

Membership Application



Program Start Date for Child(ren)

S	Membership Type	Program Enrollment				
O E	NEW RENEWAL	BGC/CYC TEEN				
A	Membership Type	Program Enrollment				
S P	NEW RENEWAL	BGC CYC TEEN				
	Completed by (initial below)	Qualified Discounts				
RecT	racKidTrax	ASP SOE Activity				
Corne	rstone Partner (circle): FORVIA	NTN KENNY GLASS DOREL				
Agen	cy Referral:	Scanned				

#1 Child First		Middle	Last	
Gender Male Female	Date of Birth		Ethnicity	
School	Grade - 2023-24	Does child take Medication?	YES NO	Will Staff need to Administer? YES NO
List Medications Taken				
Allergies:	Food /	Allergies	Dietary	y restrictions
atc (avnisin)				
#2 Child First				
Gender Male Female	Date of Birth		Ethnicity	
School	Grade - 2023-24	Does child take Medication?	YES NO	Will Staff need to Administer? YES NO
List Medications Taken				
Allergies:	Food	Allergies	Dietary	y restrictions
dditional Health, Mental, Physical sues, Medications, reactions, other, c. (explain)				
#3 Child First		Middle	Last	
Gender Male Female	Date of Birth		Ethnicity	
School	Grade - 2023-24	Does child take Medication?	OYES NO	Will Staff need to Administer? YES NO
List Medications Taken				
Allergies:	Food /	Allergies	Dietary	y restrictions
Additional Health, Mental, Physical ssues, Medications, reactions, other, etc. (explain)				
#4 Child First		Middle	Last	
Gender Male Female	Date of Birth		Ethnicity	
School	_ Grade - 2023-24	Does child take Medication?	YES NO	Will Staff need to Administer? YES NO
List Medications Taken				
Allergies:	Food /	Allergies	Dietary	y restrictions
Additional Health, Mental, Physical ssues, Medications, reactions, other, etc. (explain)				
Permissions- (required) Doyoug	jive permission for your ch	ild(ren)to: Swim? YES	NO Walk I	Home? YES NO (if yes explain when)
Walk Home Explained	•			
Medical Information - (required)	Medical Insurance:	YES NO Insurance Name		Policy #
AreImmunizations Current? YES	NO Doctor/Physician	Name:		Phone #

Parent #1			Parent/Gua	raian iniorma	<u>cion</u> - (requirea)					
First Name										
Gender	_	Date of Birth		Employer Name:						
Relationshi p		Other			Ethnicity					
Primary #		Т	ype:	Secondary #						
Address				Ci	ity	State	Zip			
Email Address										
Parent #2 First Name			Middle		Last					
Relationship					Ethnicity					
Primary #					ary#					
Address					ity					
Email Address					•					
			Additional E	mergency Cont	acts - (2 required)					
First Name:		•				Gender:				
Phone #		Type Do you authorize this person for pickup?				*** (If yes - <u>DO NOT</u> list below) ***			
Relationshi p				Ethnicity						
First Name:		Last					Gender:			
Phone #		Type Do you authorize this person for pickup?				**	* (If yes - <u>DO NOT</u> list below) **			
Relationshi p										
		Addition	al - AUTHOR	RIZED to Pick u	p - *** (not listed above) ***					
	First Name		<u>Last N</u>		<u>Gender</u>		Relationship			
			NO	T ALITUADIZE	D to Diele					
First Name			<u>NO</u> Last N	IT AUTHORIZEI ame	D to Pick up <u>Gender</u>		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	ation Writing	Cleaning up	after self			
Behavioral Skills: Stop & Think	Understand Emotic	ons	Accountability of a	actions	Remaining on to	ask Appropriate res	sponsive actions	
Social & Emotional: Appropriate commun	-	Taking turns	Making friends	Waiting pati	ently Followin	g directions		
Exposure to Trauma Addiction Bullying		Homelessness	Domestic Violence	e Parental	Incarceration I	Death of a Parent or	close relation N	Natural Disaster
Receiving Services Mental Health Provid		es Schools IE	P Schools 504	Behavior Pla	an Probation	Medicaid Waiver	Case Managem	nent Other
Contact for each prov	vider:							
Other areas of need	or additional informatio	n:						

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								
Total GROSS Household Income \$(Before taxes)	Household							
Members Lives With (do not include siblings in other)	Total # of people in the household							
Active National Guard or Reserve? YES NO	Adults Children							
FFY Sliding Fee Scale? VES OND Th	nderstand that by checking YES does not automatically approve any discounts. at NO discounts will be approved until Total Household income is submitted in 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	Υ		S	Т	Α	F	F		U	S	Ε	
Approved Document List									Total Household Taxable Income				
Federal Tax Return (1040 form) Unemployment Income Verification Letter							n Letter	\$	(After Taxe	s)			
2 Months Paystubs (most recent most) Disability Income Verification Letter							er	Ap	proved Dis	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 <u>DOES NOT</u> 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.

Parent/Guardian Signature

- 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.

Date