

Received Date: _____

Received By: _____



MEMBERSHIP APPLICATION

Please print & fill out application completely. BGCV will NOT accept incomplete applications.

First Name: _____ Middle: _____ Last: _____

Address: _____ Primary Phone: (____) ____ - _____

City: _____ State: _____ County: _____ Zip: _____

Gender: M ___ F ___ Ethnicity: _____ DOB: _____ Club Member for: _____ year(s)

School Information:

School: _____ Grade: _____ (Current Grade for Afterschool members)

School: _____ Grade: _____ (Promotion Grade for summer members ONLY)

Parent Info (Please Print)

Primary Parent/Guardian Name: _____ Relationship to Child: _____

Home Number: (____) ____ - _____ Cell Number: (____) ____ - _____

Employment: _____ Work Number: (____) ____ - _____

Email Address: _____

Secondary Contact Name: _____ Relationship to Child: _____

Home Number: (____) ____ - _____ Cell Number: (____) ____ - _____

Emergency Contact Info (Please Print) Other than Parent/Guardian

Name: _____ Relationship to Child: _____ Phone Number: (____) ____ - _____

Not Authorized to Pick UP (If Applicable)

If there is someone that you DO NOT want to pick up your child please list their name

Name: _____ Relationship to child: _____

Medical Information: (if no allergies or medical problems, write NONE on the lines below)

Allergies: _____ Medical Problems/Needs: _____

Insurance: Y ___ N ___ if Yes, provide Insurance Provider: _____ Medicaid: Y ___ N ___

Medical: (2 Checkmarks OR Initials Required)

In the event of an emergency, the Club must have written consent to seek medical treatment for your child.

___ I give permission to administer basic first aid.

___ I DO NOT give permission to administer basic first aid.

___ I give permission to seek medical treatment for my child. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

___ I DO NOT give permission to seek medical treatment for my child.

PARENTAL AGREEMENT/ACKNOWLEDGEMENT FORM

1. The Boys and Girls Club agrees to provide child care for _____, during the times designated for the unit they attend.

AFTERSCHOOL HOURS
<ul style="list-style-type: none">• David S. Waller Unit: Monday – Thursday 3:30 P.M. to 7:00 P.M. and Friday 3:30 P.M. to 6:30 P.M.• Don F. Reames Teen Center: Monday – Thursday 2:30 P.M to 7:00 P.M. and Friday 2:30 P.M. to 6:30 P.M.• Lake Laurie Unit: Monday – Friday 2:30 P.M. to 6:00 P.M.• Washington St. Teen Center: Monday – Friday 2:30 P.M. to 8 P.M.

SUMMER HOURS
<ul style="list-style-type: none">• David S. Waller Unit: Monday – Friday 7:30 A.M. to 5:50 P.M.• Don F. Reames Teen Center: Monday – Friday 7:30 A.M. to 5:50 P.M.• Lake Laurie Unit: Monday – Friday 7:30 A.M. to 5:50 P.M.• Washington St. Teen Center: Monday – Friday 1 P.M. to 8 P.M.

2. **I understand that the program fees will be charged at the time of enrollment. I also understand that past due fees must be paid prior to the current program fees.**

3. **I acknowledge that it is my responsibility to keep my child’s records current to reflect changes as they occur, i.e.** telephone numbers, work location, emergency contact, child’s physician, child’s health status, immunization records, etc.

4. The Boys and Girls Club agrees to keep me informed of my child’s progress and any incidents, including illness, injuries, adverse reactions to medications, etc. which involve my child.

5. **I understand that if my child’s behavior becomes a danger to staff and/or other children and cannot be corrected, or if my child is habitually unruly or disobedient, he/she will no longer be allowed to attend the program.**

6. I understand that my child must be picked up by the designated times for the unit they attend. I also understand that if I am late picking my child up, the Boys and Girls Club’s policy is the following: **1st Offense: Verbal Warning, 2nd Offense: a \$10 late fee will be charged 15 minutes after closing; every 10 minutes after that is an additional \$5 (this is per child), 3rd Offense: Suspension of child, 4th Offense: Loss of slot.**

7. **I understand that my child must commit to attending at least three days a week, whenever possible, in order for my child to keep their spot.**

8. I have received a copy of this agreement and the parent/student handbook and agree to abide by the policies set forth in them. **As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:**

A. The Boys and Girls Club staff and volunteers are not allowed to baby-sit or transport children at any time outside of the Boys and Girls Club program.

B. Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police (please do not put staff in a position where they have to make this judgment call).

C. The Boys and Girls Club is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

D. The Boys and Girls Club may terminate my child’s enrollment for any of the following reasons:

- **Emergency names and phone numbers are incorrect**
- **Parent is late picking up child after program center closes**
- **Non/late/NSF payment of fees**
- **Failure to attend at least three days a week**
- **Failure to adhere to the sign-in/sign-out policies**
- **Child leaving the program center without authorized permission**
- **Behavior that is continually disruptive or dangerous to others and/or self**
- **Behavior that is destructive to property and/or refusal to replace said property**
- **Any single incident that is deemed by the Program Director to be dangerous, harmful, or disruptive**
- **Harassment, violent behavior, or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend, etc.)**

E. The Boys and Girls Club, the staff employed therein, and volunteers will not become involved in any custodial disputes between parent/guardian. If the Boys and Girls Club documents are requested, the court must request them. The staff’s responsibility is to provide a safe environment for children.

F. Registration fees are non-refundable after 30 days. Anything after this date can be credited to your account if necessary. I have read the above Boys and Girls Club of Valdosta Parental Agreement Form and agree to the policies, procedures, and regulations.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Household Info:

Member lives with: (Circle all that applies)

Both Parents Mother Father Aunt/Uncle Grandparent(s) Foster Care/DFACS Step Mother Step Father
Other _____

Current Single Parent: (Circle one) Yes or No

Current Head of Household: (Circle one) Male Female Both Household size: _____

Military Household: (Circle one) Yes or No If yes, do you live on base: (Circle one) Yes or NO

Media Permission Form: (Checkmarks OR initials Required)

RE: Use of Name, Photograph and Identity in Connection with Advertising and/or Promotion of the organization

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of Valdosta, Department of Human Services and their subsidiaries, affiliates and advertising agencies (“Companies”) of my child’s name, photographs, works of art and identity in various BGCV website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion for the Companies and/or their products in any media, form or material selected by the companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletter and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from , any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.

____ I give my child Media Permission.

____ I DO NOT give my child Media Permission.

Tech Lab Permission Form: (Checkmarks OR Initials Required)

The computer systems are the property of the Boys & Girls Club of Valdosta. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of a computer and all files on the computer may be intercepted, monitors, recorded, copies, audited, inspected and disclosed to authorized personnel, as well as authorized officials of other agencies. By using a computer, the user consents to the above mentioned. Unauthorized or improper use of a computer may result in administrative disciplinary action and civil and criminal penalties. By using a computer, you indicate your awareness of and consent to these terms and conditions of use. If you do not agree to the conditions stated in this warning log, do not use the computers!

As a parent/guardian, I have read, discussed and explained the Computer User Policy to my child. I grant permission for the member named above to access the Tech Lab’s computers. I understand that if he/she fails to follow the Computer User Policy, Computer and Internet access may be withdrawn and I shall be informed of this and any further appropriate action will be taken. I am aware that no personal information will be made public and that the Club will maintain strict confidentiality for personal information.

____ I give my child Internet Permission.

____ I DO NOT give my child Internet Permission.

Transportation: (Checkmarks OR Initials Required)

Field Trips/Special Events/Summer Travel

____ I give permission to travel with the BGCV to any field trip or outing that I sign my child up for during the school year/summer

____ I DO NOT give permission for ANY travel with BGCV. By selecting this option, your child CANNOT PARTICIPATE in ANY off site trips.

FOR OFFICE USE ONLY

Membership #: _____ Entry Date: _____ New Member: (Circle one) Yes or No

Fee Level: DE (Income Eligible) _____ if yes, do they have verification of income: (Circle one) Yes or No

DI (Income Ineligible) _____ (verification of income is not required)

Paid \$ _____

**Georgia Department of Human Services
Division of family and Children Services
Afterschool Care Program Eligibility Form**

Page 1 of 3 - DHS DFCS Afterschool Care Program Eligibility Form

Boys & Girls Club of Valdosta (DHS DFCS funded Organization Name), along with the Georgia Department of Human Services (DHS), Division of Family and Children Services (DFCS) are partnering to provide valuable and exciting out-of school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting 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/Guardian/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): ____ / ____ / ____

Section 1

A. Is the youth applicant a U.S. citizen or legal immigrant: Yes _____ No _____

B. Is the youth applicant a Georgia resident: Yes _____ No _____

C. Does the youth applicant identify with one (1) or more of the three categories below (Answer YES or NO and check all categories that apply): 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 the one (1) or more answers to the questions in Section 1 is NO, the youth **IS NOT** eligible to participate in the DHS DFCS funded services. **If the answer to ALL of the questions in Section 1 is YES**, the parent/guardian/caregiver/youth may proceed and complete the remainder of the form.

Section 2

Do you 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):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)		
B.	Supplemental Nutrition Assistance Program (SNAP) (also known as Food Stamps)		
C.	Medicaid or Social Security Income (SSI)		
D.	Reduced or free lunch program at school		
E.	Peachcare for Kids		

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the DHS DFCS funded services and the parent/guardian/caregiver may proceed and complete Section 5. Please be advised, verification for receipt of services checked in Section 2 must be obtained by program and a copy of the verification must be attached to this eligibility form.

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

Page 2 of 3 – DHS DFCS Afterschool Care Program 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 DHS DFCS Afterschool Care Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DHS DFCS Afterschool Care Program Annual Household Income Guidelines **	DHS DFCS Afterschool Care Program Monthly Household Income Guidelines
1	\$11,490	\$34,470	\$2,872
2	\$15,510	\$46,530	\$3,877
3	\$19,530	\$58,590	\$4,882
4	\$23,550	\$70,650	\$5,887
5	\$27,570	\$82,710	\$6,892
6	\$31,590	\$94,770	\$7,897
7	\$35,610	\$106,830	\$8,902
8	\$39,630	\$118,890	\$9,907
Each additional person, add	\$4,020	\$12,060	\$1005

* Income based on the U.S. Department of Health and Human Services (HHS) 2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: HHS website: Federal Register, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183)

** 300 % of the federal poverty level

Family Unit Size* _____

Gross Household Yearly Income \$ _____ **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?

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. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

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

To be Completed by DHS DFCS Funded Afterschool/Summer Service Provider

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DHS DFCS Afterschool Care Program Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant’s file in a confidential location.

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.
- An individual documented as the youth's caregiver. A caregiver is considered a person who provides direct care to the youth. This provision includes foster parents.

****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;
- Employer's 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 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;
- SUCCESS 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 retirement plan



**BOYS & GIRLS CLUB
OF VALDOSTA**

AUTHORIZATION TO RELEASE EDUCATION RECORD INFORMATION

I _____ understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of student education records (“Education Records”) and that the Education Records may only be released to third parties with my prior written consent or as otherwise permitted by law. Intending to waive the right to confidentiality, I consent and direct the release of Education Records on the following student:

Last Name First Name Middle Name Date of Birth

Address: _____ City, State & Zip Code: _____

Telephone Number: _____

From: **Valdosta City Schools**

Name of School: _____ Grade _____

Records may be released to:

**Boys & Girls Club of Valdosta
Administrative Office
215 W. North Street
Valdosta, GA 31601
(229) 242 – 0676**

My signature authorizes the release of the following records:

- 1. Transcript of subjects, grades & test records
- 2. Report cards and/or progress reports
- 3. IEP Individual Education Plan (if applicable)
- 4. Attendance Records
- 5. Discipline records (including suspensions & expulsions)

Parent’s signature
(Student’s signature if 18 years old)

____/____/____
Date