



2018 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.

SUPERVISION POLICY – I understand that once my child/children is signed out of the program/premises, they are no longer 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 Information Form



All Program/Membership Fees
Are Non-Refundable

Check Club Site:

<input type="checkbox"/> Zona	<input type="checkbox"/> Del Norte
<input type="checkbox"/> Valle Vista	<input type="checkbox"/> Abiquiu
<input type="checkbox"/> Camino de Jacobo	<input type="checkbox"/> Santa Cruz
<input type="checkbox"/> After School	<input type="checkbox"/> Chimayo
<input type="checkbox"/> Summer	<input type="checkbox"/> Teen

For Office Use Only

Entered by: _____
 Entered on: _____
 Amt Paid: _____
 New: _____
 Renew: _____
 CYFD: _____
 Housing: _____
 Hardship: _____

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:

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

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.

Annual Income: (Circle One)

\$ 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	

Check all that apply: SSDI SSI TANF Day Care Voucher Food Stamps
 General Assistance School Lunch Vet. Compensation

Child's Labor Force Status: Employed Not employed

Child's Household Type: Both parents Mother Father Guardian Other
 Grandparent(s) Foster Parent(s)

Child's Family Setting: County Housing Section 8 Civic Housing 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.

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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:** _____