



2019 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



BOYS & GIRLS CLUBS
OF SANTA FE/DEL NORTE

*All Program/Membership Fees
Are Non-Refundable*

Check Club Site:

☐ Zona ☐ Abiquiu
☐ Valle Vista ☐ Santa Cruz
☐ Camino de Jacobo ☐ Del Norte
☐ After School ☐ Summer ☐ 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:	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.

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
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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
Summer Program
June 3rd – July 26th
Fee Schedule

Membership Fees	
Zona	\$350.00 per month
Camino & Valle Vista	\$150.00 per month
Santa Cruz	\$150.00 per month
Del Norte	\$350.00 per month
Abiquiu & Chimayo	Call 204-0303 for information

NOTE: Fees must be paid before June 3rd and may be paid in two installments with the first installment due before June 1st and the second due by July 2nd.

CYFD: State Childcare Assistance
Monthly payment = \$0

Fees must be paid before child attends program. Missed payments will result in suspension of your child's membership at the Club.

NOTE: Fees are non-refundable. No refunds on any transactions.

FEES ARE SUBJECT TO CHANGE



BOYS & GIRLS CLUBS
OF SANTA FE/DEL NORTE

PARENT HANDBOOK

(Revised April 2017)

Physical Address:
6600 Valentine Way
Santa Fe, NM 87507
(505) 474-0385

Mailing Address:
P.O. Box 29805, Santa Fe, NM 87592
(505) 474-0385

www.bgcsantafe.org

By signing below, I acknowledge receiving a copy of the Parent Handbook and understand the memberships policies stated in the handbook.

Sign: _____ Date: _____