



**Boys and Girls Club of Waynesboro, Staunton, and  
Augusta County Afterschool Application  
AUGUST 2018 - MAY 2019  
MONDAY - FRIDAY 2:30PM - 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 - \$40 NON-ELIGIBLE, \$20 ELIGIBLE (\$25 without lunch letter)  
- LATE FEES \$1 PER MINUTE**

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

MEMBER NICKNAME \_\_\_\_\_ GENDER (M) (F) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

GRADE: \_\_\_\_\_ CLUB MEMBER SINCE: \_\_\_\_\_ LUNCH (letter must be provided) : \_\_\_\_FREE \_\_\_\_ELIGIBLE \_\_\_\_NON-ELIGIBLE

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

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

ETHNICITY (Check one): \_\_\_\_ American Indian OR Alaskan Native \_\_\_\_ Asian \_\_\_\_ Black or African American  
 \_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_ White \_\_\_\_ Other  
 \_\_\_\_ Multi-Racial (any 2 or more of the above) \_\_\_\_ Race Not Reported (Unknown)

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

**OTHER GROUPS ATTENDED:** Boys Scouts or Girl Scouts \_\_\_\_\_ School Club \_\_\_\_\_ YMCA or YWCA \_\_\_\_\_  
 Church Group \_\_\_\_\_ Other: \_\_\_\_\_

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

**MEDICAL INFORMATION**

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

LAST EXAM DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PROVIDE A COPY OF CHILD'S IMMUNIZATION RECORDS & PHYSICAL EXAM**

| Please check the following:                             | Y | N |                                     |
|---|---|---|-------------------------------------|
| Permission for Treatment by Doctor / Hospital           |   |   | Insurance Carrier: _____            |
| Medicaid  |   |   | Policy Number: _____                |
| CHIP (State Children's Health Insurance Program)        |   |   | Group Number: _____                 |
| Does your family have health and/or accident insurance? |   |   |                                     |
| Serious Medical Problems or Disabilities?               |   |   | If yes, explain: _____              |
| Allergies?  |   |   | Doctor's note provided? ____Y ____N |
| Medications   |   |   | If yes, explain: _____              |

Date Medical Information Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Health Information Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Both categories must be filled

| PARENT/GUARDIAN #1                                       | PARENT/GUARDIAN #2 (If applicable)                       |
|--|--|
| Name: _____  | Name: _____  |
| Person Authorized to Pickup Member: ___Yes ___No         | Person Authorized to Pickup Member: ___Yes ___No         |
| *If No, Court Order and Custody Papers must be obtained. | *If No, Court Order and Custody Papers must be obtained. |
| Relationship: _____                                      | Relationship: _____                                      |
| Home Address: _____                                      | Home Address: _____                                      |
| _____  | _____  |
| Phone: _____ Type: _____                                 | Phone: _____ Type: _____                                 |
| Phone: _____ Type: _____                                 | Phone: _____ Type: _____                                 |
| Email: _____   | Email: _____   |
| Employed: ___yes ___no                                   | Employed: ___yes ___no                                   |
| If Yes, please provide work information                  | If Yes, please provide work information                  |
| Work Address: _____                                      | Work Address: _____                                      |
| Work phone number: _____                                 | Work phone number: _____                                 |

## 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 _____ |

Are you interested in being contacted about volunteer opportunities? \_\_\_Yes \_\_\_No

## HOUSEHOLD AND INCOME VERIFICATION

**NOTE: This information is important to the Club to help with grant funding**

|  |  |
|--|--|
| Member lives with: (check all that apply)<br><input type="checkbox"/> Mom<br><input type="checkbox"/> Step-Mother<br><input type="checkbox"/> Dad<br><input type="checkbox"/> Step-Father<br><input type="checkbox"/> Grandparent<br><input type="checkbox"/> Foster Parent(s)<br><input type="checkbox"/> Other _____ | Number in Household (include member): _____<br>Number of household under 18 years old: _____<br>Current Single Parent: ____ Yes ____ No<br>Current Head of Household: ____ Female ____ Male ____ Both<br><br>How many in household are employed? _____<br>Part-Time _____ Full-Time _____ Unemployed _____ |
|--|--|

**First**, locate and circle the total number of family members in your household, including yourself, in the left column.  
**Second**, circle the total gross annual household income in the row that corresponds to the family size. Circle the income amount that is **THE CLOSEST TO** your own household income **WITHOUT GOING OVER**.

**Family size**

|          |          |          |          |          |          |           |
|----------|----------|----------|----------|----------|----------|-----------|
| <u>1</u> | \$12,140 | \$16,146 | \$16,753 | \$18,210 | \$24,280 | \$30,350  |
| <u>2</u> | \$16,460 | \$21,892 | \$22,715 | \$24,690 | \$32,920 | \$41,150  |
| <u>3</u> | \$20,780 | \$27,637 | \$28,676 | \$31,170 | \$41,560 | \$51,950  |
| <u>4</u> | \$25,100 | \$33,383 | \$34,638 | \$37,650 | \$50,200 | \$62,750  |
| <u>5</u> | \$29,420 | \$39,129 | \$40,600 | \$44,130 | \$58,840 | \$73,550  |
| <u>6</u> | \$33,740 | \$44,874 | \$46,561 | \$50,610 | \$67,480 | \$84,350  |
| <u>7</u> | \$38,060 | \$50,620 | \$52,523 | \$57,090 | \$76,120 | \$95,150  |
| <u>8</u> | \$42,380 | \$56,365 | \$58,484 | \$63,570 | \$84,760 | \$105,950 |

Add \$4,320 for each person over 8

**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) CHIP (State Children's Health Insurance Program) \_\_\_\_\_
- 3) Other: \_\_\_\_\_
- 4) No Insurance \_\_\_\_\_

## 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 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL BELONGING, PERSONAL INJURY & 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 to leave any items of value (including electronic devices such as laptops, cell phones, personal video games, MP3 players, etc.) at home.

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. In the case of such an occurrence, I understand that my payment will be revoked, without refund.

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.

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 Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 THERE IS ZERO TOLERANCE OF VIOLENCE. I UNDERSTAND THAT THE POLICIES AND BENEFITS CONTAINED IN THIS HANDBOOK MAY BE ADDED TO, DELETED, CHANGED BY THE CLUB AT ANY TIME.**

Parent/Guardian 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: \_\_\_\_\_

\*\*Obtain the FREE/REDUCED LUNCH LETTER from your school if the member/s are receiving this service\*\*

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/Guardian Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

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

## 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.

As part of the national initiative from Boys and Girls Club of America, the Boys and Girls Club of Waynesboro, Staunton, and Augusta County has implemented various ways and resources for all youth that attend the Club to be mentored. **The Club is determined to play a pivotal role in the positive development of the social awareness and emotional intelligence of the Club Members.**

I fully understand that the program involves mentors, who shall be selected from the community and from Club staff. Mentors are screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend intentional, one-on-one time carrying out games, activities and having positive conversations with the Member. The 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 that during 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.

Parent/Guardian 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     |  |