BOYS & GIRLS CLUB
OF THE COLUMBIA AREA

Summer Application Checklist

All Summer applications must be submitted with the following. All Site Directors are responsible for initialing and dating by each component. We cannot receive an application with any of these components missing. Please refer questions to any Site Director.

Currently receiving any assistance?	
BGC DVN # 001590210	
BGC Summer Application complete?	
CPS Application complete?	
DFS Child Care Assistance form complete?	
BGC Scholarship Application complete? (Not all members qualify, please see the attached sheet)	
Proof of income attached? (from last 30 days)	
Name of Site Director who took this application: _____	Date: _____

APPLICANT INFORMATION

Child's First Name:	Child's Middle Name:	Child's Last Name:
Birth Date (MM/DD/YY)	Gender: ◻ Male ◻ Female	Home Phone:
Current address:		
City:	State:	ZIP Code:
School:	Grade:	School District/Student #:
T-Shirt Size	Member Email:	

PARENT/GUARDIAN INFORMATION

① Name:	Gender: ◻ Male ◻ Female	Relationship:
Employer or School Attending	Address	City, State Zip
Phone #1: _(_____)_____ ◻ Home ◻ Work ◻ Cell	Phone #2: _(_____)_____ ◻ Home ◻ Work ◻ Cell	Phone #3: _(_____)_____ ◻ Home ◻ Work ◻ Cell
① PARENT'S EMAIL ADDRESS:		
② Name:	Gender: ◻ Male ◻ Female	Relationship:
Employer or School Attending	Address	City, State Zip
Phone #1: _(_____)_____ ◻ Home ◻ Work ◻ Cell	Phone #2: _(_____)_____ ◻ Home ◻ Work ◻ Cell	Phone #3: _(_____)_____ ◻ Home ◻ Work ◻ Cell
② PARENT'S EMAIL ADDRESS:		

EMERGENCY CONTACT/AUTHORIZED PICK UP

① Name - (other than parent)	Relationship:	◻ Emergency Only ◻ Pick Up Only ◻ Both
Gender: ◻ Male ◻ Female		
Phone #1: _(_____)_____ ◻ Home ◻ Work ◻ Cell	Phone #2: _(_____)_____ ◻ Home ◻ Work ◻ Cell	Phone #3: _(_____)_____ ◻ Home ◻ Work ◻ Cell
② Name - (other than parent)	Relationship:	◻ Emergency Only ◻ Pick Up Only ◻ Both
Gender: ◻ Male ◻ Female		
Phone #1: _(_____)_____ ◻ Home ◻ Work ◻ Cell	Phone #2: _(_____)_____ ◻ Home ◻ Work ◻ Cell	Phone #3: _(_____)_____ ◻ Home ◻ Work ◻ Cell

SUMMER APPLICATION ☐ NEW ☐ RENEWAL

Child's First Name:	Child's Middle Name:	Child's Last Name:

AUTHORIZATION FOR MEDICAL CARE

I do hereby authorize Boys & Girls Club of Columbia to secure and authorize emergency medical treatment as child listed on the application might require while under the supervision of said provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. I authorize my child to be taken to the nearest medical facilities for care, although my preferred providers are listed below. I do hereby indemnify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization.

Note: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it will be necessary to have the following:

Physician/Clinic Name	Physician/Clinic Phone
Insurance	Insurance Policy Number
Preferred Hospital	Hospital Phone Number

HEALTH REPORT

Please provide information regarding your child's health history and any current health problems. Please list any allergies, asthma, and special medical conditions, including chronic health problems.

Please list any current medication your child is taking:

Signature of Parent or Legal Guardian:	**Date:**

OFFICE USE ONLY

Receipt Number:	Amount Paid $_____ ☐ Cash ☐ Check #_____	Staff:

☐ DSS ☐ BGC Scholarship ☐ VAC ☐Other program _____ ☐ Self-Paid

Member Number:

Columbia
PUBLIC SCHOOLS

Office of Data Services
Columbia Public Schools
1818 W. Worley St
Columbia, MO 65203

Phone: (573) 214-3930
Fax: (573) 214-3994

Parent or Guardian Consent For Access to Student Records

I consent to the release of my child's education records by the Columbia Public Schools to the agency/researcher listed below if the agency provides services to my child. The data user must maintain the confidentiality of the records.

Agency/Individual data and records to be released to: Boys & Girls Club of Columbia

I understand that this authorization:

- can be stopped at any time by sending a written request to Columbia Public Schools
- takes effect the day I sign it and is valid for one year

I further understand:

- That any records received by the school district from another agency may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records protected by the Family Educational Rights and Privacy Act (FERPA).
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.

I understand that the education records provided by CPS will include the following records:

☑ Grades	☑ Eligibility for Free or Reduced priced lunch
☑ Discipline	☑ Demographic information including:
☑ Individual Education Plan or 504 Plan	☐ Race
☑ Assessment results (specify assessments below)	☐ Age
☑ Attendance	☐ Grade
☑ Student ID	☐ Graduation Date
	☑ Other (specify below) mosis ID #'s

Specify assessments and/or other data to be provided:

By signing this consent agreement, I agree that I have read and understood the above and consent to all of the above statements.

Parent/Guardian Name (print)

Student Name (print) **Student ID**

Parent/Guardian Signature **Date**

Phone Number

Parent/Guardian Email Address

Student Date of Birth

☐ **I do not consent to release my student's information**