BOYS & GIRLS CLUBS OF BLOOMINGTON

YOUTH MEMBERSHIP FORM

LINCOLN STREET UNIT	08/01/2018-7/31/2019	Visiting Member YES NO
TO BE COMPLETED BY BGC STAFF	Date paid / Pymt typ	Date entered / Staff initials

MEMBER INFORMATION: Please print clearly in the boxes provided below.

First Name | Middle Name | Last Name

Home Address | City | State

Zipcode | Township | Phone Number | E-mail (of youth if applicable)

Gender: Male | Female

Birth Date: ____/____/____

Age

Grade

School

Member Primary Language

Race (please circle)

Asian	Black or African-American	Caucasian or White	Hispanic or Latino	Multi-Racial
Arabic	Native American	Pacific Islander	Other : _____	

HOUSEHOLD SETTING

The following information is confidential, collection of this information is required for the club to obtain funding as a non-profit agency

FAMILY SETTING at this household; MEMBER lives with (place "X" or "v" in the box):

Single Parent: Mother _____ Father _____

Two Parents

Relatives | Grandparent/s | Foster Family | Other, list

In this household there are (#=number):

# of kids	# of adults	Total # living in household

The HEAD OF HOUSEHOLD is Female _____ Male _____

Annual Household Income (please circle one)

$1-19,999	$20,000-25,999	$26,000-29,999	$30,000-34,999	$35,000-39,999
$40,000-44,999	$45,000-49,999	$50,000-54,999	$55,000-59,999	$60,000-69,999	$70,000+

Please select from the following options below for your member/family: You must select (X or v) at least ONE option

No Aid Received | Free/Reduced School Lunch | SNAP/Food Stamps | TANF | SSI | SSDI

Military Family | Section 8 Housing | Vets Comp | Bridges | Daycare Voucher | Other

Medical Information

Physician Office/Name | Physician Phone Number

Medications | Allergies

Disabilities* | Behavior Issues*

*Member has an Individualized Education Plan (IEP) with the school * NO _____ YES _____

Special Education _____ Gifted & Talented _____ 504 Plan _____ Other, list _____

Please communicate with Club staff to create a Child Success Plan for your member

*Use the space below to share more information that may be useful to successfully serve your member.

Does your member have a Club BIG? Yes No Club BIG name: _____

Member Authorization Code (4 digit confidential code) _____

YOUTH MEMBERSHIP FORM

Primary Custodial Parent/Guardian Contact Information (Authorized Pick-Up)

First Name	Last Name	Relationship to member

Primary Phone Number	Secondary Phone Number	E-mail Address

Home Address	City	State	Zipcode

Are you currently employed?	No _____	Yes _____	Full-time _____	Part-Time _____

Name of Employer	Work Phone Number

Secondary Custodial Parent/Guardian Contact Information (Authorized Pick-Up)

First Name	Last Name	Relationship to member

Primary Phone Number	Secondary Phone Number	E-mail Address

Home Address	City	State	Zipcode

Are you currently employed?	No _____	Yes _____	Full-time _____	Part-Time _____

Name of Employer	Work Phone Number

Additional Adults Authorized to Pick-Up Member (must have a valid ID)

First and Last Name	Phone Number	Relationship to Member

Individuals NOT allowed to pick up (copy of court order required for birth parents)

*****ID REQUIRED UPON PICK-UP*** ALL CHANGES MUST BE MADE IN PERSON**

Self Sign-Out Permission **For children to sign-out and leave the Club without an authorized adult**

Note: If a member is granted permission to sign themselves out, the Club is not legally responsible for the safety and wellbeing of the member after they have signed themselves out. The Club will NOT accept phone calls to direct members to sign-out.

_____ Member does NOT have permission to sign out from the BG Club

_____ Member HAS PERMISSION to sign out and leave the BG Club without an authorized adult present.

_____ If applicable, member has completed the required RETURN VAN document

Waiver of Liability/Agreements

I have completed the application and the application is accurate. I reviewed the parent/member handbook and I acknowledge and agree to the rules and policies of the Boys & Girls Clubs of Bloomington including the discipline policy and request that my child be admitted into membership. My Child and I accept full responsibilities for his/her actions and behaviors at the Boys & Girls Club. I give the Boys & Girls Club permission to use my child's picture in newspaper articles, newsletters, and other publicity materials. I give my child permission to participate in pre and post tests or other measurement tools used to determine program recommendations, outcome measurements and program effectiveness. I give the Boys and Girls Club permission to copy my child's report card. The Boys & Girls Clubs of Bloomington agrees that in the performance of its services, it will not, on the grounds of race, color, sex, age, sexual preference, gender identity, disability or national origin, exclude any person from participation in, deny any person the benefits of, or otherwise subject any person to discrimination under any activity. I understand that the Club is not responsible for any lost or stolen items.

I hereby release the Boys & Girls Clubs of Bloomington, their Board of Directors, agents, employees, volunteers, and insurers from any present or future personal injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors, and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Club to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.

If my child uses the Boys & Girls Club Camp Rock Facility, I hereby release the City of Bloomington Department of Utilities and Lake Lemon Conservancy, their officers, agents, employees and insurers from any present or future injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

I understand that in order to receive my member, I, or others on my pick up list, will be asked to provide a picture I.D. I am responsible for ensuring adults that pick up my child understand this policy. I understand any changes to my child's pick up list must be done in person, not over the phone. **Membership fees are nonrefundable.**

_____ _____

Primary Parent/Guardian Signature, agreeing to the above Date

_____ Initial here is you have ANY EXCEPTIONS to the above conditions, see staff.

United Way

Member Agency

Lincoln Street Unit - Boys & Girls Clubs of Bloomington 2018 Membership Acknowledgments and Agreements

Please read, INITIAL, and submit this sheet with your membership form. The directing staff will gladly answer any questions related to our agreements. Please initial each line to show that you agree and understand.

GENERAL CLUB POLICY

_____Upon entering the club, I commit to ensuring that each Club Member reaches his or her full potential as a caring, productive and responsible citizen in complete safety.

_____The Club's Ability to operate is directly related to the giving on individuals in our community and I will give in some way to support the Club.

_____The Boys and Girls Clubs of Bloomington is a membership organization for youth. In joining the Club members will strive to develop their best skills and help other members succeed at this goal to achieve a successful future filled with hope and opportunity for all.

_____I will update the all contact information on the membership form and notify appropriate Club staff as my contact information changes.

_____If I wish to renew my child's membership, I will do so within the 60 days of the annual renewal period (July 1– September 1).

_____The Club is designed to serve youth ages 6 through 18 years who can actively and cooperative participate with the membership and programs. Any exceptions will be made at the discretion of the directing staff and may be terminated at any time.

_____The Club Aims to be open most days of the school year but is closed some days for various reason. It is my responsibility to know the Club's schedule.

_____I understand that phone calls to the Club during program hours prevent staff from giving their full attention to those who are in the Club. I will not call the Club between 4:00 and 7:00 PM unless it is an urgent matter pertaining to my child.

_____I understand that my child must wait one business day after signing up for membership form processing before

attending the Club.

SAFETY & HEALTH

_____Medications, both prescription and over the counter, that my child may need while at the club must be given to a professional staff in its original container with administering instructions signed by a practicing physician.

_____It is my responsibility to supply my child with sunscreen for their use. My child is responsible for applying his or her own sunscreen or asking a staff member to assist with sunscreen application.

_____I understand that sending my child to the Club when he or she is ill can jeopardize the health and safety of other members and Club staff. I will not send my child to the Club if he or she was kept home from school, has a fever, the flu, lice or any other contagious illness.

PICK UP

_____I will have my child signed-out from the Club everyday by a person who is authorized on the membership form and brings a valid picture ID with them.

_____I am familiar with the late pick-up policy found in the parent handbook and will be able to abide by Club hours and pick-up my child before the Club's closing time. The Club may take all means necessary to maintain this commitment including releasing my child to Children's Services if I am late to pick up my child (30 minutes after closing time).

_____I understand that any verbal changes to my child's pick-up list and mode of transportation home must be accompanied by the 4-digit security code and that long-term changes must be made by a custodial parent or guardian on the membership form. This option may NOT be available at all times or approved for safety reasons.

_____I understand that if I indicate on the membership form that my child my walk home that he or she is responsible for his or her actions and ability to get home. I acknowledge he or she is not the responsibility of the Club staff once he or she has left Club property.

INCIDENTS & BEHAVIOR

_____I understand, per the Club's Behavior Management Protocol, that Club members may lose privileges including

suspension from the Club based on repeated behavioral transgressions.

_____I understand, per state law, that the Club staff is required to report any instances of suspected abuse or neglect. _____Accidents and a variety of personal incidents may occur while at the Club. I release that the staff will provide care and document these occurrences when my child is involved, communicating complete details of occurrence including response, to me.

PERSONAL ITEMS

_____My child's belonging are his or her sole responsibility when he or she is at the Club and the Club is not responsible or my child's articles – including but not limited to coats, bags, toys, school issued iPads, or any other personal belongings etc. – that become misplaced, broken or disappear.

_____I understand that my child is not permitted to bring or use his or her personal electronic devices (cell phone, iPod, gaming systems, etc.) at the Club. If I need to contact my child, I will call the Club's main phone.

PERMISSION

_____The club may use my child's image in photograph for public relations purposes, including the Internet, social media, and Club materials. If I do not want my child's image used I will discuss this matter with the directing staff.

_____ My child may view movies or television programs at the Club. These movies will have a "PG" rating.

_____I understand that my child may have access to the internet and I give permission for him or her to use it under the supervision of the Club staff. I understand that the staff will maintain appropriate use and internet knowledge. The use of computers at the Club is a privilege and may be withdrawn at the discretion of Club staff.

LINCOLN STREET UNIT

_____I give permission for my child to walk to 3rd Street Park and/or ride of Club vehicles going on routine trips to schools and other Club business.

_____My child will come to the Club having eaten a regular meal and I will provide a lunch for my child on days where he or she is at the club during the lunch hour (11:30 AM – 1:00 PM).

_____I understand that for the safety of all members, if I am going into the Club I must wear a name tag to properly

identify myself to all staff and Club members. According to policy I will either stay in the entrance area or if I enter the Club I will wear a name tag.

Having read the Membership Acknowledgements and Agreements, I _____ (Printed full name), now sign my name as verification that I fully understand and support each item.

Parent/Guardian Signature: _____ Date:_____

Our Promise to the Members The Boys and Girls Clubs of Bloomington, its staff, volunteers and general membership promise to:

1. Empower each member to reach his or her full potential as productive, caring and responsible citizens.
2. Collaborate with members and their families on making the Boys and Girls Club a positive place of kids.
3. Provide members with daily opportunities for building important skills and relationships.
4. Offer inclusive and varied program.
5. Emphasize member involvement and development.

New _____

Renew _____

BOYS & GIRLS CLUBS
INDIANA ALLIANCE

Indiana KIDS

Indiana Kids
Intake Assessment Form 2018 - 2019

Club/Unit Name: _____

_____
Child's First Name | Middle Initial | Last Name | Suffix (Ex: Jr.)

_____
Child's Home Address | City | State | Zip

_____ _____
Home Telephone Number | Parent's Email Address

_____ _____ 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 (please check one): (do not include Siblings)
_____Two Parents (2 biological parents, parent and step-parent or domestic partners)
_____Mother Only _____ Aunt/Uncle _____Guardian
_____Father Only _____Grandparents
_____Other, please specify: _____

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: _____

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.

_____ TANF (Temporary Aid for Needy Families)
_____ Food Stamps
_____ Medicaid/Hoosier Healthwise
_____ Free Lunch Program
_____ Reduced Lunch Program
_____ Reside in Public Housing (HUD or Section 8)
_____ Provisional School/Community Eligibility
_____ Income Eligibility – less than 250% - see chart
_____ None of the Above

# of Family Members	Annual Income
1	$30,350
2	$41,150
3	$51,950
4	$62,750
5	$73,550
6	$84,350
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.**

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

Indiana Kids Program
Indiana Alliance of Boys & Girls Clubs

BOYS & GIRLS CLUBS
OF BLOOMINGTON

Dear Parent/Guardian:

The Club is eligible for more grant funding opportunities if we can verify our members receive Free and Reduced Lunch. This will allow the Club to provide more opportunities to our members. **The Club does not do anything with this information other than verify our members qualify for the Free and Reduced Lunch Program.**

We must have your permission to request information from MCCSC. Signing this form will not change whether your children get free or reduced price meals.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the **Boys & Girls Clubs of Bloomington.**

If you checked yes to any or all of the boxes above, fill in the student information below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

The Boys & Girls Clubs of Bloomington is an equal opportunity provider.