



**For Office Use Only**

Entered by: \_\_\_\_\_  
Amt Paid: \_\_\_\_\_  
New: \_\_\_\_\_  
Renew: \_\_\_\_\_  
CYFD: \_\_\_\_\_  
Housing: \_\_\_\_\_  
Hardship: \_\_\_\_\_

## 2019-2020 After School Program Membership Application

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

### Letter of Understanding

The Boys & Girls Club of Santa Fe/Del Norte has an obligation to the community to provide a safe environment for our children and to stand by our motto by being "A Positive Place for Kids". To ensure parents and staff maintain this commitment throughout the year together, we will have several parent meetings. Parents are required to attend at least 75% of these meetings. This is your investment in your child's after school activities. This letter of understanding is intended to clearly explain the parental meeting requirements and the fees for late pickups. Please read it carefully before signing below.

Thank you for your cooperation.

I, \_\_\_\_\_, the parent of \_\_\_\_\_, will invest time to attend a minimum of 75% of the mandatory parent/staff meetings, understanding that failure to do so without prior notice to the Unit Director will result in the termination of my child's membership.

I also acknowledge an awareness of the late pick-up policy and understand \$5.00 will be charged for the first five (5) minutes after the pick-up time of 6:00 pm and \$1.00 charged every minute thereafter. For the second late pick-up, the same fees apply and you must attend counseling with BGCSF/DN staff. If a third late pick-up occurs, the same fees apply and CYFD will be notified. If you are going to be late, you must speak to the Unit Director to avoid late fees.

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

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

# Membership Information Form



All Program/Membership Fees  
Are Non-Refundable

## Check Club Site:

☐ Zona ☐ Del Norte  
☐ Valle Vista ☐ Abiquiu  
☐ Camino de Jacobo ☐ Santa Cruz  
☐ Chimayo  
☐ After School ☐ Summer ☐ Teen

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Prog. Yr: \_\_\_\_\_

Member ID: \_\_\_\_\_

## Contact Information (Please Print)

Member's First Name: \_\_\_\_\_

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

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

Member Lives With: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

## Demographic

Gender: ☐ Female ☐ Male

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Communities In School Member: ☐ Yes ☐ No

Ethnicity:

☐ African American ☐ Caucasian ☐ Hispanic/Latino

☐ Native American ☐ Asian American ☐ Multi-Racial ☐ Other

Family Totals:

☐ Sisters ☐ Brothers ☐ Household

Member Before?

☐ Yes ☐ No If yes, name of club(s) attended: \_\_\_\_\_

## Parent/Guardian

Father's First Name: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_

Father's Work Phone/Ext: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_

Mother's Work Phone/Ext: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Guardian's First Name: \_\_\_\_\_

Guardian's Last Name: \_\_\_\_\_

Guardian's Work Phone/Ext. \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_

Guardian's Occupation: \_\_\_\_\_

**THE FOLLOWING MEDICAL/EMERGENCY INFORMATION IS REQUIRED:**

<b>Medical Problems/Allergies:</b>  _____ <b>Physician:</b>  _____ <b>Insurance Company:</b>  _____	<b>Medications:</b>  _____ <b>Physician Phone:</b>  _____ <b>Insurance Policy &amp; Number:</b>  _____
<b>BGC staff has my permission to transport my child in the case of an emergency. _____ (please initial)</b>	

**CONFIDENTIAL:** The following information is necessary for our records and the funding our Club receives. The answers you provide are completely confidential. Your cooperation in providing this information is appreciated.

<b>Annual Income: (Circle One)</b>			
\$ 9,999 and under	\$10,000 - \$19,999	\$20,000 - \$29,999	\$30,000 - \$39,999
\$40,000 - \$49,999	\$50,000 - \$59,999	\$60,000 and over	
<b>Check all that apply:</b> <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation			
<b>Child's Labor Force Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Not employed			
<b>Child's Household Type:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s)			
<b>Child's Family Setting:</b> <input type="checkbox"/> County Housing <input type="checkbox"/> Section 8 <input type="checkbox"/> Civic Housing <input type="checkbox"/> N/A			

**MEMBERSHIP:** I have read the completed application and the Boys & Girls Clubs of Santa Fe/Del Norte (BGCSF/DN) Member Handbook and understand the rules of the Club and request that my child/ren be admitted into membership. I have explained the rules to my child/ren and we agree that all rules of the Club will be followed.

**SUPERVISION POLICY:** I understand that once my child/ren is signed out of the program/premises, they are no longer under the supervision of the BGCSF/DN staff.

**MEDIA CONSENT:** I hereby give permission to BGCSF/DN to utilize photos or videos of my child in Club publicity. I consent to such uses and hereby waive all rights of compensation.

**PROGRAM PARTICIPATION & OUTCOMES MEASUREMENT:** I give permission for my child to participate in Boys & Girls Club programs such as SMART Moves, One-on-One and Group Mentoring, 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 not 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.

**ASSURANCE OF CONFIDENTIALITY:** The information collected about your child will be kept private and locked in a secure area.

**FEES:** All Program/Membership Fees are Non-Refundable.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Club Member's Signature

\_\_\_\_\_  
Date



**BOYS & GIRLS CLUBS**  
OF SANTA FE/DEL NORTE

**EMERGENCY/CHILD PICK-UP AUTHORIZATION FORM**

**Child's Name:** \_\_\_\_\_

**Secret Password:** \_\_\_\_\_

**Main Pick-Up Person:**

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

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**Additional person who may pick up child:**

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

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**Additional person who may pick up child:**

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

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**PLEASE COMPLETE THE FOLLOWING IF APPLICABLE. YOU WILL BE REQUIRED TO PROVIDE A COPY OF OFFICIAL COURT-ISSUED PAPERWORK.**

**Person NOT AUTHORIZED to pick up child:**

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

Relationship to child: \_\_\_\_\_

**Person NOT AUTHORIZED to pick up child:**

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

Relationship to child: \_\_\_\_\_

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





**BOYS & GIRLS CLUBS**  
OF SANTA FE/DEL NORTE

## **2019-2020 After School Program Fee Schedule**

<b>Registration Fee</b>
\$25 per family (New Members Only, excludes CYFD Qualified)

<b>Membership Fees</b>			
	<b>1<sup>st</sup> Child</b>	<b>2<sup>nd</sup> Child</b>	<b>3<sup>rd</sup>+ Child</b>
<b>Zona</b>	<b>\$250.00</b>	<b>\$150.00</b>	<b>\$100.00</b>
<b>Camino &amp; Valle Vista</b>	<b>\$200.00</b>	<b>\$150.00</b>	<b>\$100.00</b>
<b>Santa Cruz &amp; Del Norte</b>	<b>\$200.00</b>	<b>\$150.00</b>	<b>\$100.00</b>
<b>Del Norte Teens</b>	<b>\$50/month</b>		

**CYFD Qualified** – Monthly copayment issued from CYFD

**Drop-In Rate/Weekly Rate** – \$75.00 per week

**NOTE:** First month's payment is due upon registration and on the 1<sup>st</sup> of each month thereafter. Missed/forgotten payments will result in suspension of your child's membership.

**NO REFUNDS ON ANY TRANSACTIONS**

**FEES ARE SUBJECT TO CHANGE**