Parent's Email Address: _____

Are any parents active in the military? Yes No Are any parents veterans? Yes No

(Optional) Household Wages Earned Annually: Under \$10,000 \$10,000 - \$14,999 \$15,000 to \$24,999 \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 and over

**OTHER PARENT/
GUARDIAN IN
HOUSEHOLD:**

Male

Female

First

Last

Cell Phone: () _____

Email Address: _____

Employer: _____

OPTIONAL INFORMATION: (Check all programs from 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 pickup youth. These individuals will also be emergency contacts.

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

Person(s) Not Authorized: _____

ADDITIONAL INFORMATION:

Grade _____ Name of child's 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 school office and I will take time to review the policies and guidelines by which the program will run. I understand that a \$10.00 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: I understand that my child will have supervised access to the Internet for web browsing and educational purposes.

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.

Authorization

Yes No I give my child permission to participate in fieldtrips and other activities during operation hours (busing and/or walking) Staff will notify you in advance.

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 the Big Brother Big Sister Program.

Legal Guardian Signature

Date