



## 2017 Summer Program

Member Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Letter of Understanding

Please read the following important information and sign and date at the bottom of this form. Thank you!

**LATE PICKUP POLICY** - I acknowledge the late pick-up policy and understand \$5.00 will be charged for the first five (5) minutes after the pick-up time of 5:30 pm and \$1.00 charged every minute thereafter. For the second late pick-up, I understand the same fees apply and that I must attend counseling with BGCSF/DN staff. If a third late pick-up occurs, the same fees apply and CYFD will be notified. If I am going to be late, I must speak to the Unit Director to avoid late fees.

**OPEN DOOR POLICY** – I understand the BGCSF/DN has an open door policy and if my child/children leaves the program/premises, they are not under the supervision of the BGCSF/DN staff.

**PROGRAM PARTICIPATION & OUTCOMES MEASUREMENT** - I give permission for my child to participate in Boys & Girls Club programs such as SMART Moves, SMART Girls, One-on-One and Group Mentoring, Project AIM, and Project Learn, and to be surveyed and interviewed to find out what his/her behaviors, skills and attitudes are in regard to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as his/her experiences at the Club.

**TECHNOLOGY**– I understand that all BGCSF/DN members are expected to follow all rules and regulations for using the Internet and technology center, including mobile devices like e-readers and tablets, for any activity that involves technology. Rules and guidelines are posted at each site and in the Club computer lab. Failure to abide by the rules and guidelines may result in temporary or permanent loss of access to any technology at the Club.

**RELEASE OF SCHOOL INFORMATION** – I grant permission for my child's school to release information regarding my child's personal school records including, but no limited to, free and reduced lunch application, report cards and standardized test scores, absences, disciplinary actions & current health records. I further give permission for my child's school to disclose student records including contact information, class schedule, attendance and grades in connection with his/her participation in Club programs.

**CONFIDENTIALTY** – The information collected about your child will be kept private and locked in a secure area.

**FEES** – ALL PROGRAM/MEMBERSHIP FEES ARE NON-REFUNDABLE.

***NEW!! Please provide your cell phone# \_\_\_\_\_ and Carrier/Provider name (Verizon, AT&T, etc.) \_\_\_\_\_ so we can send you a text about closures, etc.***

It is mandatory that every member has a fully completed, accurate application. Be sure to fill out every applicable section of the membership application.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Membership Application

Member Last Name

First Name

Middle Name

Club

Birthday

School

Gender ☐ Male ☐ Female

Grade

Race/Ethnicity ☐ Asian ☐ Latino/Hispanic

County Housing ☐ Yes ☐ No

☐ Native ☐ Black

Free/Reduced ☐ Yes ☐ No

☐ White

Lunch

\*Multiple selection permitted ☐ Other

Income Level (yearly)

Living With

Is Parent Active Military ☐ Yes ☐ No

Language spoken at home

Check all that apply ☐ TANF ☐ SSDI ☐ SSI

Household Size

☐ General Assistance ☐ Day Care Voucher ☐ Food Stamps

### Primary address where child resides

Address Line 1

Address Line 2

City  State  Zip Code

Phone  Cell

### Emergency Contacts/Authorized to Pick Up

Contact #1 Name  Home Phone

Relationship to Child  Cell Phone

Contact #2 Name  Home Phone

Relationship to Child  Cell Phone

Contact #3 Name  Home Phone

Relationship to Child  Cell Phone

## Membership Application

---

### Medical /Emergency

Doctor Name

Doctor Phone #

Medical issues/Allergies

Medications

Insurance Company

Insurance ID

BGC staff has my permission to transport my child in the case of an emergency\_\_\_\_\_ (please initial)

---

### Parent/Guardian # 1

Last Name

First Name

Relationship

Employer

Email

Home Phone #

Cell Phone

Guardian ☐ Yes ☐ No

Authorized to pick up ☐ Yes ☐ No

Same Address as Member ☐

---

### Parent/Guardian #2

Last Name

First Name

Relationship

Employer

Email

Home Phone #

Cell Phone

Guardian ☐ Yes ☐ No

Authorized to pick up ☐ Yes ☐ No

Same Address as Member ☐

---

### Person NOT AUTHORIZED to pick up child

Name

Name

Relationship to Child

Relationship to Child

\* YOU WILL BE REQUIRED TO PROVIDE A COPY OF OFFICIAL COURT-ISSUED PAPERWORK