



**AFTERSCHOOL PROGRAM**  
**AUGUST 2017 - MAY 2018**  
 MONDAY - FRIDAY 3:30PM - 7:00PM

Applications **MUST** be filled out **COMPLETELY** & Registration Fee **MUST BE PAID** upon application submission.

A Birth Certificate, Immunizations Record, Physical Exam, & Lunch letter must be submitted with application.

**\$25 REGISTRATION FEE - MONDAY - FRIDAY \$15 (\$3 PER DAY) - LATE FEES \$1 PER MINUTE**

MEMBER NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_

MEMBER NICKNAME \_\_\_\_\_ GENDER (M) (F) ETHNICITY \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ LUNCH: \_\_\_\_FREE \_\_\_\_REDUCED \_\_\_\_NON-NEEDY

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PHYSICAL:** Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**DO YOU BELONGS TO OTHER GROUPS?:**

Boys Scouts or Girl Scouts \_\_\_\_\_ School Club \_\_\_\_\_ YMCA or YWCA \_\_\_\_\_ Church Group \_\_\_\_\_  
 Other: \_\_\_\_\_

**REASON(S) FOR JOINING BGC:** FUN \_\_\_\_\_ LEARNING \_\_\_\_\_ SPORTS \_\_\_\_\_ OTHER: \_\_\_\_\_

Member may participate in all Club activities in or adjacent to the club building: \_\_\_\_Yes \_\_\_\_No

Club Member Since: \_\_\_\_\_

**MEDICAL INFORMATION**

DOCTOR NAME: \_\_\_\_\_ DOCTOR PHONE: \_\_\_\_\_

LAST EXAM DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ **PLEASE PROVIDE A COPY OF CHILD'S IMMUNIZATION RECORDS & PHYSICAL EXAM**

<b>Please check the following:</b>	Y	N	
Insurance Carrier: _____			
Permission for Treatment by Doctor / Hospital			Policy Number: _____
Medicaid?			Group Number: _____
Does your family have health and/or accident insurance?			
Serious Health Problems?			If yes, explain:
Allergies?			Doctor's note provided? ____Y ____N

Medications		If yes, explain:
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Date Medical Information Received: \_\_\_/\_\_\_/\_\_\_      Date Health Information Received: \_\_\_/\_\_\_/\_\_\_

### PARENTAL INFORMATION

**Someone must be filled in both categories**

Mother / Step-Mother / Foster Mother	Father / Step-Mother / Foster Father
Name: _____	Name: _____
Person Authorized to Pickup Member: ___ Yes ___ No	Person Authorized to Pickup Member: ___ Yes ___ No
Occupation: _____	Occupation: _____
Home Address: _____	Home Address: _____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Email: _____	Email: _____

### EMERGENCY CONTACTS

**There must be 2 Emergency Contacts**

Name: _____	Name: _____
Relationship to Member: _____	Relationship to Member: _____
Person Authorized to Pickup Member: ___ Yes ___ No	Person Authorized to Pickup Member: ___ Yes ___ No
Occupation: _____	Occupation: _____
Home Address: _____	Home Address: _____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Email: _____	Email: _____

### PERSON(S) AUTHORIZED TO PICK-UP MEMBER

**(ID Must be shown upon pick-up)**

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

Name \_\_\_\_\_

Name \_\_\_\_\_

### **HOUSEHOLD**

**NOTE: This information is used for Grant writing purposes only**

Member live with:	Annual Household Income Level:		
<input type="checkbox"/> Mom	___ \$0 - \$5000	___ \$30,001 - \$35,000	___ \$60,001 - \$65,000
<input type="checkbox"/> Step-Mother	___ \$5,001 - \$10,000	___ \$35,001 - 40,000	___ \$65,001 - \$70,000
<input type="checkbox"/> Dad	___ \$10,001 - \$15,000	___ \$40,001 - \$45,000	___ \$70,001 - 75,000
<input type="checkbox"/> Step-Father	___ \$15,001 - \$20,000	___ \$45,001 - \$50,000	___ \$75,001 - \$80,000
<input type="checkbox"/> Grandparent	___ \$20,001 - \$25,000	___ \$50,001 - \$55,000	___ \$80,001 - \$85,000
<input type="checkbox"/> Foster Parent(s)	___ \$25,001 - \$30,000	___ \$55,001 - \$60,000	___ \$85,001 - \$90,000+
<input type="checkbox"/> Other _____			

Number in Household (to include member): \_\_\_\_\_

Number under 18 years old: \_\_\_\_\_ Is there Member of the Household 65 years old or Older: \_\_\_ Yes \_\_\_ No

Is there a Member of the Household Handicapped: \_\_\_ Yes \_\_\_ No Current Single Parent: \_\_\_ Yes \_\_\_ No

Current Head of Household: \_\_\_ Female \_\_\_ Male \_\_\_ Both

How many are employed? \_\_\_ Part-Time \_\_\_ Full-Time \_\_\_ Umemployed \_\_\_

**PLEASE READ THE FOLLOWING REGULATIONS WITH YOU CHILD. YOUR SIGNATURE ON THE APPLICATION FORM INDICATES THAT BOTH YOU AND YOUR CHILD HAVE RECEIVED A COPY OF THE PARENT/GUARDIAN(S) MANUAL, THE DISCIPLINE POLICIES, AND THE CLUB PROPERTY REGULATIONS.**

#### **CLUB PROPERTY REGULATIONS**

Please be aware that all grounds and all programs at the Club locations and off site activities are governed by Boys & Girls Club policies. All staff, volunteers, youth and adults who come to the club must follow the policies set by the Boys & Girls Club of Waynesboro, Staunton and Augusta County. Please read them carefully and discuss them with your child or children. Smoking and possession of tobacco products on the premises is strictly prohibited. Violation of the policy will result in confiscation of the tobacco product and 10-day suspension. No alcohol, drugs, drug paraphernalia, or weapons are allowed on the premises. Violation of the policy includes confiscation of item(s) / charges pressed with Waynesboro or Staunton Police Departments, and a minimum 30-day suspension.

#### **AGREEMENT**

1. I/we agree to comply with all published rules and regulations regarding the Club.
2. I/we agree to provide appropriate and acceptable medical information for my child and I am responsible for updating current contact information with the club.
3. I/we agree to have my child picked up as soon as possible in the event of injury or sudden illness.
4. I/we agree to pay for damages caused by my child to the building/equipment used or owned by the Boys & Girls Club.
5. I understand and agree that it is my responsibility to arrange for transportation of my child to the Club and the Boys & Girls Club is not responsible for my child until he or she arrives to the Club.
6. I/we agree that my child may be transported on vehicles owned or rented by the Boys & Girls Club of Waynesboro, Staunton, and Augusta County and driven by Club staff and volunteers.
7. I/we agree that my child may accompany Boys & Girls Club staff and/or volunteers on short, local field trips either by walking or by vehicle without formal notification.
8. I give permission for the Boys & Girls Club to obtain pertinent information from/to school, social service agencies, mental health providers and other related agencies concerning my child. I understand that this information will be used with discretion and as an aid in determining appropriate programs for my child and whether other service referrals are indicated.
9. I further grant permission for the information provided by myself, my child, the child's family and other agencies to be shared with discretion to volunteers working with my child. I understand that volunteers are asked to hold this information in confidence.
10. If I do not pick-up child by closing time, I agree to pay applicable fees (\$1 per minute).

11. I/we agree to voluntarily withdraw my child from the Club if there are persistent discipline problems that cannot be resolved through reasonable efforts of the staff. I understand that the Boys & Girls Club's staff reserves the right to ask for the the immediate withdrawal of any member.

12. I/we authorize the Boys & Girls Club's representatives to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I or the listed emergency contact(s) can not be located. It is also understood that this agreement covers only those situations which are true emergencies and only when I know those emergency contact(s) listed cannot be reached. Otherwise, I expect to be notified immediately.

**Please Initial**

- A) I/We will be responsible for payment of medical care expenses: \_\_\_\_\_
- B) Medical treatments cost are covered by:
  - 1) Private Insurance \_\_\_\_\_
  - 2) Medicaid Insurance \_\_\_\_\_
  - 3) Other: \_\_\_\_\_
  - 4) No Insurance \_\_\_\_\_

**I promise to take care of my Club and its property. I understand the Club is not responsible for personal loss of property. If at any time I am asked to return my card, I understand no dues will be returned to me.**

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**I hereby allow my child to join the Boys & Girls Club of Waynesboro, Staunton, & Augusta County and participate in its various activities including field trips. The Boys & Girls Club of Waynesboro, Staunton, & Augusta County and its property are not responsible for personal injury or loss of property. I hereby waive all rights to any legal action(s) should one occur. I understand that my child will be revoked at any time, without refund.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDIA CONSENT FORM**

I hereby: Consent \_\_\_\_\_ Do Not Consent \_\_\_\_\_ (Check One)  
 To my child's (Name Above) participation in interviews, the use of quotes, the taking of photographs, film or any other media produced by or in conjunction with The Boys & Girls Club of Waynesboro, Staunton, and Augusta County.

Additionally, I: Grant \_\_\_\_\_ Do Not Grant \_\_\_\_\_ (Check One)  
 The Boys & Girls Club the right to edit, use, and reuse said material for or on behalf of the organization, for purposes including, but not limited to, use in publications, marketing collateral or campaigns, website content, social media content, and fundraising efforts.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL BELONGING & WEAPONS POLICY**

The Boys & Girls Club is not responsible for personal belongings that are lost, left behind, or stolen while attending the Club. Parents and Club members are strongly encouraged are strongly encouraged to leave any items of value (including electronic devices such as laptops, cell phones, personal video games, MP3 players, etc.) at home.

In order to ensure the personal safety of all club members and staff, Boys & Girls Club staff reserve the right to search personal belongings, including backpacks and lockers/cubbies, when there is reasonable cause to do so.

**NOTE:** In the event that a club member claims to have an item identified as a "weapon" in his possession, the parent will be called immediately and the Club members will be suspended. The length of the suspension will be at the discretion of the Executive Director. In the event that a Club member HAS an item identified as a "weapon" the police will be called, the parents will also be called, and the Club member will be permanently suspended from attending the Boys & Girls Club.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PUBLIC SCHOOL RELEASE FORM

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL STUDENT CURRENTLY ATTENDS: \_\_\_\_\_

**IF YOU HAVE MORE THAN ONE CHILD, PLEASE USE THE SPACES PROVIDED BELOW:**

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL STUDENT CURRENTLY ATTENDS: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL STUDENT CURRENTLY ATTENDS: \_\_\_\_\_

I Hereby give permission to

\_\_\_Waynesboro City Schools \_\_\_Staunton City Schools \_\_\_Augusta County Schools

To provide the following information of my child to the Boys & Girls Club:

- School Attendance
- Immunization Records
- Copy of Birth Certificate
- Grades / Report Cards
- Academic Progress

This authorization is valid for one school calendar year. It will expire on 5/31/17. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPPA), but will become education records protected by the Family Education Rights and Privacy Act (FERPA).

Parent Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## RECEIPT AND ACCEPTANCE OF PARENT/GUARDIAN MEMBERSHIP ORIENTATION HANDBOOK

I \_\_\_\_\_, have this day received a copy of The Boys & Girls Club of Waynesboro, Staunton, & Augusta County's Parent/Guardian Membership Orientation Handbook, and understand that I am responsible for reading the policies and practices described within it as part of my orientation.

**I AGREE TO ABIDE BY THE POLICIES AND PROCEDURES CONTAINED HEREIN. I UNDERSTAND THAT THE POLICIES AND BENEFITS CONTAINED IN THIS HANDBOOK MAY BE ADDED TO, DELETED, CHANGED BY THE CLUB AT ANY TIME.**

If I have any questions regarding the content or interpretation this Handbook, I will bring them to the attention of the Executive Director.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## MENTORING PROGRAM CONSENT FORM

I, the parent/guardian of \_\_\_\_\_ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. Mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand the during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring activities.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please have your child answer the following questions as completely as possible. This information will help us to match you with the right mentor (Please print)**

How many brothers & sisters do you have?		Favorite kind of music?	
Belongs to any clubs or groups?		Favorite kind of sport?	
Hobbies?	How could mentor help you?	Favorite School subject?	
		Worst School subject?	
		Favorite TV show?	

What would you like to do with a mentor?

I agree that I will meet with my mentor at BGC only at the times & locations arranged by the coordinator.

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Status: \_\_\_**ACTIVE** \_\_\_**INACTIVE**

Type: \_\_\_\_\_ New Member \_\_\_ Renewed Membership \_\_\_\_\_      Processed by: \_\_\_\_\_

Member Since: \_\_\_\_/\_\_\_\_/\_\_\_\_

### APPLICATION CHECKLIST

APPLICATION FULLY COMPLETED		2 EMERGENCY CONTACTS	
SIGNED MEMBERSHIP ORIENTATION (HANDBOOK)		REGISTRATION FEE PAID	
IMMUNIZATION RECORDS		WEEKLY FEE	
BIRTH CERTIFICATE		ALL CONSENTS FORMS SIGNED	
PHYSICAL EXAM		HOUSEHOLD INFORMATION	