

YOUTH MEMBERSHIP FORM

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MEMBER INFORMA	TION: Please	print cle	arly in the	boxes prov	rided belo	OW.	-Description
	Middle Nam	ie	Last Name		·		<u>:</u>
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			City				State
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	Birth Date		· ·		Age		
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				Other:			
PARTICIPANT							
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with Club staff to cre	ate a Child-Su	ıccess Plan	for your me	emper		· · · · · · · · · · · · · · · · · · ·	
v to share more inforn	nation that m	ay be usef	ul to succes	sfully serve	your mem	ber.	
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ave a Club BIG?	Yes No	Club BIG	name:				
	School Township School African-American African-American American Amer	MEMBER INFORMATION: Please Middle Nam Birth Date School T African-American Cauc tive American Pa HOU: Inginformation is confidential collection of this usehold; MEMBER lives with (place "X" or Two Parent ner Grandparent/s Foster Fami come (please circle one) \$20,000-25,999 \$26,000-29 \$45,000-49,999 \$50,000-54 The following options below for y Free/Reduced School Lunch Section 8 Housing Vets Comp Medical Medical School Lunch Medical Medical School Lunch Medical Medical School Lunch Medical Medical School Lunch Wets Comp Medical Medical School Lunch Medical Medical School Lunch Wets Comp Medical Medical School Lunch Wets Comp Medical Medical Medical School Lunch Wets Comp Medical Medical Medical School Lunch Wets Comp Medical Medical Medical Medical School Lunch Wets Comp Medical Medi	MEMBER INFORMATION: Please print cle Middle Name Middle Name	MEMBER INFORMATION: Please print clearly in the Middle Name Last Name City Township Phone Number Birth Date School FAfrican-American Caucasian or White Pacific Islander HOUSEHOLD SETTING Ing normators contact state for the strong of the state of the strong of the state of the strong of th	Date entered MEMBER INFORMATION: Please print clearly in the boxes provided Member Middle Name Last Name City	MEMBER INFORMATION: Please print clearly in the boxes provided believed by the second by the second believed by the second by the s	MEMBER INFORMATION: Please print clearly in the boxes provided below. Middle Name Last Name City

YOUTH MEMBERSHIP FORM

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Note: If a member is granted permission	on to sign ther	nselves out, th	e Club is not	egally responsi	ble for the sa	fety and well	being of the member after they	
have signe	ed themselves	out. The Club v	will NOT acce	ot phone calls t	o direct mem	bers to sign-o	out.	
Member does NOT h	ave permiss	ion to sign o	out from th	e BG Club				
Member HAS PERMIS	SSION to sig	n out and le	ave the BG	Club withou	at an autho	rızed adult on filo	present.	
If applicable, membe	r nas comp i	·			aocument (on tue.	and the second s	
I have completed the application and the application	ion is accurate. I r	eviewed the parer	r of Liability/ nt/member hand	book and I acknow	ledge and agree	to the rules and	policies of the Boys & Girls Clubs of	
Bloomington including the discipline policy and re-	quest that my child	d be admitted into	membership. M	y Child and I accep	ot full responsibilit	iles for his/he r a	ctions and behaviors at the Boys & Gins	
Club. I give the Boys & Girls Club permission to u tests or other measurement tools used to determine	se my child's pictu	ire in newspaper a	articles, newslett	ers, and other publ	licity materials. I g	give my child pe	rmission to participate in pre and post	
child's report card. The Boys & Girls Clubs of Bloc	ominaton sarees t	hat in the perform	ance of its service	es, it will not, on th	e grounds of rac	e, color, sex, ag	e, sexual preference, gender identity,	
disability or national origin, exclude any person fro Club is not responsible for any lost or stolen items	om participation in	, deny any person	the benefits of,	or otherwise subje	ct any person to	discrimination u	nder any activity. I understand that the	
I hereby release the Boys & Girls Clubs of Bloom	ington, their Board	of Directors, age	nts, employees,	volunteers, and ins	surers from any p	resent or future	personal injury or damage to property	
caused by having any relation to this activity. I un voluntarily and with full knowledge of its significan	derstand that this	release binds my	heirs, executors	, and administrator	s. I have read thi	is release and u	nderstand all of its terms. I sign it	
hospitalize, to secure proper treatment for, and to	order injections,	anesthesia, or sur	gery for my child	as named above.				
If my child uses the Boys & Girls Club Camp Roc Insurers from any present or future injury or dama	k Facility, I hereby	release the City o	of Bloomington D	epartment of Utiliti activity. I understa	ies and Lake Len and that this relea	non Conservand ise blinds my he	cy, their officers, agents, employees and irs, executors and administrators. I have	
read this release and understand all of its terms.	l sign it voluntarily	and with full know	vledge of its sign	ficance.				
I understand that in order to receive my member, policy. I understand any changes to my child's pic	, I, or others on my	pick up list, will b	e asked to provi	de a picture I.D. I a s. Membershin fe	ım responsible fo es are nonrefire	r ensuring adult da bl e.	s that pick up my child understand this	
policy. I understand any changes to my child's pa	ck up ist must be	done in beison, u	or over the hirou	o, menucionip le	CO GIO NVINCIUN			
						-	Date	
Primary Parent/Guardian Signat	ure, agreein	ig to the abo	ove				Date	
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Crestmont Unit - Boys & Girls Clubs of Bloomington 2018 Membership Acknowledgments and Agreements



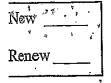
Please read, INITIAL, and submit this sheet with your Membership Form. The directing staff will gladly answer any questions related to our agreements. Please initial each line to show that you agree and understand.

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
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.
SAFTEY & 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.
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
socurity 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 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. _l 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:







Indiana Kids Intake Assessment Form 2018 - 2019

Child's First Name	Middle Initial Last Name Suffix (Ex. Jr.)
Child's First Name	Out 7in
Child's Home Address	City State Zip
Home Telephone Number P	Parent's Email Address
	Gender (Please check one):MaleFemale
Date of Birth Current Age	The state of the st The state of the state o
Are you interested in receiving e	email messages/alerts/updates?YesNo
	American Indian/Alaskan
Race African American Caucasian	Potent II and Popisio Island
Multi-Racial	Other, please specify.
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(please check one):Mot	ther Only Aunitorice Grandparents
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Education Information:	The state of the s
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Child's Grade on October 1, 201 Name of School Child Attends: Is your child enrolled in 21st Cer Does your child struggle or have	18 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12 ntury Scholars? //e problems in Reading/English? //e problems in Math? //e problems in Math?
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1. Records Disclosure: Registration Information/Demographic Data, Assessment Data, survey Data 2. Disclosure Parties: a. Indiana Department of Education b. IDOE contracted statewide evaluator c. United States Department of Education d. Indiana Youth Institute e. I'YI Contracted statewide evaluator f. Corporation for National and Community Sérvice e. I'YI Contracted statewide evaluator f. Corporation for National and Community Sérvice 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. records and Information regarding services will be protected by FERPA, which governs the exchange of confidential information. The change of information will be limited to the authorized staff of the Boys & Girls Clubs, and the aforementioned p-disclosure parties. No. invividual student data will be released beyond that which is specified in this authorization. This authorization is necessary express from the provided in the staff of the protected by Ferral in effect for the period of my student's enrollment in the Boys & Girls Club and to exchange confidential Information, shall granein in effect for the period of my student's enrollment in the Boys & Girls Club and to exchange confidential Information, shall granein in effect for the period of my student's enrollment in the Boys & Girls Club and to exchange confidential Information, shall granein in effect for the period of my student's enrollment in the Boys & Girls Club and to exchange confidential Information, shall granein in effect for the period of my student's enrollment in the Boys & Girls Club and the content of the witten that the Boys & Girls Club has already acted in reliance upon this consent. Written request dated and signed by a except to the extent that the Boys & Girls Club has already acted in reliance upon this consens. Written request dated and expression and the transfer of Boys & Girls Club has already acted in reli	Chila	's Name (first and la	et).	· #	, ' , z
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Food Stamps	o you or your child participate in any of the	TOHOWING! Flease C	iteor an mar apply.		
Food Stamps Medicaid/Hoosier Healthwise 2 341,150 Free Lunch Program 3 \$51,950 Reduced Lunch Program 3 \$51,950 Reduced Lunch Program 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 7 \$95,150 None of the Above 8 \$105,950 uthorize that the above Information is accurate to the best of my knowledge. In addition, by signing below, I agree the Boys & Gifs Club's enhanced by the seed of the Above 8 \$105,950 uthorize that the above Information is accurate to the best of my knowledge. In addition, by signing below, I agree the Boys & Gifs Club's enhanced by the seed of the Above information with Servelodena, Indiana Department of Vioriforce Development and Indiana Family, Social Services enhanced in Indiana Indi	TANF (Temporary Aid for Needy Fam	nilies)	# of Family Members	Annual Income	•
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Income Eligibility.—less than 250% - see chart None of the Above 8 \$105,950 uthorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs in share my child's information with Servelndiana, Indiana Department of Workforce Development and Indiana Family Social Services ministration. By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club in ministration. By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club to re-disclose the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure fittes. 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. Unified States Disclosure: Collect data to calculate the Impact Indiana Kids, 21° CCLC and American has an estimation of the Indiana Votal Institute e. IYI Contracted of National and Community Sérvibs 4. Purpose of Each Disclosure: Collect data to calculate the Impact Indiana Kids, 21° CCLC and American has an estimation of the Company of The Indiana Kids, 21° CCLC and American has an estimation of the Company of The Indiana Kids, 21° CCLC and American has an estimation of the Company of The Indiana Kids, 21° CCLC and American has an estimation of the Company of The Indiana Kids, 21° CCLC and American has an estimation of the Company of Compa	Provisional-School/Community-Eligibi	lity	6		•
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Indiana Kids Program
Indiana Alliance of Boys & Girls Clubs



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.

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

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