



Member#:

Location

Ruidoso

**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

## MEMBERSHIP APPLICATION

As a State licensed After School Care provider, we require all families to go through the financial qualification process with the Early Childhood Education and Care Department (ECECD) PRIOR to their child(ren) attending. **WE MUST HAVE PHYSICIAN AND CONTACT INFORMATION. IF THE SAME FOR ALL CHILDREN, PUT SAME UNDER EACH CHILD.**

|                                                                                                                                                                                                                                                                                                                                        |                   |                     |                          |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|--------------------------|-----------|--|
| Child's First Name:                                                                                                                                                                                                                                                                                                                    |                   | Middle:             |                          | Last:     |  |
| Date of birth:                                                                                                                                                                                                                                                                                                                         | Gender: M F       |                     | Age:                     |           |  |
| Main contact number:                                                                                                                                                                                                                                                                                                                   | Physical Address: |                     |                          |           |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                       |                   |                     |                          | City:     |  |
| State:                                                                                                                                                                                                                                                                                                                                 | Zip:              | Foster Care: Yes No |                          |           |  |
| School:                                                                                                                                                                                                                                                                                                                                |                   |                     |                          | Grade:    |  |
| Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Arab <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> multi-racial<br><input type="checkbox"/> Other _____ |                   |                     |                          |           |  |
| Permission for treatment by Doctor/Hospital (For all kids coming to the Club) : Yes No                                                                                                                                                                                                                                                 |                   |                     |                          |           |  |
| Allergies:                                                                                                                                                                                                                                                                                                                             |                   |                     | Physical Limitations:    |           |  |
| Asthma:                                                                                                                                                                                                                                                                                                                                | ADD:              | ADHD:               | Autism:                  | Dyslexia: |  |
| Physicians' Name:                                                                                                                                                                                                                                                                                                                      |                   |                     | Physicians Phone Number: |           |  |
| Insurance Carrier:                                                                                                                                                                                                                                                                                                                     |                   |                     |                          |           |  |
| Policy Number:                                                                                                                                                                                                                                                                                                                         |                   |                     |                          |           |  |
| Name Of Policy Holder:                                                                                                                                                                                                                                                                                                                 |                   |                     |                          |           |  |

### MULTIPLE CHILDREN INFORMATION

|                                                                                                                                                                                                                                                                                                                                        |             |         |                          |                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|--------------------------|---------------------|--|
| Child's First Name:                                                                                                                                                                                                                                                                                                                    |             | Middle: |                          | Last:               |  |
| Date of Birth:                                                                                                                                                                                                                                                                                                                         | Gender: M F |         | Age:                     |                     |  |
| School:                                                                                                                                                                                                                                                                                                                                | Member #    |         |                          | Foster Care: Yes No |  |
| Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Arab <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> multi-racial<br><input type="checkbox"/> Other _____ |             |         |                          |                     |  |
| Allergies:                                                                                                                                                                                                                                                                                                                             |             |         | Physical Limitations:    |                     |  |
| Asthma:                                                                                                                                                                                                                                                                                                                                | ADD:        | ADHD:   | Autism:                  | Dyslexia:           |  |
| Physicians' Name:                                                                                                                                                                                                                                                                                                                      |             |         | Physicians Phone Number: |                     |  |

  

|                                                                                                                                                                                                                                                                                                                                        |             |         |                          |                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|--------------------------|---------------------|--|
| Child's First Name:                                                                                                                                                                                                                                                                                                                    |             | Middle: |                          | Last:               |  |
| Date of Birth:                                                                                                                                                                                                                                                                                                                         | Gender: M F |         | Age:                     |                     |  |
| School:                                                                                                                                                                                                                                                                                                                                | Member #    |         |                          | Foster Care: Yes No |  |
| Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Arab <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> multi-racial<br><input type="checkbox"/> Other _____ |             |         |                          |                     |  |
| Physical Limitations:                                                                                                                                                                                                                                                                                                                  |             |         |                          |                     |  |
| Asthma:                                                                                                                                                                                                                                                                                                                                | ADD:        | ADHD:   | Autism:                  | Dyslexia:           |  |
| Physicians' Name:                                                                                                                                                                                                                                                                                                                      |             |         | Physicians Phone Number: |                     |  |



Member#:

Location

Ruidoso

**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

## MEMBERSHIP APPLICATION

|                     |             |                     |
|---------------------|-------------|---------------------|
| Child's First Name: | Middle:     | Last:               |
| Date of Birth:      | Gender: M F | Age:                |
| School:             | Member #    | Foster Care: Yes No |

Ethnicity: ☐ African American ☐ Native American/Alaskan ☐ Arab ☐ Hispanic ☐ Asian/Pacific Islander ☐ Caucasian ☐ multi-racial  
☐ Other \_\_\_\_\_

Physical Limitations:

Asthma: ADD: ADHD: Autism: Dyslexia:

Physicians' Name: Physicians Phone Number:

### CONTACT/FAMILY INFORMATION

**Parent Guardian (circle one) Name:**

|                                                                                 |             |                         |
|---------------------------------------------------------------------------------|-------------|-------------------------|
| Employer:                                                                       | Cell Phone: | 2 <sup>nd</sup> Number: |
| Can we text your cell phone for information or emergencies? Circle One – Yes No |             | Email:                  |
| Address:                                                                        | City:       | Zip Code:               |

**Parent Guardian (circle one) Name:**

|                                                                                 |             |                        |
|---------------------------------------------------------------------------------|-------------|------------------------|
| Employer:                                                                       | Cell Phone: | 2 <sup>nd</sup> Number |
| Can we text your cell phone for information or emergencies? Circle One – Yes No |             | Email:                 |
| Address:                                                                        | City:       | Zip Code:              |

**EMERGENCY CONTACTS – MUST HAVE AT LEAST 2 EMERGENCY CONTACTS DIFFERENT FROM PARENT/ GUARDIAN -  
 ADDITIONAL CONTACTS PUT ON THE BACK OF THE APPLICATION**

|                                                                                          |              |
|------------------------------------------------------------------------------------------|--------------|
| <b>Name:</b>                                                                             | Cell Phone:  |
| Relationship to child:                                                                   | Other Phone: |
| <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pickup |              |
| <b>Name:</b>                                                                             | Cell Phone:  |
| Relationship to child:                                                                   | Other Phone: |
| <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pickup |              |
| <b>Name:</b>                                                                             | Cell Phone:  |
| Relationship to child:                                                                   | Other Phone: |
| <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pickup |              |
| <b>Name:</b>                                                                             | Cell Phone:  |
| Relationship to child:                                                                   | Other Phone: |
| <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pickup |              |

Member#:  
\_\_\_\_\_

Location

Ruidoso  
\_\_\_\_\_
**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

## MEMBERSHIP APPLICATION

**ANYONE NOT AUTHORIZED TO PICK-UP CHILD – ADDITIONAL NOT AUTHORIZED PUT ON THE BACK OF APPLICATION**

|       |                        |
|-------|------------------------|
| Name: | Relationship to Child: |
| Name: | Relationship to Child: |
| Name: | Relationship to Child: |

### FAMILY INFORMATION – NOT ALREADY ON THE LIST

|                                                                  |             |
|------------------------------------------------------------------|-------------|
| Number of Brothers/Stepbrothers:                                 | Names/Ages: |
| Number of Sisters/Stepsisters:                                   | Names/Ages: |
| Are parent/guardian Active Military, Reserves or Veteran: Yes No | Branch:     |
| Religion:                                                        |             |

### OTHER IMPORTANT INFORMATION AND SAFEWORD – **MUST HAVE A SAFE WORD**

**A safe word is a word or phrase containing letters or numbers that allows the Front Desk at BGCLC to change, add or remove any information on your account. This phrase will remain confident unless you share this phrase with people of your choosing. The SAFE WORD is also used for all phone conversations. The Safe Word will be allowed on RARE occasions only for pick up.**

**Safe Word:**

### RELEASE STATEMENTS

**PLEASE NOTE THE BOYS & GIRLS CLUB CANNOT ADMINISTER ANY MEDICATIONS THAT REQUIRE REFRIGERATION. ONLY MEDICATIONS PRESCRIBED BY A PHYSICIAN IN THE ORIGINAL PRESCRIPTION BOTTLE CAN BE ADMINISTERED. PLEASE NOTE ADDITIONAL PAPERWORK WILL BE REQUIRED. NO OVER THE COUNTER MEDICATIONS WILL BE ADMINISTERED.**

Member#:  
\_\_\_\_\_

Location

Ruidoso  
\_\_\_\_\_**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Chaves and Lincoln Counties (BGCCLC), and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns, or any other person or entity associated with any of the above organizations such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury, or death and any claim of damages resulting from use of facilities and or vehicles owned or controlled by BGCCLC, or participation in activities of said organizations either at or away from the Club.

\_\_\_\_\_ Initial

**Statement of Understanding**

I understand that The Club is not, nor does it claim to be, a licensed day care center.

\_\_\_\_\_ Initial

**Medical Treatment and/ or emergency transport**

I give permission to the Boys & Girls Clubs of Chaves and Lincoln Counties to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

\_\_\_\_\_ Initial

**Surveys and Questionnaires**

I, the parent/guardian of the minor child listed on this application, give permission for the Boys & Girls Clubs of Chaves and Lincoln Counties to survey me and my child about his or her Club experience and behaviors, skills, and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments for use to measure and improve the impact of staff, programs, classes, and activities.

\_\_\_\_\_ Initial

**Member's Property**

I understand that the Boys & Girls Clubs of Chaves and Lincoln Counties is not responsible for lost or stolen items. We recommend that items of value not be brought to the Club including cell phones, electronic devices, toys, etc.

\_\_\_\_\_ Initial

**Photo/Video/Audio Release – If you are a foster parent, you cannot initial this box.**

I hereby grant permission to the Boys & Girls Clubs of Chaves and Lincoln Counties the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in the materials created for purposes of promoting the activities of the Boys & Girls Clubs of Chaves and Lincoln Counties.

\_\_\_\_\_ Initial

**Parent Handbook**

Our Parent Handbook contains many of our policies, procedures and other useful information. The Parent Handbook can be found on our website [www.bgcclc.org/membership](http://www.bgcclc.org/membership). I acknowledge I have read the Parent Handbook.

\_\_\_\_\_ Initial

**Communication** Other than face to face communication, we have found our REMIND to be the most efficient method to communicate with families. Please see below the steps to sign up for REMIND. We also use FACEBOOK.

Our Facebook page is Boys & Girls Clubs of Chaves and Lincoln Counties.

\_\_\_\_\_ Initial

**Faith-based Programming** I give permission for my child to participate in optional faith-based programs offered by the Boys & Girls Club. I understand these activities are voluntary and separate from core programming

\_\_\_\_\_ Initial

**Guidance Policy** I have read and understand the Club's Guidance Policy as outlined in the Parent Handbook and on this document. I agree to its terms and acknowledge that my child must follow these expectations while attending the Club

\_\_\_\_\_ Initial

**Enrollment Agreement:** I acknowledge that by enrolling my child in BGCCLC programs, all services, fees, and participation are subject to the policies, procedures, and expectations outlined in the BGCCLC Parent Handbook. I understand that the Parent Handbook is incorporated into this Enrollment Agreement by reference and is available at [bgcclc.org/membership](http://bgcclc.org/membership). I understand further that my child's continued enrollment is contingent upon compliance with these policies.

\_\_\_\_\_ Initial

We have switched from Remind app to straight texts. If you do not approve texts to be received from The Boys & Girls Club of Chaves & Lincoln Counties, we will post information on our Facebook page.

Member#:  
\_\_\_\_\_

Location

Ruidoso  
\_\_\_\_\_**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

**Acceptable Technology Use Policy for Members****Responsible Computer Use Guidelines for Members**

Boys & Girls Clubs of Chaves and Lincoln Counties ("Club" or "Clubs") computer network and internet access are available to members to enhance their educational experience and help them become literate in an increasingly technological world.

The purpose of this Acceptable Use Policy is to foster the appropriate use of that network, email and the internet. The following guidelines apply to all users, whenever they access any of the Clubs' network connections.

**Educational Purpose**

The Clubs' network has been established for educational purposes limited to approved activities, school-to-career development and scholastic research on appropriate subjects. The Club has the right to place reasonable restrictions on the material members access or post through the system. Members are expected to follow this Acceptable Use Policy (as well as other Club rules and policies applicable to members) when in the Technology Center or accessing the network.

You should expect only limited privacy, and personal files are not to be stored on the Clubs' network. The Club reserves the right to search your files if there is a reasonable suspicion you violated this Acceptable Use Policy, Club rules and policies, or the law.  
Unacceptable Uses and Personal Safety.

You must not post personal contact information about yourself or other people. Personal contact information includes (but is not limited to) home, school or work addresses; telephone numbers; and email addresses.

**Unacceptable Uses and Personal Safety**

You must not post personal contact information about yourself or other people. Personal contact information includes (but is not limited to) home, school or work addresses; telephone numbers; and email addresses.

You must never agree to meet with someone you have met online without your parent's approval. A parent or guardian should always accompany you to such meetings.

You must promptly disclose to a Club staff member any message you receive that is inappropriate, or makes you feel uncomfortable.

**Illegal Activities**

You must not attempt to gain unauthorized access to the Clubs' network, or to any other computer system through the Clubs' network. This includes attempting to log in through another person's account or accessing another person's files. These actions are illegal, even if only for the purpose of "browsing."

You must not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses.

You must not use the Clubs' network to engage in any illegal act, including, but not limited to, arranging for the purchase or sale of alcohol, tobacco or other drugs; engaging in criminal activity; or threatening the safety of another person.

Member#:  
\_\_\_\_\_

Location

Ruidoso  
\_\_\_\_\_**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

## System Security

You are responsible for your individual user account and should take all reasonable precautions to prevent others from being able to use your account. Under no circumstances should you provide your password to another person. You must immediately notify a Club staff member if you have identified or witnessed a possible security problem.

### Inappropriate Use:

- Restrictions against inappropriate use apply to public message, private message and material.
- posted on web pages. Within reason, freedom of speech and access to information will be honored.
- Unpermitted activities include, but are not limited to:
- Sending or displaying unkind or offensive messages or pictures, pornography or hate literature.
- Using unkind or obscene language.
- Harassing, insulting or attacking others.
- Intentionally damaging computers, computer systems or computer networks
- Violating copyright laws.
- Using another person's password.
- Intentionally wasting limited resources (i.e., distributing mass email messages, participating in chain letters, creating or participating in unauthorized newsgroups, and storing files on file servers without proper authorization)
- Employing the network for commercial purposes, political activities or lobbying.
- Installing additional software without prior approval.
- Using portal or proxy websites.
- Accessing social media platforms or other non-approved sites.

Violations may result in the loss of access, as well as other disciplinary or legal action.

### Disciplinary Actions

Members who violate the Acceptable Use Policy may be denied future internet and/or network privileges for a defined period, and may be subject to other disciplinary measures as set forth by Club policies. Members are responsible for using reasonable care to prevent damage to the Clubs technology devices. In the event a device is damaged as a result of not using reasonable care, the member will be responsible for costs associated with repair or replacement of damaged device.

## ATTENDANCE & PARTICIPATION

BGCCLC is an enrichment-based program designed to provide meaningful experiences that support youth development, including academic support, social-emotional growth, and skill-building opportunities. Regular attendance and participation are essential for members to fully benefit from the program.

Our program is designed to serve youth who benefit from consistent participation. Maintaining attendance expectations helps ensure we can continue serving families effectively.

We encourage members to attend consistently and remain engaged in programming throughout the Club day. To support program quality and ensure all members receive the full benefit of services, families are expected to allow their child(ren) to participate in programming until at least **5:00 PM** on regular program days.

BGCCLC understands that occasional early pickups may be necessary due to appointments, family needs, or special circumstances. We ask that families communicate these needs with Club staff when possible.



Member#:

Location

Ruidoso

**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

If a pattern of frequent early pick-ups occurs, the Program Director may reach out to discuss participation expectations and determine whether the program is the best fit for the family's needs. Continued inability to meet participation expectations may impact enrollment status.

### Attendance Expectations

- Members must be checked in daily upon arrival
- Members are expected to participate in programming activities while at the Club
- If a member is absent for **14 consecutive days without communication**, they may be disenrolled to allow space for other youth in need of services

### Member Pickup Procedures

BGCCLC prioritizes the safety of all members during dismissal.

- Only authorized individuals listed on the member's account may pick up a child
- A valid photo ID is required at the time of pickup
- Staff will verify authorization before releasing any member

If a parent/guardian needs to authorize a temporary pickup by another individual, the Club may allow a one-time exception using the approved verification method on file. Ongoing changes must be made in person with proper identification.

### Late Pickup Policy

BGCCLC closes promptly at the posted time. Timely pickup is important for staff scheduling, safety, and operations.

- A late fee of **\$1.00 per minute** will be charged for pickups after closing time
- An additional **\$20 fee** will be applied 10 minutes after closing
- If a child has not been picked up within **15 minutes**, and staff are unable to reach a parent/guardian or emergency contact, appropriate authorities may be contacted in accordance with safety procedures

If late pickups occur repeatedly, the Program Director will work with the family to address the issue. Continued late pickups may impact enrollment status.

## GUIDANCE, BEHAVIOR SUPPORT & DISCIPLINARY PRACTICES

The essence of the Boys & Girls Clubs of Chaves & Lincoln Counties (BGCCLC) mission is to support our members as they develop values, skills, and self-esteem. Staff and volunteers serve as positive role models and are expected to always act professionally, demonstrating respect, responsibility, and appropriate behavior. BGCCLC believes that strong partnerships with parents and guardians are essential to a child's success and is committed to working collaboratively with families to support each member's growth, development, and well-being.

BGCCLC's approach to behavior is rooted in positive youth development and developmentally appropriate practices that encourage self-control, responsibility, and respect for others.

"Guidance" means fostering a child's ability to become self-disciplined. All guidance strategies are consistent, positive, and age appropriate, with clear expectations and limits that help members make appropriate choices.

All behavior support and disciplinary actions are implemented within this positive guidance framework and are intended to teach appropriate behavior, not to punish.

"Supervision" always means the direct observation and guidance of children, with staff physically present. The only exception is for school-age children who are allowed privacy when using the restroom.

Member#:  
\_\_\_\_\_

Location

Ruidoso  
\_\_\_\_\_**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

## GUIDANCE PRACTICES

Guidance practices at BGCCLC include:

- Redirection and coaching
- Positive reinforcement and encouragement
- Constructive support and problem-solving
- Restorative approaches that help members reflect on behavior, repair harm, and rebuild relationships

In accordance with New Mexico standards, all guidance will:

- Be positive, consistent, and developmentally appropriate
- Encourage self-discipline and personal responsibility
- Be delivered in a safe and respectful manner

The following disciplinary practices are strictly prohibited:

- Physical punishment of any kind (including hitting, shaking, or pinching)
- Placing anything on or in a child's mouth
- Withholding food, rest, bathroom access, or outdoor time
- Use of abusive, demeaning, or profane language, including yelling
- Any form of humiliation, threats, or intimidation
- Unsupervised separation of a child
- Lifting or handling a child by their limbs or clothing
- Use of physical or mechanical restraints, except in documented emergencies or medically necessary situations

All guidance practices are designed to protect dignity, safety, and emotional well being of each member while maintaining compliance with New Mexico childcare regulations.

## PROGRESSIVE BEHAVIOR SUPPORT PROCESS

When a member's behavior does not align with Club expectations, BGCCLC uses a progressive approach to support positive behavior and accountability.

### 1. Verbal Redirection and Coaching

Staff will address behavior by explaining expectations and guiding the member toward appropriate choices. A brief reset or reflection period may be used as needed.

### 2. Documentation and Parent/Guardian Notification

If behavior continues, staff will document the incident and notify the Program Director. Parents/guardians will be informed to ensure awareness and partnership.

### 3. Parent/Guardian Conference

If behavior persists, a meeting will be scheduled to develop a collaborative plan to support improvement and consistency between home and the Club.

### 4. Suspension

If behavior significantly disrupts the program or does not improve, a suspension of one to five days may be implemented. Members will remain supervised until pickup if immediate removal is necessary.

### 5. Disenrollment

If all reasonable efforts have been unsuccessful, or if behavior continues to impact the safety or well-being of others, BGCCLC may determine that disenrollment is necessary.

Member#:  
\_\_\_\_\_

Location

Ruidoso  
\_\_\_\_\_**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

**SERIOUS VIOLATIONS & IMMEDIATE ACTION (ZERO TOLERANCE)**

BGCCLC is committed to maintaining a safe environment for all. Certain behaviors are considered serious violations and may result in immediate suspension or disenrollment due to the level of risk involved.

These behaviors may include, but are not limited to:

- Possession of weapons or dangerous objects
- Use, possession, or distribution of illegal drugs or alcohol
- Severe acts of physical violence
- Credible threats of violence or intend to harm others
- Predatory or sexually inappropriate behavior
- Exposure of oneself or inappropriate sexual conduct
- Severe or repeated bullying creates an unsafe environment
- Use of racial slurs or highly offensive discriminatory language
- Possession or use of tobacco or vaping devices

Use of racial slurs or discriminatory language will be taken seriously and may result in immediate suspension and additional disciplinary action.

In these situations, BGCCLC reserves the right to bypass the progressive behavior process and take immediate action as deemed appropriate. Law enforcement or appropriate authorities may be contacted when necessary.

All incidents will be reviewed on a case-by-case basis, considering the severity of the behavior, the members' history, and the safety of the Club community.

**COMMITMENT TO A SAFE ENVIRONMENT**

BGCCLC staff are committed to modeling respectful behavior and maintaining safety, supportive environment for all members. At no time will prohibit disciplinary practices be used.

We ask that members and family's partner with us in upholding these expectations to ensure a positive, safe, and successful experience for everyone.

**COMPLAINT PROCEDURE**

BGCCLC is committed to providing a safe, positive, and supportive environment for all members and families. Open communication is essential to achieving this goal. We encourage parents and guardians to share any questions, concerns, or feedback so that they can be addressed promptly and effectively.

**How to Share Concerns**

If you have a concern regarding your child's experience or any aspect of Club operations, please follow the steps below:

**1. Contact the Program Director**

Parents/guardians are encouraged to contact the Program Director as soon as possible to discuss concerns. This can be done by phone, email, or by requesting a scheduled meeting. Addressing concerns early allows for timely resolution.



Member#:

Location

Ruidoso

**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

## 2. Schedule a Meeting (if needed)

If additional discussion is needed, a meeting will be scheduled at a mutually convenient time. Meetings are typically held outside of program hours to ensure full attention to the concern.

## 3. Follow-Up and Resolution

The Program Director will review the concern, gather any necessary information, and work toward a resolution. When appropriate, follow-up communication will be provided to ensure the concern has been addressed.

## 4. Escalation (if necessary)

If the concern is not resolved at the Program Director level, parents/guardians may request to escalate the matter to senior leadership (CEO or designee) for further review.

## OUR COMMITMENT

BGCCLC is committed to:

- Treating all concerns with respect and confidentiality
- Responding in a timely and professional manner
- Working collaboratively with families toward resolution
- Maintaining a safe and positive environment for all members

We encourage families to bring concerns directly to Club leadership so they can be addressed constructively and efficiently

## Parent/Guardian Consent for Guidance & Restorative Activities

As part of our commitment to positive youth development and in alignment with New Mexico child guidance practices, the Club uses constructive, age-appropriate strategies to help members learn responsibility, respect, and accountability.

At times, children may be asked to participate in supervised, restorative activities as a way to reflect on their behavior and contribute positively to the Club environment. These activities are never used as punishment or humiliation, and will always be safe, appropriate to the child's age, and directly related to the situation.

## Please check from the following list, and below is an area to write others:

- ☐ Picking up trash or helping clean shared spaces
- ☐ Wiping tables or organizing program areas
- ☐ Assisting with basic, age-appropriate Club chores
- ☐ Helping restore an area after mis-use (art area, game room, etc.)
- ☐ Participating in supervised outdoor or garden clean-up
- ☐ Taking a short reflection/reset time with staff support
- ☐ Assisting staff with simple tasks to promote responsibility

## Other options you as the parent recommends and allows:

---

---

---

---

---

---

---



Member#:

Location

Ruidoso

**FOR ADMIN USE ONLY**  
**Membership Entered**

Staff \_\_\_\_\_ Date \_\_\_\_\_

### **CONFIDENTIAL INFORMATION**

All member information is securely stored. The following information is necessary for our records and the funding our organization receives and may help us serve you and your child better. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary. **Without the information, we may not qualify for some funding sources.**

Do you live in a Public Housing Property? ☐ Yes ☐ No

Household Income:

- ☐ \$0 - \$18,310  
☐ \$18,311 - \$23,030  
☐ \$23,031 - \$27,750  
☐ \$27,751 - \$34,470  
☐ \$34,471 - \$41,910  
☐ \$41,911 - \$46,630  
☐ \$46,630 - \$51,350  
☐ \$51,351 - \$56,070  
☐ Over \$56,071

Household Size:

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8

Check all that apply: ☐ SSDI ☐ SSI ☐ TANF ☐ Day Care Volunteer ☐ Food Stamps  
☐ Free/Reduced School Lunch

Child's Family Setting: ☐ Mother Only ☐ Father Only ☐ Foster Care ☐ 1 Parent/1 Stepparent  
☐ 2 Parent Family ☐ Grandparents ☐ Other \_\_\_\_\_

### **SIGNATURES**

I have read the completed application and this form, and I understand the rules of the Boys & Girls Clubs of Chaves and Lincoln Counties. I understand that if any information changes, it is my responsibility to notify the Boys & Girls Clubs of Chaves & Lincoln Counties ASAP. I request that my child be admitted into membership.

|                           |       |                              |
|---------------------------|-------|------------------------------|
| _____                     | Date: | _____                        |
| Parent/Guardian Signature |       | Parent/Guardian Printed Name |
| _____                     | Date: | _____                        |
| Parent/Guardian Signature |       | Parent/Guardian Printed Name |

### **For BGCCLC Administrative Use Only**

This section is to be completed by authorized BGCCLC staff.

Member Start Date: \_\_\_\_\_

Member End Date: \_\_\_\_\_