



Date _____

Springfield Boys & Girls Club Membership Application (Sept 2016- June 2017)

(Check Program Needed) Teen (13-18) \$15 _____ After School (6-12) \$10 _____

Member Information:

First Name: _____ Middle: _____ Last: _____

Gender: M F DOB: _____ Ethnicity: African American Asian Hispanic

Address: _____ Native American Other Caucasian

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

School Information:

Current Teacher: _____ School: _____ Grade: _____

Household:

**** NOTE: This information is collected for Grant writing purposes ONLY**

Do you live with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other: _____

Housing Development: _____ Number in Household: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Treatment by Doctor/Hospital: ___ Yes ___ No

Serious Health Problems: ___ Yes ___ No If Yes, explain: _____

Medications: Yes ___ No ___ If Yes, explain: _____

Allergies: Yes ___ No ___ If Yes, explain: _____

Physical: Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Birthmarks/Features _____

Who Does the Member Live With

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Would you like to receive text notifications from the Springfield Boys & Girls Club? YES OR NO

Emergency Contacts:

Contact Name: _____ Contact Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Additional Info (must list if child is on an IEP, safety plan, or has behavior issues):

OFFICE USE ONLY:

Membership #: _____ Entry Date: _____ Expiration Date: _____

Status: _____ Type: _____ New/Renewal Member: _____ Processed by: _____

Disclaimers:

The Springfield Boys & Girls Club encourages members to leave anything of value at home. The Club will not be liable for any lost or stolen items. Large amounts of money, expensive clothes, jewelry, and electronics should be kept at home. Weapons of any kind are not allowed in the Club, and may result in immediate termination. Fighting and using abusive language will not be tolerated and are grounds for suspension and/or termination. Children are to be picked up at the times designated by club officials. If a child is not picked up on time, the parent/guardian may be subject to a late fee.

For all drop-in members, the Club has an **Open Door Policy**. Members are allowed to come and go as they please. We assume no responsibility for members who choose not to come on a particular day or who choose to leave early. We only supervise youth while in our building, in our play area, or once we pick them up from a school for a particular program. **If you want your child to remain in the Club at all times, please instruct them not to leave.** If a child does not walk home on their own, please make arrangements prior to pick them up on time. Any child picked up after their allowed time may be subject to late fees and eventually removal from the program. Any children left at the Club after the allotted program time for more than an hour without notification may be considered abandoned and police may be notified.

Authorizations:

Medical: I hereby given consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a SBGC programs. I understand that the SBGC will make every attempt to contact me beforehand. It is also understood that the cost thereof will be my expense.

Surveys/Questionnaires: I hereby give permission for my child to participate in the tracking of SBGC outcomes/goals, which include: *taking surveys, participating in focus groups.* I also grant access to my child's academic records i.e. report cards, which will be kept confidential and used specifically for the purpose of evaluating the success of SBGC programs and supporting your child's academic success.

Technology: I understand that as a member of the SBGC, my child will have access to the Internet. While precautions are taken through cyber patrol, my child may try to access inappropriate sites. SBGC has rules and consequences at the Club for such behavior; however the SBGC will not be held responsible for the consequences of such access.

Miscellaneous: I hereby give permission to my child to become a member of the Springfield Boys & Girls Club. I understand that my child must follow the rules and expectations of the SBGC and its staff. I will explain the rules of the Club to my child and hold him/her responsible to follow those rules. SBGC staff reserves the right to suspend or terminate a member if those guidelines are not followed and I understand no dues will be returned to me.

Photo Release: I hereby give consent to the SBGC and/or its representatives to photograph my child. I authorize them to use these photos in any future publications, events, advertisements, articles, or other use relating to the SBGC. I release the SBGC, its staff, officers, and representatives for all claims of invasion of privacy, defamation or any claim based on the use of said photograph.

Please Read Carefully:

I have received and will read the Parent/Member Drop In Info Handout. I understand my child and I must follow all the rules of the Springfield Boys & Girls Club. By signing below, I agree and will adhere to all of the above disclaimers and authorizations. I also agree that all information is complete and correct to best of my knowledge. I understand failure to disclose any pertinent medical, educational, or social issues may result in termination of membership.

Parent/Guardian Signature

Date

Member's Promise

I promise to take care of my Club and it's property. I will respect the building, other members, and staff at all times. If at any time I do not follow the rules of the Club, I understand that I may lose my membership to the Club.

Child's Signature

Date

CITY OF SPRINGFIELD
OFFICE OF COMMUNITY DEVELOPMENT
INCOME VERIFICATION

The City of Springfield's Office of Community Development has provided HUD-funded assistance to this agency. HUD requires that we provide the information contained within this form for each person assisted.

All information must be completed. Please be sure to fill in the information on the reverse side of this form.

I. GENERAL INFORMATION	
Name: _____	
Street Address: _____	
City, State, Zip Code: _____	
II. DEMOGRAPHIC INFORMATION: (for reporting purposes only)	
Household Characteristics	NOTE: If your program serves children, you must provide characteristic of their household; 1. Number of children served by each group; 2. Number of children from female heads of households
FEMALE HEADED HOUSEHOLD _____	
SINGLE HEADED HOUSEHOLD _____	
NON-PARENT HOUSEHOLD _____	
SEX:	AGE:
FEMALE _____	UNDER 10 _____
MALE _____	19-21 _____
	10-16 _____
	22-30 _____
	17-18 _____
	31-40 _____
	41-50 _____
	51-54 _____
	55 and over _____

IMPORTANT: HUD considers race and Hispanic origin to be two separate and distinct concepts. Please write in information for both ethnicity (#1 below), race (#2 below) PLEASE DO NOT LEAVE ANY SECTIONS BLANK.

3. Indicate ethnicity (check one):	
_____ Hispanic or Latino	_____ Not Hispanic or Latino
Indicate race (select one):	
Single Race	Multi Race Categories:
_____ White	_____ American Indian or Alaska Native and
_____ Black or African American	_____ Asian and White
_____ Asian	_____ Black or African American & White
_____ American Indian or Alaska Native	_____ American Indian or Alaska Native & Black
_____ Native Hawaiian or Other Pacific Islander	_____ or African American
	_____ Other Multi-Racial

4. Are you disabled per the following definitions (check all that apply)
_____ Use a wheelchair or another special aid for 6 months or longer
_____ Are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs and walking), need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing dressing, eating and toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework, or using the telephone).
_____ Are prevented from working at a job or doing housework.
_____ Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or demands or mental retardation
_____ Are under 65 years of age and covered by Medicare or receive SSI
_____ None of Above

III. Income of participant household (Updated as of December 2012)

	Extremely Low (30%) Income Limits	Very Low (50%) Income Limits	Low (80%) Income Limits
1 Person	\$17,200 _____	\$17,201-28,700 _____	\$28,701-45,100 _____
2 Persons	\$19,650 _____	\$19,651-32,800 _____	\$32,801-51,550 _____
3 Persons	\$22,100 _____	\$22,101-36,900 _____	\$36,901-58,000 _____
4 Persons	\$24,550 _____	\$24,551-40,950 _____	\$40,951-64,400 _____
5 Persons	\$26,550 _____	\$26,551-44,250 _____	\$44,251-69,600 _____
6 Persons	\$28,500 _____	\$28,501-47,550 _____	\$47,551-74,750 _____
7 Persons	\$30,450 _____	\$30,451-50,800 _____	\$50,801-79,900 _____
8 Persons	\$32,450 _____	\$32,451-54,100 _____	\$54,101-85,050 _____

IV. CERTIFICATION

I certify that the information contained herein is true, complete and correct to the best of my knowledge and belief. This annual income indicated above is the annual income for my household as of the below date.

Date: _____ Applicant's Signature: _____

DROP IN MEMBER INFORMATION (PLEASE READ)

Hours of Operation School Days (Drop in begins September 13, 2016)

Ages 6-12 (Tues-Fri, 3:00-6:00pm) Ages 6-12 (Saturdays, 9:30am-1:30pm)

Ages 13-18 (Tues-Fri, 6:00pm-9:30pm) (Saturdays, 1:30pm-5:30pm)

Drop in membership begins at age 6, and in First Grade, through age 18. A 6 year-old in kindergarten may not join the drop in program, they must be enrolled in our licensed child care program.

Hours of Operation Vacation Weeks

Ages 6-12 (9am-1pm)

Ages 13-18 (1pm-5pm)

Attention

**** Hours are subject to change and we may close the building as needed. If there is a Monday holiday, the Club will be closed the Saturday before. We also will be closed for the drop in program on dates to be announced. Please check with us regularly on possible closings.**

***** If a child is not picked up by the end of regularly scheduled program time, the Club reserves the right to impose late fees, suspend or terminate service.**

Child Injuries

If an injury is minor and can be taken care of by a staff certified in First Aid, appropriate treatment will be administered and an injury report will be completed for parents to sign. If an injury requires additional medical treatment, parents will be notified immediately to pick up their child. In the case of an injury that requires immediate medical treatment, the following steps will be taken:

1. An ambulance will be called. 2. The parent or guardian will be notified. 3. A Springfield Boys & Girls Club staff member will accompany the child to the hospital. 4. A Springfield Boys & Girls Club staff member will remain with the child until a parent or guardian arrives. 5. An incident report will be filled out on all injuries - minor or major.

Prevention of Child Abuse and Neglect

The staff will ensure that all children enrolled in the program are protected from abuse and neglect while the children are in the Club's care.

Termination Policy

The Club reserves the right to suspend and/or terminate services for the following reasons:

1. Inappropriate behavior by the child during transportation and/or program time;

2. **Inappropriate behavior by a parent within the program area (yelling at staff, unprofessional conduct)**

Please make sure that your child understands that inappropriate and disrespectful behavior at the Club will not be tolerated. Any child exhibiting behavior that is detrimental to the program and Club members will be disciplined, up to and including termination of membership. **Membership dues are non-refundable**

Emergency Procedures

In case of an emergency such as a fire or natural disaster, Club children will be moved to the Shriner's Hospital on Carew Street, Springfield, which is located directly across the street from the Club.

Membership Application

Please be sure to fill out the attached membership application in its entirety. Emergency numbers are extremely important, so if any information changes, please be sure to notify the Club so we can update our records. In addition, please notify the Club if your child is on an IEP, Safety Plan, or has any other behaviors of which we should be aware. We also have added a new section which allows us to give parents text notifications of events, closings, etc.

PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE

Springfield Public Schools Data Sharing Consent

By signing below I, _____ [PARENT/GUARDIAN NAME], the authorized parent/guardian of _____ [STUDENT NAME], authorize Springfield Boys & Girls Club to share written information on my child's participation and performance in Boys & Girls Club programs with the Springfield Public Schools. Further, I authorize the Springfield Public Schools to disclose information in my child's student record, including but not limited to my child's enrollment, attendance, behavior, and academic performance with Springfield Boys & Girls Club.

I understand that the purpose of allowing this information to be between Springfield Public Schools and the Springfield Boys & Girls Club is to enable both Springfield Boys & Girls Club and the Springfield Public Schools to improve the quality and alignment of services and education for my child. I also understand that the shared information will be stored in a secure, password-protected electronic database maintained by the Springfield Public Schools and accessible only to those with authorized access.

I understand that the Springfield Boys & Girls Club may disclose non-identifiable aggregate student data that may include information regarding my child.

I understand that in the event my child is no longer enrolled in the Springfield Public Schools or ceases participation in Boys & Girls Club program, within a reasonable period of time, both organizations will terminate all information sharing about my child. Both organizations will also terminate any information sharing about my child if I revoke this authorization in writing and delivered to Springfield Boys & Girls Club and Springfield Public Schools.

Student Name

Parent/Guardian Name (Printed)

Student ID Number (lunch number)

Parent/Guardian Signature

Date