



BOYS & GIRLS CLUB

Membership Application

Program Start Date for Child(ren)

S O E	Membership Type	Program Enrollment
	NEW RENEWAL	BGC/CYC TEEN
A S P	Membership Type	Program Enrollment
	NEW RENEWAL	BGC CYC _____ TEEN
Completed by (initial below)		Qualified Discounts
RecTrac _____	KidTrax _____	ASP SOE Activity
Cornerstone Partner (circle):		FAURECIA NTN
Agency Referral: _____		

#1 Child First _____ Middle _____ Last _____
 Gender Male Female Date of Birth _____ Ethnicity _____
 School _____ Grade - 2022-23 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO
 List Medications Taken _____
 Allergies: _____ Food Allergies _____ Dietary restrictions _____
 Additional Health, Mental, Physical Issues, Medications, reactions, other, etc. (explain) _____

#2 Child First _____ Middle _____ Last _____
 Gender Male Female Date of Birth _____ Ethnicity _____
 School _____ Grade - 2022-23 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO
 List Medications Taken _____
 Allergies: _____ Food Allergies _____ Dietary restrictions _____
 Additional Health, Mental, Physical Issues, Medications, reactions, other, etc. (explain) _____

#3 Child First _____ Middle _____ Last _____
 Gender Male Female Date of Birth _____ Ethnicity _____
 School _____ Grade - 2022-23 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO
 List Medications Taken _____
 Allergies: _____ Food Allergies _____ Dietary restrictions _____
 Additional Health, Mental, Physical Issues, Medications, reactions, other, etc. (explain) _____

#4 Child First _____ Middle _____ Last _____
 Gender Male Female Date of Birth _____ Ethnicity _____
 School _____ Grade - 2022-23 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO
 List Medications Taken _____
 Allergies: _____ Food Allergies _____ Dietary restrictions _____
 Additional Health, Mental, Physical Issues, Medications, reactions, other, etc. (explain) _____

Permissions- (required) Do you give permission for your child(ren) to: Swim? YES NO Walk Home? YES NO (if yes explain when)
 Walk Home Explained _____

Medical Information - (required) Medical Insurance: YES NO Insurance Name _____ Policy # _____
 Are Immunizations Current? YES NO Doctor/Physician Name: _____ Phone # _____

Parent #1

Parent/Guardian Information - (required)

First Name _____ Middle _____ Last _____

Gender _____ Date of Birth _____ Employer Name: _____

Relationship _____ Other _____ Ethnicity _____

Primary # _____ Type: _____ Secondary # _____ Type _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Parent #2

First Name _____ Middle _____ Last _____

Gender _____ Date of Birth _____ Employer Name: _____

Relationship _____ Other _____ Ethnicity _____

Primary # _____ Type _____ Secondary # _____ Type _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Additional Emergency Contacts - (2 required)

First Name: _____ Last _____ Gender: _____

Phone # _____ Type _____ Do you authorize this person for pickup? ***** (If yes - DO NOT list below) *****

Relationship _____ Ethnicity _____

First Name: _____ Last _____ Gender: _____

Phone # _____ Type _____ Do you authorize this person for pickup? ***** (If yes - DO NOT list below) *****

Relationship _____ Ethnicity _____

Additional - AUTHORIZED to Pick up - * (not listed above) *****

First Name _____ Last Name _____ Gender _____ Relationship _____

NOT AUTHORIZED to Pick up

First 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 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 Waiting patiently Following directions

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: _____

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.

Parent/Guardian Section	
<p>Total GROSS Household Income \$ _____ <i>(Before taxes)</i></p>	<p>Household</p> <p>Total # of people in the household</p>
<p>Members Lives With _____ <i>(do not include siblings in other)</i></p>	<p>Adults _____ Children _____</p>

Would you like to apply for the FFY Sliding Fee Scale?

YES
 NO

I understand that by clicking 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 and if not provided all discounts will be removed and full charges billed to your account.

F	F	Y	S	T	A	F	F	U	S	E	
Approved Document List								Total Household Taxable Income			
<p>_____ Federal Tax Return (1040 form)</p> <p>_____ 2 Months Paystubs (most recent most)</p> <p>_____ Social Security Income Verification Letter</p>								<p>\$ _____ <i>(After Taxes)</i></p>			
<p>_____ Unemployment Income Verification Letter</p> <p>_____ Disability Income Verification Letter</p> <p>_____ SNAP/ Income Verification Letter</p>								<p style="text-align: center; font-weight: bold;">Approved Discounts</p> <p>_____ / _____ / _____ ASP SOE Activities</p>			

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.

Parent/Guardian Signature

Date