For Office Use Only
Entered by: _____
Amt Paid: _____
New: ____
Renew: ____
CYFD: ____
Housing: ____
Hardship: ____

BOYS & GIRLS CLUBS
OF SANTA FE/DEL NORTE

2017-2018 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

BOYS & GIRLS CLUBS
OF SANTA FE/DEL NORTE

All Program/Membership Fees Are Non-Refundable

Check Club Site:

___ Alto
___ Zona
___ Valle Vista
___ Camino de Jacobo
___ Chimayo
___ Abiquiu
___ Santa Cruz

___ After School ___ Summer ___ Teen

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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:** _____ **Emergency Contact:** _____

Home Address: _____ **Emergency Phone & Ext.** _____

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:** _____

Medical/Emergency

Medical Problems/Allergies:	**Medications:**
Physician:	**Physician Phone:**
Insurance Company:	**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.

OPEN DOOR POLICY: I understand the BGCSF/DN has an open door policy and if my child/ren leave the program/remises, they are not 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**