

GREAT FUTURES START HERE.



BOYS & GIRLS CLUB
OF SPARTA

MEMBERSHIP REGISTRATION SCHOOL YEAR 24-25

FOR OFFICE USE ONLY

Date: ____/____/____ Membership Start Date ____/____/____

Membership Fee: \$ _____ Notes _____

Membership type: New Renewal MYO Scholarship

Payment: Credit Card Cash Check# _____

Receipt #: _____

-----Data Entry Use Only-----

Date Membership Entered: ____/____/____

Email Added: Yes N/A

MyFuture added to myBGCA: Yes

Staff
Initials _____

CHILD'S INFORMATION:

First Name: _____ Middle: _____ Last: _____

Gender: _____ Race: _____ Birth Date: ____/____/____ Age: _____ Height: _____ Weight: _____

Child's Cell Phone Number: _____ Primary Contact Phone Number _____

Child's Primary Address: _____ City: _____ State: _____ Zip: _____

School attending in 23-24: _____ **Grade in 24-25:** _____
(Children must have completed 1st grade to attend)

Is a parent currently an Active Duty, Reserve or National Guard service member? ____ Yes ____ No
(If yes, please request a Military Scholarship Form which will waive the membership fee)

CONTACT INFORMATION: PARENT/GUARDIAN 1

Full Name: _____

Relationship to child: _____

Email Address: _____

Occupation: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

CONTACT INFORMATION: PARENT/GUARDIAN 2

Full Name: _____

Relationship to child: _____

Email Address: _____

Occupation: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

EMERGENCY CONTACTS: (other than parent or guardian)

1) First Name: _____ Last Name: _____ Relationship to child _____

Cell Number _____ Home Number _____

Do you authorize this person to be an emergency pick-up for your child? ____ Yes ____ No

2) First Name: _____ Last Name: _____ Relationship to child _____

Cell Number _____ Home Number _____

Do you authorize this person to be an emergency pick-up for your child? ____ Yes ____ No

AUTHORIZED PICK UP: (other than parent or guardian)

Name: _____ Relationship to child _____ Cell # _____ Home # _____

Name: _____ Relationship to child _____ Cell # _____ Home # _____

Name: _____ Relationship to child _____ Cell # _____ Home # _____

GENERAL PERMISSIONS

- 1) As a parent, I am interested in occasionally volunteering for events/activities at the Club. ☐ Yes ☐ No
- 2) My child has permission to appear and/or for their artwork to be used in any media coverage, communications materials, and for educational or promotional purposes for the BGC of Sparta. ☐ Yes ☐ No
- 3) My child may participate in all Boys & Girls Club activities in or adjacent to the Club building. ☐ Yes ☐ No
- 4) My child may participate in supervised activities within walking distance of the Club. ☐ Yes ☐ No
- 5) My child's name OR picture may be used on the Club's Facebook page, Website, or E-newsletters. ☐ Yes ☐ No
- 6) I am aware Wi-Fi (with child-safe Internet filters) is available at the Club. Children are supervised when using Club electronics in planned Club programming and monitored to the best of our ability when using personal devices. ☐ Yes ☐ No

EDUCATIONAL INFORMATION Describe your child's classroom situation. Circle all that apply.

Traditional Gifted & Talented Homeschooled Montessori STEM EDGE Year-Round Virtual
Other _____

Does your child receive Special Education Services in any of these areas?

☐ Cognitive ☐ Emotional/Behavioral ☐ Learning ☐ Speech ☐ Hearing ☐ Other
☐ Has a behavior plan ☐ Has an IEP (Individual Education Plan)

☐ * Requires an aide during the school day

(* If checked, please refer to our Member & Parent Handbook on page 6 under **Children with Special Requirements** section.)

CONFIDENTIAL HOUSEHOLD INFORMATION USED FOR GRANT FUNDING & BEST WAYS TO ASSIST CHILDREN

Check all programs from which family receives assistance:

☐ SSDI ☐ Reduced School Lunch ☐ Free School Lunch ☐ SSI ☐ Food Share
☐ Veterans Compensation ☐ TANF ☐ General Assistance ☐ MA (Medicaid, BadgerCare, etc.) ☐ N/A

Youth lives with (check all that apply): ☐ Both Parents ☐ Mom Only ☐ Dad Only ☐ Stepmom
☐ Stepdad ☐ Joint Custody ☐ Grandparent(s) ☐ Guardian Other _____

Total Number of Household Members (Including the youth on this application):

Number of members in household: _____ Number of Siblings: _____ Ages: _____

What is the primary language spoken at home? _____

EXTRA SUPPORTS INFORMATION

Club programs are designed to help children be successful. We will provide you with information on programs based on the supports you may find helpful for your child. Please check all that apply.

My child may benefit from help with the following:

☐ Making friends ☐ Self-esteem ☐ Conflict resolution ☐ Emotional regulation ☐ Relationship skills
☐ Confidence ☐ Problem-solving ☐ Identifying interests ☐ Self-management ☐ Self-awareness
☐ Setting goals ☐ Organization ☐ Responsible decision making ☐ Social-awareness.
☐ Completing quality homework ☐ Reading skills & fluency ☐ Math proficiency ☐ Test-taking skills.

MEDICAL INFORMATION

Please list any allergies, disabilities or medical conditions we should be aware of for your child: _____

Please list any medications your child is currently taking _____

Permission for Club staff members to administer first aid treatment as deemed necessary ____ Yes ____ No

Permission for treatment by Doctor/Hospital to administer emergency treatment as deemed necessary ____ Yes ____ No

Does your family have health and/or accident insurance: ____ Yes ____ No Insurance Carrier: _____

DISCLAIMER

I have received a Parent Handbook and I understand and agree to the rules of the Boys & Girls Club and will explain the rules to my child. I understand I can receive a copy of the parent handbook at any time. I understand I will be liable for any costs for any injury my child may incur during participation in Club activities, and I assume the risks associated with my child's participation in the Club which may include sports and fitness activities. All members must have the physical, mental, and emotional maturity to act and interact independently and responsibly in the Club setting. I agree to compensate the Club for any damage caused by my child through intentional misuse or misconduct. I understand in the event my child is suspended from the Club no fees or dues will be refunded.

OPEN DOOR POLICY

I understand the Boys & Girls Club facility operates with an open-door policy which means my child is welcome at any time during programming hours (registered times do apply). It is my responsibility to be sure my child knows my expectations about how, when, and with whom they arrive and leave the Club site. The Boys & Girls Club accepts no responsibility for children who choose to leave the Club. It is my responsibility to keep my contact information up to date at the Club.

CODE OF CONDUCT

All Club members are expected to adhere to the following rules & principles: Be Safe, Kind, Responsible & Respectful of oneself, others, and all property belonging to others, the Barney Community Center, and the Boys & Girls Club of Sparta.

DISCIPLINARY POLICY

Minor misbehavior is handled with disciplinary actions depending on the situation which may include, but is not limited to breaks, coaching and re-teaching with staff members, and loss of certain privileges. Major discipline issues may require consequences to be Club service, a call home, a meeting with parent and Club staff, or suspension from the Club for a period dependent upon the severity of the offense. All discipline issues will be handled on an individual basis.

MEMBER ASSESSMENT DISCLAIMER

I give my permission to the BGC of Sparta to survey my child about his or her Club experiences, risk behaviors, skills, and attitudes. When conducted, I give consent for my child to complete a youth outcomes survey. I understand blank sample copies of the youth outcomes surveys are available for review at the Front Desk. I understand if I don't want my child to participate in the youth outcomes surveys, I must provide notice in writing to the Boys & Girls Club of Sparta.

SCHOOL INFORMATION

I give my permission to the Boys & Girls Club of Sparta and my child's school to exchange information regarding my child. Information that will be shared may include the information on this membership application form, school records involving student progress, behavior, attendance, or other information collected by the Boys & Girls Club of Sparta. The purpose of this exchange is to help both organizations work together so your child will be successful in school and the Club. The release is valid for one year from the date this membership is signed and may be revoked by contacting the Boys & Girls Club of Sparta in writing.

LATE PARENT POLICY

Members must be picked up promptly by the time the Club closes. Parents who are late will receive:

- A \$20 late pick-up fee and \$1 for each minute late will be charged per family.
- A staff member will call a custodial parent 15 minutes before the Club closes as a courtesy reminder. If there is not an answer, a parent will be called one more time 5 minutes before the Club closes. If there hasn't been parental contact, calls will be made to emergency contacts. If emergency contacts are unavailable, law enforcement may be called.
- A written notification indicating the child's name and time of pick up. This will be given to the person picking up your child. 1st time late will be a courtesy reminder. 2nd time late will result in having the fee charged to you. A 3rd infraction will result in a late fee and a meeting with a leadership staff member. Arrangements may be made before services continue.
- The late fee(s) will need to be paid in 5 business days or less, or access to Club services may be withheld until payment is made.

PARENT/GUARDIAN APPROVAL

I approve my child's application for membership to the Boys & Girls Club of Sparta. I know Club rules and policies are available at the Front Desk and are also described in the copy of the Parent Handbook I have been given. My child and I agree to follow the Club rules and policies, and we understand that Club membership is a privilege that may be revoked at any time. Falsifying information on this form may cause membership to be revoked.

Parent/Guardian Signature

_____/_____/_____
Date

PARENTAL COPY

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