**GREAT FUTURES START HERE.**

BOYS & GIRLS CLUB OF SPARTA

# MEMBERSHIP REGISTRATION SCHOOL YEAR 25-26

**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 25-26:** _____ **Grade in 25-26:** _____
(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 & AUTHORIZED PICK UP: (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

**3)** 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

**GENERAL PERMISSIONS**

1) I am interested in occasionally volunteering for events/activities for 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

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

Traditional Gifted & Talented Homeschooled Montessori STEM Virtual Other _____

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

_____ Cognitive _____ Emotional/Behavioral _____Learning _____Speech _____Hearing _____Other

_____ Has an IEP (Individual Education Plan) ____*Has a behavior plan ____*Requires an aide during the school day

(* If checked, please ask for a Release of Information Form. A meeting with the Director of Club Services and/or leadership staff will be required prior to your child attending the BGCS.)

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

Check **ALL** programs from which your family receives assistance:

___SSDI ___Reduced School Lunch ___ Free School Lunch ___SSI ___ Food Share

_____Veterans Compensation ____ TANF ___ General Assistance ___MA (Medicaid, BadgerCare, etc.)

_____CCS _____CLTS ___**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 that may be helpful to your child, based on the support you child needs. 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: _____

**HELP US KEEP THE DOORS OPEN FOR EVERY CHILD**

Your membership fee helps cover part of the cost of your child's participation. The actual cost for a year's worth of programming in 2024 was $1,856.70 per year/child. Many families choose to make a small monthly contribution to help keep the Club open and affordable for all families. By making a small monthly gift, you'll provide opportunities for your child, along with other children & teens, to learn, play, and grow. Together, we make GREAT futures possible.

**MAKE A DIFFERENCE EVERY MONTH**

☑ *Yes! I want to join the GREAT Futures Circle*

☐ $5/month ☐ $10/month ☐ $20/month ☐ Other: $____

**CHOOSE HOW YOU'D LIKE TO GIVE (ALL FORMS WILL BE SECURELY FILED)**

☐ Payroll Deduction
☐ Automatic Bank Withdrawal (ACH)
☐ Credit/Debit Card
☐ One-Time Donation Amount_____

**THANK YOU FOR HELPING BUILD GREAT FUTURES!**

Every dollar makes a difference for a child right here in our community.

GREAT FUTURES START HERE.

BOYS & GIRLS CLUB OF SPARTA

This form authorizes a voluntary ACH donation **OR** payroll deduction from your paycheck to be donated directly to the Club, helping to provide safe, fun, and enriching programs for youth in our community.

**DONOR INFORMATION**

Name: _____Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

☐ **ONE-TIME DONATION**

Amount_____ Credit/Debit Card #_____

☐ **ACH DONATION**

**Bank Name:** _____ **Routing Number:** _____
**Account Number:** _____
**Account Type:** ___ Checking ____ Savings

☐ $5/month ☐ $10/month ☐ $20/month ☐ Other: $____

**AUTHORIZATION**

I authorize the Boys & Girls Club of Sparta to withdraw the amount listed above from my bank account on a monthly basis. I understand that this will continue until I provide written notice at least 10 business days before the following debit.

Signature: _____ Date: _____

☐ **PAYROLL DEDUCTION**

This form authorizes a voluntary payroll deduction from your paycheck to be donated directly to the Club, helping to provide safe, fun, and enriching programs for youth in our community.

Employee Name: _____

Employer _____ Business Address_____

Phone/Email: _____

**DONATION DETAILS**

Pick your monthly donation
___ $5/month _____ $5/pay period _____$10/month ____ $10/pay period _____$20/month _____ $20/pay period _____ Other _____

**DURATION**

____ Keep it going until you notify the BGCS Start date: _____ End date (optional): _____

**PAYROLL DEDUCTION AUTHORIZATION**

I authorize my employer to deduct the amount indicated above from my paycheck each pay period as a voluntary donation to the Boys & Girls Club of Sparta. I understand that this deduction is post-tax and that I may change or cancel this authorization at any time by providing written notice to the payroll department. All donations are tax-deductible to the extent allowed by law.
Employee Signature: Date: _____ Date_____

**DISCLAIMER**
I have received the Parent Handbook and understand and agree to the Boys & Girls Club's rules. I will also explain these rules to my child. I know I can receive a copy of the parent handbook at any time. I understand that I will be liable for any costs arising from 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, including 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 that if my child is suspended from the Club, no fees or dues will be refunded.

**SAFE PASSAGE POLICY**
I understand my child is welcome at any time during programming hours (registered times do apply). It is my responsibility to ensure that my child understands my expectations regarding how, when, and with whom they arrive and leave the Club site. Children 12 years old and younger are not permitted to leave the Club without a designated pick-up person. Parents of children who walk or bike to the Club must discuss departure times with the lead staff. All Club members must sign in and out of the Club upon arrival and departure. 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 such as Club service, a call home, a meeting with the parents and Club staff, or suspension from the Club for a period, depending on 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 know that if I don't want my child to participate in the youth outcomes surveys, I must provide written notice 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, and 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 before the Club closes. Parents who are late will receive:

- A $20 late pick-up fee and $1 for each late minute 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 no answer, a parent will be called again 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 being late will result in a fee being 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 of 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 result in membership being revoked.

_____ _____/_____/_____
Parent/Guardian Signature Date

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