

2019 Summer Application



**BOYS & GIRLS CLUBS
OF COLUMBIA**

Enrollment Requirements

1. Complete ALL pages of the 2019 Summer Application
2. Pay the Summer Membership Fee (the membership fees are per member)
3. Copy of two (2) most recent paycheck stubs or most recent tax return
4. Copy of your child's IEP or 504 (if applicable)

**** Applications faxed, mailed, or emailed will not be accepted ****

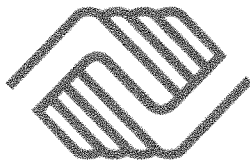
BGCC Sites & Hours of Operation		
Boys and Girls Club Main Site	Location: 1200 North 7 th Street	Hours: Monday – Friday 8am to 5pm
Tween Center & Teen Center	Location: 1200 North 7 th Street	Hours: Monday – Friday 8am to 5pm

Important Information

1. The Summer Program will begin on Monday, June 3, 2019 and end on Friday, July 26, 2019 from 8am to 5pm.
2. If you are receiving any DSS subsidies, we must have the authorization letter from DSS no later than Friday, May 17, 2019.
3. Boys and Girls Club DVN Number: 001590210
 - a. This number will not be active until May 3, 2019.
4. If you have not signed up for the FREE Mass Text Messaging System, please make sure you do so, it is mandatory.
 - a. Text @9kkg89 to 81010 and follow the instructions from the reply message.

Fees for the Summer Program (fees are per member)	
1 Child (ages 6 to 12)	\$200.00
2 Children (ages 6 to 12)	\$150.00
3 Children (ages 6 to 12)	\$100.00
4 Children (ages 6 to 12)	\$50.00
Ages 13 years to 18 years	\$10.00 for the summer program

**** If you make the payment by the end of business on Friday, April 26th, you will receive a \$25.00 discount (this discount is per family). ****



**BOYS & GIRLS CLUBS
OF COLUMBIA**

**TO BE COMPLETED BY BGCC
ADMINISTRATION**

Unit: _____
Membership Fees: Based off a
 Sliding Fee Scale (see attached page)
 Paid: _____ MOP: _____
Enrollment Date: _____

Please make sure that all components of the application are filled out to the best of your ability and are accurate. All the information that is asked and provided will strictly be shared with funders and BGCA Headquarters only.

MEMBERSHIP APPLICATION (Please Print)			<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Child's First Name:	Child's Middle Name:	Child's Last Name:		
Birthdate (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity:		
Current Address:				
City:	State:	Zip Code:		
School Attending:	Age:	Phone Number: () -		
Student/Lunch Number:	Rising Grade:	Teacher:		
Parent/Guardian 1 Information				
Parent's First Name:	Parent's Last Name:	Relationship to Member:		
Employer or School Attending:	Living Address (if different from above):	City/State/Zip Code:		
Phone Number: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Parent's Email:				
Parent/Guardian 2 Information				
Parent's First Name:	Parent's Last Name:	Relationship to Member:		
Employer or School Attending:	Living Address (if different from above):	City/State/Zip Code:		
Phone Number: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Parent's Email:				

Emergency Contact/Authorized Pick Up

Name (other than parent):	Relationship to Member:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up
Phone: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Name (other than parent):	Relationship to Member:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up
Phone: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Authorization of 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:

Primary Physician/Clinic Name:	Physician/Clinic Phone Number:
Insurance Company/Provider:	Insurance Policy Number:

Health Report

Illnesses or Medical Conditions: Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Developmental Delays <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Behavioral Challenges (please specify below) <input type="checkbox"/> _____ _____	Food Allergies (please list below): _____ _____ _____ Medications (please list below): _____ _____
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Additional Information (please provide below):

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

SELF-IDENTIFICATION INFORMATION

Completion of this information is voluntary and is not a requirement of membership. This information will in no way affect the decision regarding your membership application. The information will be kept confidential. We hope that you will complete this form to assist us in recording information for statistical reports that we are obliged to file periodically with various funding agencies.

Annual Household Income Information

Please indicate with an "X"

- 0-9,999 10,000-14,999 15,000 - 19,999 20,000-24,999 25,000-29,999 30,000-39,999
 40,000 -49,999 50,000-99,999 100,000 and Greater

Please check all programs that apply:

- TANF SSDI Food Stamps General Assistance School Lunch Program DFS Day Care Voucher

PARENT/GUARDIAN'S MILITARY INFORMATION

Is parent/guardian a member of: Active Military Reserve Military None

LIVING ARRANGEMENTS INFORMATION

Member lives with: both parents mother only father only guardian

Does your child live with a grandparent? yes no Do you have any 4/5 year old Pre-K children in the home? Y
 N

Number of people in household: _____

REQUIRED RELEASE INFORMATION

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Boys & Girls Club of Columbia and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

School Information

I give my permission to Boys & Girls Club of Columbia and my child's school district to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in Boys & Girls Club of Columbia, and in life. This release is valid for one year and may be revoked at any time by contacting the school district or Boys & Girls Club of Columbia in writing.

Transportation and Liability Release

I give permission for my child to ride the Boys & Girls Club of Columbia bus transportation to and from field trips and any other necessary travel for Club activities. I understand that all precautions will be taken for the safety of my child and I will not hold the Boys & Girls Club, its officers, or volunteers responsible for any accident occurring during travel. I authorize the staff in charge to approve medical treatment for my child in the event of an emergency.

Surveys and Questionnaires

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Columbia to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes surveys or other survey instruments.

Technology

As a member of Boys & Girls Club of Columbia, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. Boys & Girls Club of Columbia will have rules and consequences at the Club for such behavior; however we will not be held responsible for the consequences of such access.

Photos/Media

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Boys & Girls Club of Columbia and its activities.

Miscellaneous

I understand that Boys & Girls Club of Columbia is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts. I also understand that the Club is not, nor claims to be, a licensed day care center.

Does your child have permission to walk home? Y N

If my child's age group is full please add him/her to the waitlist: Y N

Does your child need transportation? Y N

I give my permission to Boys & Girls Club of Columbia to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Columbia including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. All membership fees are non-refundable (with the exception for the Summer Camp Fee).

Signature of Parent or Guardian: _____

Date: _____

For your reading ease, new information is highlighted.

In addition, throughout the text, references have been made to numbered memoranda issued by the Food and Nutrition Service national office. The numbering system may differ from your State agency or Regional Office.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised December 2016



**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 Clubs 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:

<input checked="" type="checkbox"/> Grades	<input checked="" type="checkbox"/> Eligibility for Free or Reduced priced lunch
<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Demographic information including:
<input checked="" type="checkbox"/> Individual Education Plan or 504 Plan	<input checked="" type="checkbox"/> Race
<input checked="" type="checkbox"/> Assessment results (specify assessments below)	<input checked="" type="checkbox"/> Age
<input checked="" type="checkbox"/> Attendance	<input checked="" type="checkbox"/> Grade
<input checked="" type="checkbox"/> Student ID	<input checked="" type="checkbox"/> Graduation Date
	<input checked="" type="checkbox"/> Other (specify below)

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