



YOUTH MEMBERSHIP FORM

FERGUSON CRESTMONT UNIT	06/01/2018-05/31/2019	Visiting Member	YES	NO
<small>TO BE COMPLETED BY BGC STAFF</small>	<small>Date paid</small>	<small>Pymt typ</small>	<small>Date entered</small>	<small>Staff Initials</small>

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	Birth Date		Age	
Male <input type="checkbox"/> Female <input type="checkbox"/>	____/____/____		____	
Grade	School		Member Primary Language	
____	____		____	
Race (please circle)				
Asian <input type="checkbox"/>	Black or African-American <input type="checkbox"/>	Caucasian or White <input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/>	Multi-Racial <input type="checkbox"/>
Arabic <input type="checkbox"/>	Native American <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>	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):				In this household there are (#=number):		
Single Parent		Two Parents		# of kids	# of adults	Total # living in household
Mother <input type="checkbox"/>	Father <input type="checkbox"/>	____		____	____	____
Relatives	Grandparent/s	Foster Family	Other, list	The HEAD OF HOUSEHOLD is		
____	____	____	____	Female <input type="checkbox"/> Male <input type="checkbox"/>		

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+
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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 <input type="checkbox"/>	Yes <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
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 <input type="checkbox"/>	Yes <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
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 ROUTE document on file.

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 if you have ANY EXCEPTIONS to the above conditions, see staff.



Member Agency

Crestmont 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

_____ I have read and understand the Parent Member Handbook and the Behavior Management Protocol.

_____ I will update all contact information on the membership form and notify appropriate Club staff as my contact information changes. I will update my information with the MONTHLY contact form sent home with my child monthly.

_____ The Club is designed to serve youth ages 6 through 18 years who can actively and cooperatively 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 reasons. It is my responsibility for knowing the Club's schedule.

_____ I understand that phone calls into 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 6:30 PM unless it is an urgent matter pertaining to my child.

SAFETY & HEALTH

_____ Medications, prescription and over the counter, that my child may need while at the club must be given to the 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 to assist with sunscreen application.

_____ I understand that sending my child to the Club when he/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 they were kept home from school; has a fever, the flu, lice, or any other contagious illness.

PICK-UP/SIGN-OUT

_____ I am familiar with the late pick-up policy found in the parent handbook and will 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 the police department and notify 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 must be accompanied by the 4-digit security code and that any long-term changes must be made by a custodial parent or guardian on the membership form.

_____ I understand that if my child is to change their indicated mode of transportation home (i.e., go to a friend's house, walk, etc.), that I must **CALL** the Club the day of the change and confirm with Club staff using the 4-digit security code. **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 may walk home that they are responsible for their actions and ability to get home. I acknowledge that they are not the responsibility of the Club staff once they have left Club property.

_____ I understand that for the safety of my child, they will either sign themselves out as given permission to, ride the return van, or an approved adult will come INTO the Club and sign my child out. I can NOT call and ask that my child be sent outside.

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 belongings are his or her sole responsibility when they are at the Club and the Club is not responsible for my child’s articles – including but not limited to coats, bags, toys, etc. - that become misplaced or disappear.

_____I understand that my child, age 6 to 11, 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.

OR

_____I understand that my teen, age 12 to 18, is permitted to bring and use his or her personal electronic devices at the Club, as long as they are in a teen only area and follow the device usage rules.

PERMISSION

_____The Club may use my child’s image in photograph for public relations purposes, including the Internet 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” or “G” rating. For teens they may have a “T” rating.

_____I understand that my child may have access to the Internet and I give permission for him/her to use it under the supervision of the Club staff. I understand that the staff will maintain appropriate use and Internet safety to the best of their ability. All electronic data may be monitored without member permission or knowledge. The use of computers at the Club is a privilege and may be withdrawn at the discretion of Club staff.

_____I give permission for my child to walk to the local park, surrounding neighborhood, Community Kitchen Express, and/or ride on Club vehicles going on routine trips to schools and other Club business

By signing, I verify that I fully understand and support each item listed in the Membership Acknowledgements and Agreements.

Parent/Legal Guardian PRINTED Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Member Name/s: _____

New _____
Renew _____



BOYS & GIRLS CLUBS
INDIANA ALLIANCE



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 _____

Date of Birth _____ Current Age _____
Gender (Please check one): Male Female

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): 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.

	<u># of Family Members</u>	<u>Annual Income</u>
_____ TANF (Temporary Aid for Needy Families)	1	\$30,350
_____ Food Stamps	2	\$41,150
_____ Medicaid/Hoosier Healthwise	3	\$51,950
_____ Free Lunch Program	4	\$62,750
_____ Reduced Lunch Program	5	\$73,550
_____ Reside in Public Housing (HUD or Section 8)	6	\$84,350
_____ Provisional School/Community Eligibility	7	\$95,150
_____ Income Eligibility - less than 250% - see chart	8	\$105,950
_____ 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 _____



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.
