

# 2017 Membership Form

Nov. 1, 2016 - December 31, 2017



<b>LINCOLN STREET LOCATION</b>
To be completed by BGC staff
Paid Date:
Pymt Type:
Staff Name:

## Member Information *(Please Print Clearly)*

Member's First Name	Member's Middle Name	Member's Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Number	Home Address		
<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Township
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Demographic Information *(used for grant & program purposes)*

Gender: M F  African American  Asian  Caucasian  Hispanic  Multi-Racial  Native American  Other  Pacific Islander

Birthdate:  Age:  School:  Grade:

Sisters:  Brothers:  Total Number In Household:

Lives With: *(Please circle one)*

2 Parents	Father	Mother	Aunt/Uncle
Grandparents	Foster Parents	Guardian	Other _____

**Confidential:** The following information is completely confidential and is required for the club to obtain funding as a non-profit agency.

## Annual Family Income *(Please check one)*

<input type="checkbox"/> \$1 - 4,999	<input type="checkbox"/> \$5,000 - 7,499	<input type="checkbox"/> \$7,500 - 9,999	<input type="checkbox"/> \$10,000 - 14,999
<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> \$20,000 - 29,999	<input type="checkbox"/> \$30,000-39,999	<input type="checkbox"/> \$40,000 - 49,999
<input type="checkbox"/> \$50,000+			

Please select from the following options below for your child/family (**MUST** select at least one. Select "no aid" if no aid is received)

No Aid Received  SSDI  SSI  Bridges  Wrap Around  Day Care Voucher  TANF

Free/Reduced School Lunch  Military Family  Vets. Compensation  Food Stamps  IEP

## Main Custodial Parent/Guardian Contact Information

Parent/Guardian First & Last Name	Home Phone	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer	Work Phone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Other Guardian Contact Information *(spouses, step-parents, non-custodial parents, grandparents)*

1. First & Last Name	Home Phone	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City/State/Zip	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Employment	Work Phone	Relation to Member
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Guardian Contact Information *cont.***

2. First &amp; Last Name

Home Phone

E-mail Address

Address

City/State/Zip

Cell Phone

Place of Employment

Work Phone

Relation to Member

**Medical Information**

Health Problems/Allergies/Disabilities

Medications

Physician

Physician's Phone

\*\*\*Behavior issues or other medical information that is helpful for the Club Staff to know \*Child Success Plan available

**Additional Adults Allowed to Pick Up Member *(relatives, friends, etc.)***

Name	Primary Phone	Relationship to Member
1		
2		
3		

**\*\*\*\*ID REQUIRED UPON PICK UP\*\*\*\* \*\*\*\*\*ALL CHANGES MUST BE MADE IN PERSON\*\*\*\***Persons NOT authorized to pick up Member *(copy of a court order is required for birth parents)*

Does your child have a Club BIG? Y N Name of Big: \_\_\_\_\_

Member Pick Up Authorization Code (4 digit confidential code): \_\_\_\_\_

**Self Sign-Out Permission****For children to leave the Club without an authorized adult***Please note that if members are 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.*

\_\_\_\_ My member DOES NOT HAVE PERMISSION to sign himself/herself out of the Boys &amp; Girls Club.

\_\_\_\_ My member HAS PERMISSION to sign himself/herself out and leave the Club without an authorized adult present.

\_\_\_\_ My member HAS PERMISSION to sign himself/herself out and leave the Club without an authorized adult present only at the following times: \_\_\_\_ Only on (Circle): M T W TH F \_\_\_\_ Only at 7:00 PM \_\_\_\_ Other: \_\_\_\_\_

**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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Initial here if you have ANY EXCEPTIONS to the above conditions and explain below.

Explanation: \_\_\_\_\_





## Lincoln Street Unit - Boys & Girls Clubs of Bloomington 2017 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 of 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 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 90 days of the annual renewal period (Nov. 1 through Jan. 31).
- \_\_\_\_\_ 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 to know 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 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 to allow 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 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 member 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 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 every day 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 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 any 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 may 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 belongings are his or her sole responsibility when he or she is at the Club and the Club is not responsible for 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/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.

**LINCOLN STREET UNIT**

\_\_\_\_\_ I give permission for my child to walk to 3<sup>rd</sup> Street Park and/or ride on 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 when he or she is at the Club during the lunch hour (11:30 AM to 1:00 PM).

\_\_\_\_\_ I understand that for the safety of all members if I am to go 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/Legal 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 a productive, caring, responsible citizen
2. Collaborate with members and their families on making the Boys and Girls Club a positive place for kids
3. Provide members with daily opportunities for building important skills and relationships
4. Offer an inclusive and varied program
5. Emphasize member involvement and development



**BOYS & GIRLS CLUBS**  
OF BLOOMINGTON

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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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**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.**

New \_\_\_\_\_  
Renew \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
INDIANA ALLIANCE



Indiana

Kids

**Intake Assessment Form 2016-2017**

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 \_\_\_\_\_ 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:**

What Grade is your child in (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: \_\_\_\_\_

Is your child enrolled in 21<sup>st</sup> 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: \_\_\_\_\_

**Eligibility Determination:**

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

_____ TANF (Temporary Aid for Needy Families)	<u># of Family Members</u>	<u>Annual Income</u>
1	\$29,700	
2	\$40,050	
3	\$50,400	

	Child's Name (first and last): _____
4	\$60,750
5	\$71,100
6	\$81,450
7	\$91,825
8	\$102,225

- \_\_\_\_\_ 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

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

**Disclosure Parties:** Boys & Girls Club

**Boys & Girls Club Re-disclosure Parties:**

Indiana Department of Education

IDOE contracted statewide evaluator

United States Department of Education

Indiana Youth Institute

IYI Contracted statewide evaluator

Corporation for National and Community Service

- Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21<sup>st</sup> 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@indianabggc.org](mailto:ltaylor@indianabggc.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