

950 North O'Brien Street
 Seymour, IN 47274
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 Facebook.com/BGCSEY



**BOYS & GIRLS CLUB
 OF SEYMOUR**

2019-2020 For Office Use Only

Date Received	Staff Initial
<input type="text"/>	<input type="text"/>
Date Entered	Staff Initial
<input type="text"/>	<input type="text"/>
Receipt #	<input type="text"/>
Membership #	<input type="text"/>

MEMBER INFORMATION #1—Member Status (circle one): New Renewing

Child's First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	Age	Gender
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Race/Ethnicity		<input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic
		<input type="checkbox"/> Other : _____
School	Teacher/Grade	IEP/504 Plan: No/Yes (explain)
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER INFORMATION #2—Member Status (circle one): New Renewing

Child's First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	Age	Gender
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Race/Ethnicity		<input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic
		<input type="checkbox"/> Other : _____
School	Teacher/Grade	IEP/504 Plan: No/Yes (explain)
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER INFORMATION #3—Member Status (circle one): New Renewing

Child's First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	Age	Gender
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Race/Ethnicity		<input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic
		<input type="checkbox"/> Other : _____
School	Teacher/Grade	IEP/504 Plan: No/Yes (explain)
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOUSEHOLD INFORMATION

Home Address:	City, State, Zip
<input type="text"/>	<input type="text"/>

Authorized Person Information (persons listed here may receive information and pick-up member from Club) *

Primary Contact	Relationship	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/Employer	Work Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Secondary Contact	Relationship	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/Employer	Work Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Contact	Home Phone	Cell Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Contact	Home Phone	Cell Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Medical Needs/Allergies/Special Needs:	Medications & Dosages*:
Member 1: Member 2: Member 3:	Member 1: Member 2: Member 3:
<p>PLEASE PROVIDE ANY & ALL INFORMATION NEEDED FOR YOUR CHILD'S SAFETY & WELL-BEING. USE AN EXTRA SHEET IF NECESSARY</p> <p>*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.</p>	

Does child have insurance? Y N <input type="checkbox"/> <input type="checkbox"/> <small>Members with Anthem Blue Cross/Blue Shield Hoosier Healthwise Plans may be eligible for free membership</small>	Insurance Carrier <input style="width: 100%;" type="text"/> Insurance Policy Number <input style="width: 100%;" type="text"/>	Physician <input style="width: 100%;" type="text"/> Physician Phone Number <input style="width: 100%;" type="text"/>
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IMPORTANT: The following information is necessary for our records and the funding our Organization receives. The answers you provide will remain completely confidential. Failure to answer truthfully can disqualify a child from membership.

Total Income in the household—please write in number

Total People Living in the Home

Total Children Living in the Home

Are you currently receiving government assistance? Please check all that apply

	Y	N	
<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"/>			FREE/REDUCED PRICE LUNCH
<input type="checkbox"/>			VETERAN COMPENSATION

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 contacting 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.

Parent/Guardian Signature

Date: ____ / ____ / ____

New _____
Renew _____



BOYS & GIRLS CLUBS
INDIANA ALLIANCE



Indiana Kids
Intake Assessment Form 2019 - 2020

Club/Unit Name: _____

Child's First Name	Middle Initial	Last Name	Suffix (Ex: Jr.)
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Child's Home Address	City	State	Zip
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Home Telephone Number	Parent's Email Address
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_____ Gender (Please check one): Male Female
Date of Birth Current Age

Are you interested in receiving email messages/alerts/updates? Yes No

Race African American Asian American Indian/Alaskan
 Caucasian Native Hawaiian/Pacific Island
 Multi-Racial Other, please specify: _____

Ethnicity (Please check one): Hispanic/Latino Non-Hispanic/Latino

Member lives with _____ Two Parents (2 biological parents, parent and step-parent or domestic partners)
(please check one): Mother Only Aunt/Uncle Guardian
(do not include Father Only Grandparents
Siblings) Other, please specify: _____

Education Information:

Child's Grade on September 1, 2019 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: _____

Is your child enrolled in 21st Century Scholars? Yes No
Does your child struggle or have problems in Reading/English? Yes No
Does your child struggle or have problems in Math? Yes No
Did your child take ISTEP last year? Yes No
 If yes, did your child pass ISTEP? Yes No
Is your child enrolled in Special Education? Yes No

Has your child been diagnosed with any of the following:
 Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)
 Learning Disability Other Disabilities, please specify: _____

Do you have any current concerns regarding your child (behavior, education, social, etc)? Explain: _____

Child's Name (first and last): _____

Eligibility Determination:

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

_____	<u># of Family Members</u>	<u>Annual Income</u>
_____ TANF (Temporary Aid for Needy Families)	1	\$31,225
_____ Food Stamps	2	\$42,275
_____ Medicaid/Hoosier Healthwise	3	\$53,325
_____ Free Lunch Program	4	\$64,375
_____ Reduced Lunch Program	5	\$75,425
_____ Reside in Public Housing (HUD or Section 8)	6	\$86,475
_____ Provisional School/Community Eligibility	7	\$97,525
_____ Income Eligibility – less than 250% - see chart	8	\$108,575
_____ None of the Above		

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.**

1. **Records Disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
2. **Disclosure Parties:** Boys & Girls Club
3. **Boys & Girls Club Re-disclosure Parties:**
 - a. Indiana Department of Education
 - b. IDOE contracted statewide evaluator
 - c. United States Department of Education
 - d. Indiana Youth Institute
 - e. IYI Contracted statewide evaluator
 - f. Corporation for National and Community Service
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: ltaylor@indianabgc.org. 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 re-disclosure, 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.

Student Name: (Please Print) _____

Parent/Guardian Name: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Student: _____

Staff Signature

Staff Printed Name

Date