| 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. For those families who are denied, we do accept private payment after receipt of the denial. | | | | | | | | | | | | | | | | |
| Child’s First Name: Middle: Last: | | | | | | | | | | | | | | | | |
| Date of birth: | | | Gender: M F | | | | | | | | | | | | Age: | |
| Is your child allowed to leave the Club on their own? Yes No | | | | | | | | | | | Home Phone #: | | | | | |
| Physical Address: | | | | | | | Mailing Address: | | | | | | | | | |
| City: | | | State: | | | | | | | | | | Zip: | | | |
| School: | | | | Grade: | | | | | | | | | | | | Foster Care: Yes No |
| Ethnicity: □African American □Native American/Alaskan □Arab □Hispanic □Asian/Pacific Islander □Caucasian □Multi-Racial □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: | | |
| Is your child allowed to leave the Club on their own? Yes No | | | | | | | | | | | | | | | | |
| School: | Member # | | | | | | | | | | | Foster Care: Yes No | | | | |
| Ethnicity: □African American □Native American/Alaskan □Arab □Hispanic □Asian/Pacific Islander □Caucasian □Multi-Racial □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: | | |
| Is your child allowed to leave the Club on their own? Yes No | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Child’s First Name: Middle: Last: | | | | | | | | | | | | | | | | |
| Date of Birth: | Gender: M F | | | | | | | | | | | Age: | | | | |
| Is your child allowed to leave the Club on their own? Yes No | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | |
| Conact/Family information | | | | | | | | | | | | | | | | |
| **Parent Guardian (circle one) Name:** | | | | | | | | | | | | | | | | |
| Employer: | | | | | Title | | | | | | | | | | Work Phone: | |
| Cell Phone: | | | E-mail: | | | | | | | | | | | | Home Phone: | |
| **Parent Guardian (circle one) Name:** | | | | | | | | | | | | | | | | |
| Employer: | | | Title | | | | | | | | | | | | Work Phone: | |
| Cell Phone: | | | E-mail: | | | | | | | | | | | | Home Phone: | |
| contacts – Additional Contacts Put on the Back of the Application | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | Cell Phone: | | | | | | |
| Relationship to child: | | | | | | | | | | Other Phone: | | | | | | |
| □ Emergency Contact □ Authorized to Pickup | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | Cell Phone: | | | | | | |
| Relationship to child: | | | | | | | | | | Other Phone: | | | | | | |
| □ Emergency Contact □ Authorized to Pickup | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | Cell Phone: | | | | | | |
| Relationship to child: | | | | | | | | | | Other Phone: | | | | | | |
| □ Emergency Contact □ Authorized to Pickup | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | Cell Phone: | | | | | | |
| Relationship to child: | | | | | | | | | | Other Phone: | | | | | | |
| □ Emergency Contact □ Authorized to Pickup | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| **A safe word is a word or phrase containing letters or numbers that allows the Front Desk at BGCCLC 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 Refrigeraton. only medications prescibed 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. | | | | | | | | | | | | | | | | |
| 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**  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**  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](about:blank). 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  Here is how to sign up to receive messages from the Boys & Girls Club on REMIND.  Download the REMIND app.  Create an account.  If you have an account, make sure it is not blocked.  Join a class.  Class code is roswellbgc  Remind will then send a request to our Program Director.  LET US KNOW IF YOU HAVE ANY QUESTIONS OR PROBLEMS SIGNING UP.  l | | | | | | | | | | | | | | | | |

**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.

**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 of time, 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.

**MEMBER DISCIPLINARY POLICY**

**Progressive Behavior**

In the instance where member behavior is not in alignment with code of conduct or other club policies behavior interventions should be used. The following steps will generally be taken.

1. **Verbal Reprimand**—When inappropriate behavior first becomes evident, the staff member

who witnessed the behavior will clarify for the Club member what behavior is expected. A short

“time out” may be given. Staff will also clarify what consequences the Club member can expect

if unwanted behavior reoccurs.

2. **Written Documentation and Parent Notification**—If the unwanted behavior continues, a

staff member will verbally reprimand the Club member and document the problem in writing.

Staff will notify the Unit Director of the incident, and the Unit Director will communicate with the parent/guardian within 24 hours to ensure that the member and parent/guardian understand the consequences should the unwanted behavior continue.

3. **Parent Conference**—Should unwanted behavior continue; the Unit Director will meet with

the Club members and parent/guardian to determine a coordinated action plan to improve

behavior immediately. The Unit Director will also discuss suspension from the Club as a possible

consequence of further problems. Once a meeting has been scheduled, if the parent/ guardian does not show, the member will immediately be suspended until a future meeting is scheduled and an action plan is put into place.

4. **Suspension** – Should unwanted behavior continue; the Unit Director may suspend active

membership for one to five days, depending on the severity of the behavior. Staff will contact the

parent/guardian to ask him/her to pick up their child. If the parent or any other family member

cannot be contacted or cannot pick up the child at that time, the member will be placed in

supervised “time out” until someone can be summoned.

5. **Expulsion** –If the above steps do not correct the behavioral problems, the CEO can expel the member. This can be either permanent or for a period of time. If the member is allowed to return to the Club, if a verbal reprimand does not correct the inappropriate behavior, the member will automatically be expelled from the Club.

There may be conduct violations that are so problematic or harmful that the most effective action be the temporary removal of the member from the Club. BGCCLC reserves the right to combine and skip steps depending on the circumstances of each situation and the nature of the violation. Membership can be suspended without notice.

Suspension of Club Members:

• Program staff may recommend a suspension; however, the Unit Director or designee must approve the suspension.

Expulsion Consideration of Members:

• BGCCLC initiates the process for expulsion when the member’s behaviors and needs are beyond the capacity for the agency.

• The Unit Director has the authority to request the expulsion of a member; however, the CEO must approve the expulsion.

**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 Household Size: □ 1 □ $18,311 - $23,030 □ 2

□ $23,031 - $27,750 □ 3

□ $27,751 - $34,470 □ 4

□ $34,471 - $41,910 □ 5

□ $41,911 - $46,630 □ 6

□ $46,630 - $51,350 □ 7

□ $51,351 - $56,070 □ 8

□ Over $56,071

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 Step-Parent

□ 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. | | |
| Parent/Guardian Signature | Date: | Parent/Guardian Printed Name |
|  |  |  |
| Parent/Guardian Signature | Date: | Parent/Guardian Printed Name |