(	R						s o				
FOUNDATION FOR YOUTH		Membership Application					NEW	rship Type RENEWAL	Program En BGC/CYC	TEEN	
	1						A S P	Membersh NEW		Program Enro BGC/CYC	
	an.		P	rogram Start Date	e for Child(ren)			Completed by (init	tial below)	Qualified Disc	counts
	X/						RecT	rac <u> K</u> idT	ſrax	ASP SOE	/ Activity
BOYS & O	GIRLS C	LUB					Corne	erstone Partner:	NTN	KENNY GLAS	ss
							Agen	cy Referral:		Scanned	
#1 Child Firs	st			Middle	e	Last					
Gender	Male	Female									
School					child take Medication?	-	NO	Will Staff	need to Administe	r? YES	S NO
List Medications	Taken										
Allergies:				Food Allergies				Dietary restri	ctions		
#2 Child Firs	t			Middle	9	Last					
Gender	Male	Female	Date of Birth			Ethnicity					
School			Grade - 2024-25	Does d	child take Medication?	YES	NO	Will Staff ne	ed to Administe	r? YES	S NO
List Medications 1	Faken										
Allergies:				Food Allergies				Dietary restri	ctions		
Additional Health, Issues, Medications, etc. (explain)		- 41									
#3 Child Firs	t			Middle	e	Last					
Gender	Male	Female	Date of Birth			Ethnicity					
School			Grade - 2024-25	Does	child take Medication?	YES	NO	Will Staff ne	eed to Administe	er? YES	S NC
List Medications 1	Faken										
Allergies:				Food Allergies				Dietary restricti	ons		
Additional Health Issues, Medication etc. (explain )											
#4 Child First				Middle	e	Last					
Gender	Male	Female				Ethnicity					
School			Grade - 2024-25	Does d	child take Medication?	YES	NO	Will Staff nee	ed to Administer	r? YES	S NO
List Medications 1	Faken										
Allergies:				Food Allergies				Dietary restrict	tions		
Additional Health, Issues, Medications etc. (explain)											
Permissions- (re	equired)	Doyou	givepermissionfory	ourchild(ren)to: S	wim? YES	NO	Walk I	Home?	YES NO (A	if yes explai	in when)
Walk Home Explai	ned										
Medical Inform	nation-(r	equired) Me	dical Insurance:	YES N	O Insurance Name-				Policy #		
AreImmunizations	Current?	YES	NO Doctor/Phys	sician Name:					Phone #		

# Parent/Guardian Information - (required)

	Middle	Last			
Date of Birth		Employer Name:			
	Other	Ethn	icity		
	Туре:	Secondary #		Туре	
		City		State Zip	
	Middle	Last			
Date of Birth		Employer Name:			
	Other	Eth	nicity		
	Туре	Secondary #		Туре	
		City		State Zip	
	Additiona	I Emergency Contacts -	(2 required)		
				Gender:	
Т	уре	son for pickup?	*** (If yes - <u>DO NOT</u> list b	elow) ***	
		Ethnicity			
			Gender:		
Ţ	уре	son for pickup?	*** (If yes - <u>DO NOT</u> lis	t below) ***	
		Ethnicity			
<u> </u>	Additional - AUTH	ORIZED to Pick up - ***	(not listed above) ***		
First Name	Las	<u>st Name</u>	<u>Gender</u>	<u>Relationship</u>	<u>)</u>
		NOT AUTHORIZED to Pi	ck up		
<u>t Name</u>	Las	<u>t Name</u>	Gender	<u>Relationshi</u>	<u>p</u>
	Date of Birth	Date of Birth Other Type Middle Date of Birth Other Type Additional Additional - AUTH First Name Additional - AUTH	Date of Birth Employer Name: Other Ethn Type: Secondary # City Middle Last Date of Birth Employer Name: Other Eth Type Secondary # City	Date of Birth Employer Name: Other Ethnicity Type Secondary # City Middle Last Date of Birth Employer Name: Other Ethnicity Type Secondary # City City City City Additional Emergency Contacts - (2 required) Last Type Do you authorize this person for pickup? Ethnicity Last Type Do you authorize this person for pickup? Ethnicity MOT AUTHORIZED to Pick up	Date of Birth Employer Name: Other Ethnicity Type Secondary # Type City State Zip Middle Last Date of Birth Employer Name: Other Ethnicity Type Secondary # 1ype City State Zip City State Zip Additional Emergency Contacts - (2 required) Last Gender: Type Do you authorize this person for pickup? *** (if yes - <u>DO NOT</u> list to Ethnicity Last Gender: Type Do you authorize this person for pickup? *** (if yes - <u>DO NOT</u> list to Ethnicity Eirst Name Last Name Gender Relationship

### Additional Comments / Special Notes

Please answer the following so we may evaluate our ability to serve your child(ren) effectively. At any time FFY staff may determine that a child may not be a fit for our program at this time. In those cases, the child will be referred to other FFY programs or resources in the community. Completing this form does not guarantee that your child(ren) will be accepted into all FFY programs. We ask that you respond openly and honestly so that we may best meet your child(ren)s needs.

My child needs assistance or struggles with (circle all that apply and child's name):

Life Skills: Sanitation practices Using the restroom			Basic communic	nation Writing	Cleaning un affe	Cleaning up after self			
Samalion practices			Dasic communic		Cleaning up and				
Behavioral Skills:           Stop & Think         Understand Emotions			Accountability of acti	ons Remaining o	n task A	sive actions			
Social & Emotional: Appropriate communic	cation with others	T	aking turns Ma	king friends	Waiting patiently	Follow	ing directions		
Exposure to Trauma: Addiction	<u>:</u> Bullying	Abuse	Neglect	Homelessness	Domes	stic Violence	Parental Incarceration		
Death of a Parent or c Receiving Services for		Natural Disas	ster						
Mental Health Provide	r Behavior	al Services	Schools IEP	Schools 504	Behavior Plan	Probation	Medicaid Waiver		
Case Management	Other								
Contact for each provi	der:								
Other areas of need of	r additional informat	ion:							

The Boys & Girls Club is primarily funded through grants, answers to the below information are vital in securing our grant funding which allows us to offer our Sliding Fee Scale. All information is kept confidential. Your cooperation in providing this information is both appreciated and necessary.

		Parer	nt/Guardian Section
Total GROSS Household Income \$	(Befor	e taxes)	
Members Lives With	nclude siblings	in other)	Total # of people in the household
Active National Guard or Reserve?	YES	NO	Adults Children
Would you like to apply for the FFY Sliding Fee Scale?	YES	NO	I understand that by checking YES does not automatically approve any discounts. That NO discounts will be approved until Total Household income is submitted from the approved document list and if approved discounts will not be back dated.

Discounts are based on the total TAXABLE INCOME for **all adults living in the household**. Total household proof of income must be submitted from the Approved Document List below. Discounts will not be approved without proper documentation. Income verification for recertification is required **annually**. If not provided all discounts will be removed and full charges billed to your account.

F	F	Y		S	т	А	F	F		U	S	E		
Approved Document List										Total Household Taxable Income				
_	Federal Tax Return (1040 form)Unemployment Income Verification Letter								\$(After Taxes)					
_	2 Months Paystubs (most recent most)Disability Income Verification Letter								Ар	proved Di	scounts			
_	Social Sec	urity Income	Verification Lette	r	SNAP/ In	come Verific	ation Letter		ASP	_/SOE	/ Activities			

## Parent/Guardian Policy and Waiver Acknowledgment

#### MEMBERSHIP/REGISTRATION and PAYMENT/REFUND POLICY

- 1. Membership/Registration Policy:
  - I understand that Membership **DOES NOT** guarantee a weekly spot for my child.
  - I understand that it is my responsibility to pre-register online by 12:00 pm the Sunday prior to the week care is needed for my child. I understand that payment is expected at time of registration.
  - I understand that I may be called to pick my child up if I have not pre-registered & maximum limits at have been reached.
- 2. Payment / Refund Policy:
  - I understand that my child's attendance may be suspended if my account becomes more than 2 weeks behind.
  - I understand that if I do not pre-register I will be charged an additional \$5.00 late registration/billing fee per child per week.
  - I understand that should collection efforts or legal action be required to recover money that I owe FFY then I will incur an additional collection fee of 35% of my balance due FFY and be responsible for additional attorney fees incurred by FFY.
  - Families may transfer activity registrations by Thursday 5:00 pm prior to the week at no
  - additional cost. No refunds/transfers will be given after Thursday 5:00 pm prior to the week.
  - Refunds are subject to a \$5.00 fee and may take up to 30 days for mail delivery.
  - No refunds will be given due to a suspension.

#### **RISK AND SAFETY WAIVER:**

- 1. I have completed the Membership form to the best of your knowledge and provided all relevant health information and history.
- 2. I recognize that there are inherent risks in any indoor or outdoor programming pursuit, and agree to follow instructions and directions given by leaders, act prudently, use good judgment, and assume a shared responsibility for safety.
- 3. I agree that participation is voluntary, and further agree to indemnify, release, and hold harmless the Foundation For Youth, its directors, officers, and employees from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment, and/or participation in Foundation For Youth activities.
- 4. I allow the Foundation For Youth Staff to provide routine health care, administer prescribed and parent provided OTC medications, and seek emergency medical treatment where deemed necessary.
- 5. I will keep my child(ren) at home if sick with any illness or lice.
- 6. I understand that information may be collected and shared for the purposes of demonstrating outcomes or securing funding.
  - I give my consent for my child(ren) to appear through media as FFY deems appropriate.
  - I give my permission to FFY and my child(ren)'s school district to exchange information regarding the minor child listed on this application. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school, FFY and in life.

#### Acknowledgment of Membership/Registration and Payment/Refund Policy, Risk and Safety Waiver

I acknowledge that I have been provided the Parent/Member Information and that I have read and understand all information provided.

By printing my name below and submitting this membership form I agree to follow all policies.