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| Registration _____ |
| BGC _____ |
| Scanned _____ |

School Year 2024-25

Member Commitment Form

Thank you for your interest in our 2024-25 After School Program (ASP). This program is inclusive of youth attending grades K-12 in the Boys & Girls Club and Teen Program.

If your child is entering 7th grade or above for the 2024-25 school year, they will be in the Teen Program.

This form serves as a statement for your intention to send your member(s) during our ASP. **Membership does not guarantee a spot each week.** Space is limited in each program, therefore you must pre-register by Sunday at noon prior to each week.

After School Program (ASP)

Member Name: _____ Grade '24-'25 _____ School _____

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Please remember by reserving my member(s) spot I agree to the following expectations as a parent/guardian:

- Weekly enrollment IS required by Sunday @ Noon for the upcoming week; a \$5.00 late fee per registration after noon.
- Please enroll in REMIND for communication directly with staff.
 - TEXT CODE to 81010
 - Boys and Girls Club After School Code - @BGCAFTERS
 - Teens After School Code - @FFYTEENS

____ I have reviewed the parent/member handbook and understand the policies and procedures of FFY and agree with above.

Primary Guardian Name Printed: _____ Date: _____

Primary Guardian Signature: _____

Additional health information

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 communication Writing Cleaning up after self

Behavioral Skills:

Stop & Think Understand Emotions Accountability of actions Remaining on task
Appropriate responsive actions

Social & Emotional:

Appropriate communication with others Taking turns Making friends Following directions
Waiting patiently

Exposure to Trauma:

Addiction Bullying Abuse Neglect Homelessness Domestic Violence Parental Incarceration
Death of a Parent or close relation Natural Disaster

Receiving Services from:

Mental Health Provider Behavioral Services Schools IEP Schools 504 Behavior Plan Probation
Medicaid Waiver Case Management Other _____

Contact for each provider: _____

Other areas of need or additional information:

PAYMENT INFORMATION

Primary Last Name: _____

ASP Membership Fees: \$30.00

\$20.00 for current SOE 2024-25 member

\$5.00 reduction for 2nd child

\$10.00 reduction for 3rd + child

I plan to pay the Membership Fee as follows:

____ Add Membership Fee to my WebTrac (online) account, I will pay online

____ Pay with my credit card on file, last 4 digits: _____

____ Payment over the phone, call: _____

____ Cash (enclosed)

____ Check (enclosed)

Has any of your household information changed since your last membership? If so, please fill in below and we will update your information on WebTrac.

Address: _____

Phone: _____

Email: _____

Other: _____