



**BOYS & GIRLS CLUB
OF SHAWANO**

Summer School Program

Summer 2017

Who can be enrolled?

Any 3rd and 4th graders attending the summer school program at the Shawano Middle School are able to apply (5th graders who participated in the 2016-2017 school year Boys and Girls Club program are eligible to apply). There is limited space so please return applications by May 30th to have your child eligible for the summer Boys and Girls Club.

How do I enroll my child?

GET, COMPLETE, RETURN: Parents and students can pick up an application form available at the school office or at bgcshawano.org. The completed application form must be returned directly to the Olga Brener school office no later than May 30th. If your application form is missing information or the Authorization Form is not signed, your child's membership will not be processed until all forms are completed. Upon acceptance into the program a \$25.00 fee is required. Your child is able to attend the Boys and Girls Club after acceptance into the program, after the fee has been collected, and after attending an informative meeting with the Site Director.

ACCEPTANCE or WAITLIST: The program has a limited number of spots available. The Site Director will communicate program acceptance or if your child is on the waiting list. You can only send your child to the program after you have spoken to the Site Director and acceptance has been approved. Please note: Spots are not filled on a first come first served basis, however, it is recommended that you submit your application ASAP.

Summer Program Site, Program Hours and Contact Information:

Shawano Middle School- Boys and Girls Club Site	6/12/17-7/14/17 from 1pm-5pm Pick up is from 4:45-5:00pm	-Site Director- Kimberly Lodewegen	Phone: Cell: 715.851.6171	klodewegen@bgcshawano.org
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IMPORTANT POLICIES AND PROCEDURES

Upon acceptance into the program, all parents/guardians must attend the Family Resource meeting. Please refer to this for items such as: attendance, pick-up procedures, communication, guidance & discipline, health and nutrition procedures, emergency procedures, etc. Copies of this handbook can be obtained from the Site Director. Upon acceptance into the program, parents/guardians will be contacted by the Site Director to set up this informative meeting.

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

Received: _____ Start Date: _____ Staff Initial: _____
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Please return applications to
the Olga Brener school office
by May 30th, 2017.



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

SUMMER MEMBERSHIP APPLICATION \$25 Fee per Child required AFTER
acceptance into program ___Paid

YOUTH:			
Preferred Name:	First _____	Middle _____	Last _____
	Birth Date: _____	/ /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School:	_____	Grade: _____	School Student ID Number: _____
Lives With:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <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
	First _____ Last _____	<input type="checkbox"/> Female
Home Address:	_____	
City:	_____	State/Zip: _____
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
(Optional) 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:	_____	<input type="checkbox"/> Male
	First _____ Last _____	<input type="checkbox"/> Female

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 2016-2017 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