



**Boys and Girls Club of Waynesboro, Staunton, and
Augusta County Afterschool Application
AUGUST 2018 - MAY 2019
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 in order to qualify.

**\$25 REGISTRATION FEE - ELIGIBLE: \$15 PER WEEK (\$3 PER DAY) –
NON-ELIGIBLE: \$20 PER WEEK (\$4 PER DAY) - LATE FEES \$1 PER MINUTE**

MEMBER NAME (FIRST) _____ (MI) _____ (LAST) _____

MEMBER NICKNAME _____ GENDER (M) (F) _____ DOB: ____/____/____ AGE: _____

GRADE: _____ CLUB MEMBER SINCE: _____ LUNCH (letter 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 provided.	*If No, court order and custody papers must be provided.
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) <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Dad <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other _____	Number in Household (include member): _____ Number of household under 18 years old: _____ Current Single Parent: ___ Yes ___ No Current Head of Household: ___ Female ___ Male ___ Both How many in household are employed? _____ Part-Time _____ Full-Time _____ Unemployed _____
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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 you 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
Grades / Report Cards

Immunization Records
Academic Progress

Copy of Birth Certificate

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	