

**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

Membership Fee (Per Family) <i>Scholarships available for those who qualify.</i>	1 Child	2+ Children	<i>Fee paid upon acceptance into program</i>
<b>Per Semester (Fees due in Sept and Jan)</b>	\$25	\$40	_____ Paid _____ Date
<b>Per Year (Fee due in Sept)</b>	\$50	\$80	_____ Paid _____ Date

***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 forms completed.***

<b>YOUTH:</b>			
Preferred Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School:		Grade:	Teacher:
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**

<b>HEAD OF HOUSEHOLD:</b>		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Home Address: _____		
City: _____	State/Zip: _____	Household Size: _____
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

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. \_\_\_\_\_

**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:** \_\_\_\_\_

**CHECK ALL PROGRAMS FOR WHICH FAMILY RECEIVES ASSISTANCE:**

- |                               |   |  |
|-------------------------------|---|--|
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Day Care Voucher   | <input type="checkbox"/> School Lunch                    |
| <input type="checkbox"/> SSI  | <input type="checkbox"/> Food Stamps        | <input type="checkbox"/> Veterans Compensation           |
| <input type="checkbox"/> TANF | <input type="checkbox"/> General Assistance | <input type="checkbox"/> MA (Medicaid, BadgerCare, etc.) |

**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 school office and I will take time to review the policies and guidelines by which the program will run. I understand that a 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.

<b><u>Authorization:</u></b>	
<b>Yes</b>	<b>No</b>
	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.
<b>Yes</b>	<b>No</b>
	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