

Assigned Membership # - _____

Card Made & Issued _____



BOYS & GIRLS CLUBS
OF MITCHELL COUNTY

2026

Membership Application

Membership Fee \$30.00

Is this youth a Foster Child?

Yes _____ No _____

- A copy of a Birth Certificate is needed for all 5 year olds as a means to verify age.
- A valid ID is needed for all 17 and 18 year olds as a means to verify age.

Name: _____ Age: _____ Birthday: _____ - _____ - _____ Gender: _____ Male _____ Female
(Child/Youth)

Address: _____ City: _____ State: _____ Zip: _____

Participant lives with: One Parent Both Parents Grandparent Guardian Foster/Group Home Other _____

Name of Guardian: (if different from mother or father) _____ Relationship to Guardian: _____

How many people live in the house? _____

Home Phone #: (____) _____ - _____ Emergency Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Parent/Guardian Email Address: _____ Ethnicity: _____

School Attending: _____ Grade: _____ Is the student a special needs student Yes No

Is the student an ESOL * student: Yes No * English as a second language

Mother's Name: _____ Mother's Employer: _____

Mother's Work Phone #: (____) _____ - _____ ext. #: _____ Father's Name: _____

Father's Employer: _____ Father's Work Phone #: (____) _____ - _____ ext. #: _____

Number of Brothers/Step Brothers: _____ Number of Sisters/Step Sisters: _____

Do You Live at a Public Housing Property? Yes No

Are You a Previous Member of This Boys & Girls Club? Yes No

Please Indicate the Name of the Church That Your Family Attends: _____

Name of Pastor: _____ Address: _____

*Note – Although the age of the member might change during the course of the year, the assigned membership category and number will not change once assigned.

I (print name) _____ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in Out of School Services.

Authorization to Release School Records and Free/Reduced Price School Meals Family Application/Status Information

I, _____, as parent/guardian of the child named above, hereby authorize the
(Name of Parent/Guardian)

Administration and/or Teachers at the school in which my child is enrolled to release to the authorized individuals of the Boys & Girls Clubs of Mitchell County **limited school records to include Grades, Test Scores, copies of Report Cards/Progress Reports and Attendance Information, to include School Suspension, and information from my Free/Reduced Price School Meals Family Application/Status.** It is understood that the Boys & Girls Clubs of Mitchell County or any of its representatives will not release this information to a third party. Furthermore, it is understood that once obtained, this information will be kept in strict confidence and will be used only to assess academic strengths and weaknesses and eligibility for the program in order to provide assistance where needed at the Boys & Girls Clubs.

updated 10/2025

Parent/Guardian Signature: _____ Date: _____

I, _____, as parent/guardian of the child in which this membership application is
(Name of Parent/Guardian)

being completed for, hereby give my child permission to join the Boys & Girls Clubs as a member. I also give my child permission to participate in all programs offered at and sponsored by the Boys & Girls Clubs including programs and activities that will take place away from the immediate Boys & Girls Clubs facilities. I understand that the Boys & Girls Clubs has an "open door" policy, which means children are free to leave the Boys & Girls Clubs at any time. I agree that the Boys & Girls Clubs will not be responsible for the welfare of my child once he/she leaves the Boys & Girls Clubs premises. I, individually and on behalf of my child, agree to hold harmless, protect, indemnify, release and discharge the Boys & Girls Clubs and the Georgia Department of Human Services from all claims, demands, actions, causes of action, damages or liability associated with all Boys & Girls Clubs activities, and I, individually and on behalf of my child, agree not to sue, make a claim against or prosecute the Boys & Girls Clubs or the Georgia Department of Human Services in any fashion as a result of accidental injury to me or to my child (or the consequences of any injury to me or to my child). I understand that occasionally, the Boys & Girls Clubs may transport my child between Clubs for special events during the Program day. I further acknowledge and agree, individually and on behalf of my child, that the terms of this release apply whether any act or omission to act which results in injury or death to me or my child occurred as a result of the conduct on the part of the Boys & Girls Clubs and/or the Georgia Department of Human Services, the conduct of a third party, my conduct or the conduct of my child. I, individually and on behalf of my child, expressly waive any claim for injury or damages which I and/or my child may have against the Boys & Girls Clubs and/or the Georgia Department of Human Services and GA Alliance whether because of negligence or otherwise, which arises by reason of any Boys & Girls Clubs activities organized by the Boys & Girls Clubs or by reason of any act or omission to act on the part of any employee of the Boys & Girls Clubs.

I understand that my child must meet the behavioral expectations as stated under the Code of Conduct Section and the Bus Behavior Contract, if applicable. I also understand that violations of the stated codes, including rules and regulations not mentioned on this membership application, can result in suspension or expulsion of my child from the Boys & Girls Clubs.

I give permission for my child's picture, motion pictures, or any other graphic depiction or likeness, either live or video tape, to be used by the Boys & Girls Clubs in promotion of the Boys & Girls Clubs of Mitchell County.

I also understand that the Club is not, nor claims to be, a licensed Day Care Center.

Parent/Guardian Signature: _____ Date: _____

Registration for the Summer Program will start immediately. We encourage you to start the Summer Registration process as soon as possible. I understand that obtaining this membership does not reserve or guarantee a slot for my child during the Summer Program. An additional, one time, Program Fee of **\$50** is required in order to reserve a slot for my child to participate during the Summer Program. Slots will be limited and filled on a first come, first serve basis. Payment of fees is the only way to reserve slots. Furthermore, upon registering my child in the Summer Program, I understand that a parent/guardian must attend a one-hour Summer Program Orientation prior to my child (ren) participating in the Summer Program. **Once the Membership Application is processed, Membership Fees are nonrefundable.** Restrictions will apply to refunds for paid Summer Program Fees. There will be a \$35.00 check fee assessed for any returned checks.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

MEMBERSHIP PAYMENT Payment Received: \$ _____ Balance (if any): \$ _____
Method of Payment: (check one) _____ Cash _____ Check/# _____ _____ Scholarship _____ Work _____ Other
Receipt #: _____ for membership payment Date: _____ Initials of Staff: _____

SUMMER PROGRAM FEES Payment Received: \$ _____ Balance (if any): \$ _____
Method of Payment: (check one) _____ Cash _____ Check/# _____ _____ Scholarship _____ Work _____ Other
Receipt #: _____ for Summer Program Fees (if separate, if not, write receipt # twice) Date: _____ Initials of Staff: _____

Verify each item (by initialing) that the following information has been accurately completed and received

- ___ Age verified (applies only to 5, 17 and 18 year olds)
- ___ Membership Application checked for completion & signatures
- ___ Outcome Measurements Consent Form
- ___ DHS Documentation – Including Income Eligibility Page (4 pages)
- ___ Emergency Authorization
- ___ Orientation Date scheduled – (Summer Program Registration only)
- ___ Code of Conduct
- ___ Parent Handbook



**BOYS & GIRLS CLUBS
OF MITCHELL COUNTY**

EMERGENCY MEDICAL AUTHORIZATION – 2026

Page 1

Child Name: _____ Date of Birth: ((MM/DD/YYYY) _____ Age ____ Sex: Male ____ Female ____

Street Address: _____ Home Phone No: _____ Parent Contact Number _____

City _____ State _____ Zip Code: _____ Parent Work Number _____

Should your child suffer from an injury or illness while in the care of the Boys & Girls Clubs and the Club personnel is unable to contact me/us immediately, it shall be authorized to secure such emergency medical attention, services and care for the child as may be deemed necessary by Club personnel. I/we shall assume full responsibility for payment for any such attention, care and services. I hereby release, indemnify and hold harmless the Boys & Girls Clubs, the Georgia Department of Human Services as well as any officer, director, employee, or agent of the Club from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child at the time of entering my child in the Boys & Girls Clubs program.

I/we agree to keep the Boys & Girls Clubs informed of changes in telephone numbers, etc. where I/we can be reached.

The Boys & Girls Clubs agrees to keep me/us informed of any incidents requiring professional medical attention involving my/our child.

Insurance Information

Does your child have health insurance coverage? Yes ____ No ____

Name of Insurance Provider (if applicable): _____

Child's Doctor or other primary source of health care is: _____

Address of Health Care Provider: _____ Phone Number: _____

Medical Information

Does your child have any allergies Yes ____ No ____

Does your child have any other medical conditions (i.e. diabetes, infections, viruses, diseases, asthma, insect or food allergies and any restrictions on activities, etc?) Please list _____

Does child have any physical problems, dietary restrictions, mental health disorders, mental retardation or developmental disabilities, which would limit the child's participation in the Boys & Girls Clubs program and activities? YES ____ NO ____

If yes, please explain: _____

Current prescribed medications: _____

Are any special procedures required in caring for your child? YES ____ NO ____

If yes, please specify and indicate the necessary steps to be taken in detail. If additional space is needed, please use the back of this sheet.

**Georgia Division of Family & Children Services
Well-Being Services Section
Afterschool Care Program**

Parental Permission for Photo Release

Page 1 of 2

Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) to take and use photographs of your child and other Afterschool Care Program staff. When we tell others the story about the DFCS Afterschool Care Program, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DFCS funded afterschool program.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions regarding the Photo Release Form, please contact the DFCS Afterschool Care Program at 404-657-4651.

**Photo/Video
Release Agreement**

Mitchell County, Georgia

School/Organization Name: *Boys & Girls Clubs of Mitchell County*

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information, and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5. I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Telephone _____

Photo Description: Participation in the DFCS funded afterschool/summer program activities.

Children Participating in Program:

Name _____ Age _____

Parent/Guardian Signature _____ Date _____

Photographer or producer or witness: _____

**GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES
WELL-BEING SERVICES SECTION
AFTERSCHOOL CARE PROGRAM**

Field Trip Declaration Form FFY 2026

Name of Organization: Boys & Girls Clubs of Mitchell County

Address of Organization: 167 Perry Street
PO Box 606
Camilla, GA 31730

Contact Phone Number for Organization: (229) 336-9500

Declaration Statement

By signing below, I understand the youth who participate in the Boys & Girls Clubs of Mitchell County afterschool/summer program may participate in various fieldtrips throughout the contract period from October 1, 2025, ending September 30, 2026, funded by the DFCS Afterschool Care Program. In consideration of the youth for the opportunity to participate in field trips, Boys & Girls Clubs of Mitchell County hereby releases, indemnify, and hold harmless the Georgia Department of Human Services from any liability, claim or demand resulting from such participation. I understand I am to mail a signed copy of this form to the DFCS Afterschool Care Program at the address provided below. I further understand this form must also be kept on file at the afterschool/summer site indicated above at all times.

**Georgia Division of Family & Children Services
Afterschool Care Program
2 Peachtree Street, NW
26th Floor
Atlanta, Ga 30303**

.....

Printed Legal Name of Contractor Authorized Staff

Title

Date

Signature of Contractor Authorized Staff



BOYS & GIRLS CLUBS
OF MITCHELL COUNTY

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date



**Georgia Division of Family and Children Services
Out of School Services
Youth Participation Eligibility Form**

Page 1 of 3 - DFCS Out of School Services Program Eligibility Form

(DFCS funded Agency Name), and The Georgia Division of Family and Children Services (DFCS) is partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth benefit from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number ____ - ____ - ____ Gender: ____ Male ____ Female

Date of Birth (mm/dd/yy): ____ / ____ / ____

Is the youth named above in Foster Care within the state of Georgia Yes No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
- B. Is the youth applicant a Georgia resident? Yes No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)? Yes No
 - Youth applicant is between the age of 5 and 17 years old; **OR**
 - Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post-secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
 - Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Supplemental Nutrition Assistance Program (SNAP) (<i>also known as Food Stamps</i>)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Medicaid or Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Reduced or free lunch program at school – <i>Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.</i>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Peachcare for Kids	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program, and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided, and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4, and Section 5 for eligibility determination. Verification for items listed in Sections 3 and 4 must be provided, and a copy of the verification **must be attached to this eligibility form.**

Section 3

If you answered **NO** to **ALL** of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DFCS Out of School Services Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Program Annual Household Income Guidelines **	DFCS Out of School Services Program Monthly Household Income Guidelines
1	\$15,650.00	\$46,950.00	\$3,912.50
2	\$21,150.00	\$63,450.00	\$5,287.50
3	\$26,650.00	\$79,950.00	\$6,662.50
4	\$32,150.00	\$96,450.00	\$8,037.50
5	\$37,650.00	\$112,950.00	\$10,787.50
6	\$43,150.00	\$129,450.00	\$12,162.50
7	\$48,650.00	\$145,950.00	\$13,537.50
8	\$54,150.00	\$162,450.00	\$14,912.50
Each additional person, add	\$5,500	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: FR Vol. 90 No. 11, Page 5917-5918, Document Number: 2025-01218) ** 300 % of the federal poverty level in effect January 17, 2025.

Gross Household Yearly Income \$ _____ Family Unit Size* _____
 Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	<i>SELF</i>				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth’s Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I’ve provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____
 _____ Street Address _____ City _____ State _____
 Zip Code _____ Home Phone # _____ Work # _____
 Cell# _____

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

Official Use Only Section for DFCS Out of School Services/Summer Service Provider:

Total Income: \$ _____ **Per:** Week Every 2 Weeks Twice monthly Monthly **Household Size:** _____

Annual Income Conversion: First, get the average of paystubs received by adding up paystubs, then dividing by the number of paystubs received. Next, multiply by the conversion below, depending on how often they are paid:

Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1. Lastly, multiply by 12 to obtain the converted Annual Income.

Total Converted Annual Income: \$ _____ (Round to the nearest whole number)

By signing below, I certify that the information presented within this form was reviewed, verified, and confirmed** and meets the DFCS Out of School Services Program Eligibility rules and guidelines indicated within this form. I also certify that this form will be kept in the youth participant’s file in a

Authorized Program Staff Signature

Title

Date

** See Appendix B for income verification proof sources

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling (whole, half, or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained, and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employers issued, signed, and dated documentation;
- Personal income ledger or tablet (e.g., self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in the January–March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff, such as the eligibility CM, and/or;
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through a retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and PeachCare:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the Out of School Services Program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration
- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a list of students receiving free or reduced lunch, granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide, or district-wide free lunch does not qualify as an acceptable point of eligibility for the DFCS Out of School Services.



Parents/Guardians Notice and Consent Form

Boys & Girls Clubs of Mitchell County facilitates *SMART Moves (Skills Mastery and Resistance Training) Moves* which is the Boys & Girls Clubs of America's nationally acclaimed prevention program educating youth about alcohol, tobacco, other drugs, and pre-mature sexual activity. Please keep in mind that our Program will do the following:

- ◆ discuss topics that are on your child's level of development (**all material is age appropriate**)
- ◆ educate Youth about alcohol, tobacco, and other drugs and the risks associated with these activities and pre-mature sexual activity
- ◆ educate Youth on how to avoid negative peer pressure (refusal skills training)
- ◆ will never advocate birth control or talk about abortion

In addition, we may administer pre and post-tests, an anonymous questionnaire, and in some cases, keep progress notes on participants. These items are necessary in order for us to measure the effectiveness and the success of our program. All of the above information will be kept **strictly confidential**.

If you have any questions, suggestions or concerns about the SMART Moves curriculum and your youth's involvement, please don't hesitate to call and speak with your Youth's Unit Director: *Mrs. LaConya Willis, Camilla Unit Director (229) 336-1984, *Mr. Carlos Knight, Jester Unit Director (229) 336-8078, *Ms. Anna Alexander, Pelham Unit Director, (229) 294-2002, and *Mrs. Marantina Arline, Teen Center Director, at (229) 336-1896. Or you may contact the Administrative Office at (229) 336-9500 between the hours of 8:30 a.m. - 5:30 p.m. (Monday-Friday).

If you would like your child to participate in the SMART Moves Program (Start SMART), please indicate below.

___ I **do** give permission for my child to participate in the *SMART Moves* Program

___ I **do not** give my permission from my child to participate in the *SMART Moves* Program

Child's Name: _____ Birthday: ____/____/____

Age: _____ Sex: _____ Ethnicity: _____ Grade: _____

Parent Signature: _____ Date: ____/____/____

<u>OFFICE USE ONLY</u>	
Program Start Date:	_____
Child's Age/Sex/Ethnicity/Grade @ Start Date:	____ Age ____ Sex ____ Ethnicity ____ Grade
Club:	____ Camilla Unit ____ Pelham Unit ____ Jester Unit ____ Teen Center
Membership:	____ New ____ Renewal ____ Change of Unit ____ Withdrawal
If Change of Unit:	____ Unit to _____ If Withdrawal, reason: Parent / Moved / Other



2026 Bus Behavior Contract

An agreement between the Parents, Students, and Boys & Girls Clubs of Mitchell County

Boys & Girls Clubs of Mitchell County has changed the after school bus procedure and how your children are transported to our Clubs after school. Bus drivers, students, parents, The Pelham City School System & the Mitchell County School System and Boys & Girls Clubs of Mitchell will all share the responsibility for the safe transporting of your child from the schools to our Clubs. It is important that we follow the behavioral guidelines set by the school system while riding the bus.

Riding the school bus to our Clubs is a privilege. If a member behaves appropriately and in line with the rules the bus driver has set for safety reasons, he or she will be allowed to ride the bus. If a member behaves inappropriately and against the safety rules that are in place, he or she may not be allowed to ride the bus. If any member gets suspended from the bus, it will be the parents' responsibility to provide transportation home from school. Members suspended from school may not return to the Clubs until the suspension has ended. This agreement is designed to ensure that all members of our Clubs that ride the bus are delivered to our Clubs in a safe and orderly manner.

Below are the terms and conditions that must be agreed upon in order for your child to ride the bus from the schools to our Clubs. Parents, please sign each category to show that you have read and agree with the information.

Parent signature needed: Please sign and return to the Club.

_____ I agree that my child will ride the bus safely. My child will:

- Stay seated (with his/her back to the back of the seat, facing forward)
- Talk softly; especially at bus stops
- Give the bus driver his/her name when asked
- Stay away from the bus until it comes to a complete stop

_____ I agree that my child will follow all bus rules. My child will:

- Keep his/her hands and feet to themselves
- Respect bus property
- Respect personal property at bus stops and on bus

_____ I agree that my child will treat the bus, the driver, and all the passengers with respect. My child will:

- Obey the directions from the bus driver
- Talk kindly to others
- Not use bad language
- Not participate in inappropriate conversations

_____ I have read and shared the content of this Bus Behavior Contract with my child and we agree to abide by the rules set forth.

Child's signature needed:

_____ I promise to be on my best behavior and follow the rules, while riding the bus.

If I choose not to follow the rules of this contract, I understand I may be suspended from the bus immediately with no opportunity to ride the bus in the future:

Note: I know and understand, if bus privileges are suspended, my family and I must arrange my own transportation home from the school.

"To enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens."



CODE OF CONDUCT

**As a Member of the Boys & Girls Clubs of Mitchell County
("The Club"), I Promise To:**

- ☺ Always Play Fair And Be Honest
 - ☺ Always Be Respectful To Club Staff
 - ☺ Always Say Good Things About Others
 - ☺ Always Use Appropriate Language
 - ☺ Always Dress And Wear My Clothes Appropriately
 - ☺ Always Remove My Hat/Wave Cap While Inside (Guys)
 - ☺ Always Listen When Staff Are Talking & During Programs
 - ☺ Always Bring My Membership Card When I Come To The Club (when applicable)
 - ☺ Always Sign-in Each Day When I Arrive At The Club
 - ☺ Always Inform Staff When I Am Leaving For The Day
 - ☺ Always Be Respectful To Other Members And Their Property
 - ☺ Always Show Respect To The Club Facility And Equipment
 - ☺ Always Resolve Disagreements In A Positive Way
 - ☺ Not Bring, Eat Or Chew Sunflower Seeds And/Or Gum
 - ☺ Always Keep My Hands To Myself And Inform The Staff When I Am Having A Problem
- If suspended from school, the Youth and parent/guardian understands that the Youth is not allowed to attend the Clubs Afterschool Program until the suspension has ended.
 - The use of or possession of illegal drugs and alcohol are prohibited while at the Boys & Girls Club or while engaged in any event/activity associated with the Boys & Girls Clubs of Mitchell County.
 - The possession of weapons, to include, but not limited to guns, knives, razors, box cutters, etc. while at the Boys & Girls Club or while engaged in any event/activity associated with the Boys & Girls Clubs of Mitchell County is prohibited.

Signature of Child/Youth: _____

(Signature indicates that the Code of Conduct has been read and is completely understood.)

Please review with the Youth, have Youth sign, and return this form to the Clubs.

"To enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens."



BOYS & GIRLS CLUBS
OF MITCHELL COUNTY

**PLEASE SIGN AND RETURN THIS FORM TO THE BOYS & GIRLS CLUBS
AND KEEP THE PARENT HANDBOOK.**

I, _____, (parent name) have read and understand the Parent Handbook and have discussed it with my child (ren). My child (ren) and I agree to adhere to the guidelines in the Handbook.

Parent Signature

Date

Please list names of children who will attend the Boys & Girls Clubs:

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RECEIPT AND ACCEPTANCE OF THE FOLLOWING POLICIES:

The following Policies and Procedures have been reviewed with me. I have this day received a copy of the below listed policies from The Boy & Girls Clubs of the Mitchell County:

If I have any questions regarding the content or interpretation of this Policy & Procedure, I will bring them to the attention of my supervisor.

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE _____

WITNESS NAME: _____

WITNESS SIGNATURE: _____

DATE _____

1. Child Abuse Prevention and Response Policy
2. Prohibition of Private One-On-One Interaction Policy
3. Supervision and Facilities Policy
4. Training, Screening and Onboarding Policy
5. Drug-Free and Alcohol-Free Workplace Policy
6. Incident Management Policy
7. Technology Acceptable Use Policy
8. Transportation Policy
9. Emergency Operations Policy
10. Youth Workers Rights and Responsibilities

The following policies are available for your review on the Boys & Girls Clubs of Mitchell County's website:
www.bgcmc.com