Seymour, IN 47274 Phone: 812-522-2434 Fax: 812-524-1856 Facebook.com/BGCSEY MEMBER INFORMATION — Member Status (circle one): New Renewing Child's First Name Middle Name Last Name	
Facebook.com/BGCSEY Description Membership # MEMBER INFORMATION — Member Status (circle one): New Renewing	
Facebook.com/BGCSEY Def	
Facebook.com/BGCSEY Description Membership # MEMBER INFORMATION — Member Status (circle one): New Renewing	
MEMBER INFORMATION — Member Status (circle one): New Renewing	
Child's First Name Middle Name Last Name	
Authorized Person Information (persons listed here may receive information and pick-up member from Club) *	
Primary Contact Relationship Home Phone Cell Phone	
Occupation/Employer Work Phone Email Address	
Secondary Contact Relationship Home Phone Cell Phone	
Occupation/Employer Work Phone Email Address	_
Emergency Contact Home Phone Cell Phone Work Phone	_
Additional Contact Home Phone Cell Phone Work Phone	

Medical / Other Information: Failure to disclose information can result in revoking membership

Medical Needs/Allergies/Special Needs:	Medications & Dosages*:		
PLEASEPROVIDEANY&ALLINFORMATION NEEDED FOR YOUR CHILD'S SAFETY & WELL-BEING. USE AN EXTRA SHEET IF NECESSARY			
PLEASE PROVIDE ANY & ALL INFORMATION NEEDED FOR YOUR CHILD'S SAFETY & WELL-BEING. USE AN EXTRA SHEET IF NECESSARY *If you need medication dispensed to your child you must fill out a Permission to Dispense Medication form. See our Unit Director or Program Director for this form.			

LIABILITY—I, the parent/guardian, of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Seymour, Boys & Girls Clubs of America, their representatives, successors, insurers, assigns, or any other person or entity associated with any of the above listed organizations, such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, and injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

MEDICAL TREATMENT—I give permission to the Boys & Girls Clubs to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

ACADEMIC RELEASE—I give my permission to the Boys & Girls Club of Seymour and to Seymour Community Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by con-tacting Seymour Community Schools or Boys & Girls Clubs in writing.

PHOTO RELEASE—I give my consent for photographs in which my child may appear, for any use needed by the Boys & Girls Clubs.

SURVEYS - I consent for my child to participate in surveys conducted by the Club staff.

LOST OR STOLEN ITEMS—I understand that the Boys & Girls Club is not responsible for lost or stolen items.

PARENT HANDBOOK—I will read and sign a parent handbook to better understand rules, policies, and procedures.

I have read the completed application, understand the rules of the Boys & Girls Club and request my child(ren)be admitted into membership. All information is true to the best of my knowledge and any false information may bar my child(ren)from membership FURTHERMORE, I UNDERSTAND MEMBERSHIP IS A PRIVILEGE AND MAY BE REVOKED FOR A VARIETY OF REASONS AND MEMBERSHIP DUES ARE NONREFUNDABLE.

Date:	 /	

/____

New _	
Renew	





Indiana Kids Intake Assessment Form 2018 - 2019

Club/Unit Name:				
Child's First Name	Middle Initial	Last Name	Suff	ix (Ex: Jr.)
Child's Home Address	City		State	Zip
Home Telephone Number Parent's Email Address				
Date of Birth Current A	Gender (Please check one): ge	Male	Female	e
Are you interested in receiving	g email messages/alerts/updates?	Yes	No	
Race African America Caucasian Multi-Racial	Native Hawaiian/Pacifi	ic Island		Indian/Alaskan
Ethnicity (Please check one):	Hispanic/Latino	Non-Hispanic/	Latino	
Member lives with (please check one): (do not include Siblings) Two Parents (2 biological parents, parent and step-parent or domestic partners) Aunt/Uncle Grandparents Mother Only (Dther, please specify: Guardian				
Education Information:				
Child's Grade on October 1, 2018 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12				
Name of School Child Attends	8:			
Is your child enrolled in 21 st C Does your child struggle or ha Does your child struggle or ha Did your child take ISTEP last If yes, did your child pa Is your child enrolled in Speci	ave problems in Reading/English? ave problems in Math? t year? ass ISTEP?	Yes Yes Yes Yes Yes	No No No No No	
Has your child been diagnose Attention Deficit/Hypera Learning Disability	ed with any of the following: activity (ADHD) or Attention Deficit (A Other Disabilities, pleas			
Do you have any current cond	cerns regarding your child (behavior,	education, soc	cial, etc)? Ex	olain:

Eligibility Determination:

Do you or your child participate in any of the following? Please check all that apply.

TANF (Temporary Aid for Needy Families)	<pre># of Family Members</pre>	Annual Income
Food Stamps	1	\$30,350
Medicaid/Hoosier Healthwise	2	\$41,150
Free Lunch Program	3	\$51,950
Reduced Lunch Program	4	\$62,750
Reside in Public Housing (HUD or Section 8)	5	\$73,550
Provisional School/Community Eligibility	6	\$84,350
Income Eligibility – less than 250% - see chart None of the Above	7	\$95,150
	8	\$105,950

I authorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs can share my child's information with ServeIndiana. Indiana Department of Workforce Development and Indiana Family Social Services Administration. By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.

- Records Disclosure: Registration Information/Demographic Data, Assessment Data, Survey Data 1.
- Disclosure Parties: Boys & Girls Club 2. 3
 - **Boys & Girls Club Re-disclosure Parties:**
 - a. Indiana Department of Education
 - IDOE contracted statewide evaluator b.
 - United States Department of Education c.
 - Indiana Youth Institute d.
 - e. IYI Contracted statewide evaluator
 - Corporation for National and Community Service f.
- 4 Purpose of Each Disclosure: Collect data to calculate the impact Indiana Kids, 21st CCLC and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, State Alliance Director, Indiana Alliance of Boys & Girls Clubs, 973 N Shadeland Avenue, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: <u>Itaylor@indianabgc.org</u>. I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or redisclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Staff Signature	Staff Printed Name	Date
Relationship to Student:		
Signature of Parent/Guardian:		Date:
Parent/Guardian Name: (Please Print)		
Student Name: (Please Print)		

Indiana Kids Program Indiana Alliance of Boys & Girls Clubs