



UNIT \_\_\_\_\_ Membership # (office use only) \_\_\_\_\_

**APPLICATION MUST BE COMPLETELY FILLED OUT FOR ADMISSION!**

Dear Parents,

Thank you for your interest in membership for your child. We hope that you find our clubs satisfactory to your and your child’s needs. Please be sure and complete all information with in the packet to the best of your knowledge as this will help monitor, protect and serve you and your child while attending our club. Please discuss any concerns or issues with your child’s Unit Director. Our goal is to provide opportunities to your child(ren) that they might otherwise not get to have. We take pride in providing a safe, fun atmosphere for learning and developing academically and socially.

We do charge a nominal weekly program fee at the 6 sites within our organization: Madisonville, Rural Vale, Sweetwater, Tellico Plains, Vonore and Coker Creek. These program fees provide (but not limited to) the following activities:

- USDA approved snack every afternoon (USDA breakfast and lunch provided in summer program)
- Recreational Programs
- Educational Programs
- Age-appropriate game rooms
- Arts and Crafts
- Group Clubs
- Special Academic Programs and Classes
- Tutoring Services
- Technology Classes
- Mentoring

The program fees are listed below:

After-school Program Fee (School-in)	\$35.00 per week
Summer Program Fee (School-out)	\$80.00 per week
One-time Application Fee	\$10.00
School Holiday Fee	\$10.00 per day

**Fees are to be paid weekly by Friday at 6:00pm.** After this time a late fee of \$5 will be assessed. See section labeled “weekly fee agreement” for further instructions. Financial Assistance *may* be available for your child based on eligibility.

We request that all parents/legal guardians read the member handbook as it will have other available and important information in it regarding operation of the club and your child’s membership. Everyone is encouraged to connect/friend us on Facebook, [www.facebook.com/BGCMonroeArea](http://www.facebook.com/BGCMonroeArea) , as that is our first line of communication regarding activities, fundraisers, volunteer opportunities, closings and etc.

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**WE LOOK FORWARD TO SERVING YOU AND YOUR CHILD!**

**THANKS SO MUCH!  
FROM: BOYS & GIRLS CLUB OF THE MONROE AREA  
ADMINISTRATION OFFICE**



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**MEMBERSHIP APPLICATION**

**BOYS & GIRLS CLUB OF THE MONROE AREA**

Legal/Birth Name: \_\_\_\_\_

Name you would like to be called: _____	Date of Birth: _____	Phone: _____
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Current address: \_\_\_\_\_

City: _____	State: _____	ZIP Code: _____
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Has your child attended <b>this</b> club before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: How long a member in Years: _____

**SCHOOL INFORMATION**

Current School: \_\_\_\_\_

Current Teacher: _____	Current Grade: _____
School Food Program: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> None or N/A	Does your child have <b>Special Education Needs</b> ?  Which school are your child's shot records on file with? _____ _____

**MEDICAL INFORMATION**

Name of Doctor's office: \_\_\_\_\_

Doctor's Name: _____	Phone: _____
Does your family have health and/or accident insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have behavioral issues/concerns that we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> NO

What are those behavioral issues/concerns?  
 \_\_\_\_\_  
 \_\_\_\_\_

Serious Health Problems: (such as but not limited to)  Currently taking medication  Asthma or wheezing/respiratory  
 Chronic bladder/kidney infections  Free Bleeder  Dietary restrictions  
 Speech/hearing/vision  Heart murmur/heart monitor  Seizures

Any other conditions not mentioned: \_\_\_\_\_

Written Explanation(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have a communicable disease?  Yes  No

If your child was outside the U.S., have they had a TB Skin test?  Yes  No : Date of TB Skin Test: \_\_\_\_\_

Does your child have any **Food allergies**?  Yes  No Please list all known: \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any **Physical Disabilities or Special Needs** that will need to be accommodated  Yes  No

If so, What are those needs \_\_\_\_\_



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**MEMBERSHIP APPLICATION**

**GENERAL INFORMATION**

<p><i>For organizational reporting uses only: (optional)</i>          Religious Affiliation: ___ Yes ___ No ;          If yes, Type of Religion:          _____</p>	<p>My child may participate in all Boys &amp; Girls Club activities which are offered in club used facilities:          ___ Yes ___ No</p>	<p>Does your child belong to:          ___ Boy scouts or Girl Scouts          ___ School Club          ___ Church Group          ___ Youth Sports League: Circle One Vonore ;          Madisonville ; School based ; outside Monroe County</p>
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Will you attend club: (check one)  
 \_\_\_ Year-around \_\_\_ Only during School Year \_\_\_ Only during Summer

Reason(s) for joining: \_\_\_ Fun \_\_\_ Learning \_\_\_ Sports \_\_\_ After school Care \_\_\_ Other: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Current Number in household: \_\_\_\_\_ Current number in household 18 & under: \_\_\_\_\_ Current number over 65 years: \_\_\_\_\_  
 Single Parent Household: \_\_\_ Yes \_\_\_ No  
 Who does child live with: \_\_\_ Mom \_\_\_ Dad \_\_\_ Step Mom \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Current Number of **Household** incomes: \_\_\_ 1 \_\_\_ 2 \_\_\_ 2 or more

**Monthly** Income: \_\_\_\_\_ X 12 Months = \_\_\_\_\_ (report **all** income in home)

Does member have a family member attending the club (ex. Step –siblings, cousins) \_\_\_ Yes \_\_\_ No

What club does other family attend? Circle: Madisonville Vonore Sweetwater Rural Vale Coker Creek Teen Center

Household member in Military: \_\_\_ Yes \_\_\_ No Branch of Military \_\_\_\_\_ Currently Active Duty: \_\_\_ Yes \_\_\_ No

In Case of Emergency : Parent/guardian's Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (In Case of Emergency) Approx. work hours & days: \_\_\_\_\_

**PHYSICAL IDENTIFIERS (IN CASE OF EMERGENCY)**

Eye Color: _____	Hair Color: _____
Physical features: _____ Birth Marks: _____	Height: _____ Weight: _____

**TRANSPORTATION**

As requirement, every child must have transportation arrangements on file with their club. During school year your child will be picked up by the Monroe County School bus at (SCHOOL) \_\_\_\_\_ and transported to the club during after-school programming. Child must then be picked up during club hours by someone on the Approved Pick Up List; provided by you the parent/guardian. Child will not be released if prior approval is not given by parent/guardian.

**SIGNATURES**

**I have completed all areas of this application completely and to the best of my ability**

Signature of Parent/Guardian: _____	Date: _____
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**PERMISSION TO CONTACT**

Parent/Legal Guardian NAME: _____ Over 18 years old <input type="checkbox"/> Y <input type="checkbox"/> N Home Address: _____ Phone #: _____ Alternate Phone#: _____ Employer: _____ Email: (Optional) _____ Person authorized to pick up child: (Circle one) <b>YES or NO</b> Emergency Contact: <b>YES or NO</b>
Over 18 years old <input type="checkbox"/> Y <input type="checkbox"/> N <i>(under 18 years of age may not leave premises with child)</i> NAME: _____ Relationship: _____ Home Address: _____ Phone #: _____ Alternate Phone#: _____ Employer: _____ Email: (Optional) _____ Person authorized to pick up child: (Circle one) <b>YES or NO</b> Emergency Contact: <b>YES or NO</b>
Over 18 years old <input type="checkbox"/> Y <input type="checkbox"/> N <i>(under 18 years of age may not leave premises with child)</i> NAME: _____ Relationship: _____ Home Address: _____ Phone #: _____ Alternate Phone#: _____ Employer: _____ Email: (Optional) _____ Person authorized to pick up child: (Circle one) <b>YES or NO</b> Emergency Contact: <b>YES or NO</b>
Over 18 years old <input type="checkbox"/> Y <input type="checkbox"/> N <i>(under 18 years of age may not leave premises with child)</i> NAME: _____ Relationship: _____ Home Address: _____ Phone #: _____ Alternate Phone#: _____ Employer: _____ Email: (Optional) _____ Person authorized to pick up child: (Circle one) <b>YES or NO</b> Emergency Contact: <b>YES or NO</b>

If additional contacts need to be added, please see Club staff for additional sheet!

**Club Member's Name**



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**Parental Release Form**

(Initial)

\_\_\_\_\_, 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 the Boys & Girls Club of the Monroe Area, and Boys & Girls Club 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.

Medical Treatment

\_\_\_\_\_, I, the parent/guardian of the minor child listed on this application, give permission to the Boys & Girls Club of the Monroe Area to seek emergency medical treatment for my minor child if I cannot be reached. The Boys & Girls Club of the Monroe area will act upon instructions received from 911, poison control or other professional emergency personnel. I will be responsible for any/all cost of medical attention and treatment. The Boys & Girls Club of the Monroe Area will make every attempt to contact me in the event of an emergency and therefore it is my responsibility to provide my child's specific club with current phone numbers to reach me.

\_\_\_\_\_, I, the parent/guardian of the minor child, agree not to hold the Boys & Girls Club of the Monroe Area or its representatives responsible for injuries or accidents in connection with the club's programs and activities and authorize the club staff to administer basic first aid/cpr which may include, but not limited to, sunscreen, antibiotic ointment, alcohol, antiseptic wipes, bandages, peroxide, cortisone cream, burn cream, allergy cream, etc. All other medications (Tylenol, Benadryl, anti-inflammatory and all prescription medications) must be provided by parent/guardian in original container labeled with child's name and with administering instructions printed on container.

Technology

\_\_\_\_\_ As a member of the Boys & Girls Club of the Monroe Area, your child will have access to the internet. While precautions are being taken, it is possible s/he may access inappropriate sites. The Boys & Girls Club of the Monroe Area will have rules and consequences in place at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

\_\_\_\_\_ I understand the Boys & Girls Club of the Monroe Area is not responsible for lost or stolen items. Parent and Club members are responsible for their own transportation to and from the Club. During after school program club members may be transported from their school to the Club site if available via school systems bus route. As a drop-in facility, we are not responsible for Club members' whereabouts.

\_\_\_\_\_ I understand the Boys & Girls Club of the Monroe Area is required by law to report to the Department of Children's Services any suspected child abuse of our members, and that all suspected child abuse would be reported immediately.

\_\_\_\_\_ I understand that my child will be provided with a USDA- approved afternoon snack/meal during the after-school program and a breakfast and lunch during the summer program. My child may also be involved in cooking and activities involving food. If my child has any dietary restrictions or **food allergies**, I have noted that on the Medical Information portion part of this application.

Data Collection/Sharing

\_\_\_\_\_ I, the parent /guardian of the minor child listed on this application, give permission to the Boys & Girls Club of the Monroe Area to collect information via online or written surveys, questionnaires, interviews, and focus groups. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. 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 the Monroe Area, including data collected via surveys and questionnaires. All information provided to BGCA will be kept confidential.

**Club Member's Name**



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School Information

\_\_\_\_\_, I, the parent/guardian of the minor child listed on this application, give permission to the Boys & Girls Club of the Monroe Area and \_\_\_\_\_ **Monroe County School District** or \_\_\_\_\_ **Sweetwater City School District** to exchange information regarding the minor child. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club of the Monroe Area and in life. This release is valid for 1 year and may be revoked at any time by contacting \_\_\_\_\_ **Monroe County School District** or \_\_\_\_\_ **Sweetwater City School District** AND the Boys & Girls Club of the Monroe Area in writing.

\_\_\_\_\_ I acknowledge that I have received a copy of the Tennessee Department of Education Summary of Child Care Approval Requirements, and that I understand a copy of these requirements will be made available to me at any time I make a request.

\_\_\_\_\_ I understand that if anyone should ever arrive to pick up my child, including myself, who appears intoxicated or inhibited from the ability to safely transport my child, or whose behavior may place my child at immediate risk, my child will not be permitted to leave. In this case, alternate transportation arrangements will have to be made and I understand that should a conflict arise, the proper authorities would be notified.

\_\_\_\_\_ **I have read the completed application and this form, understand and agree to the rules of the Boys & Girls Club of the Monroe Area and request that my child be admitted into membership.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff/Witness Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Club Member's Name**  
\_\_\_\_\_



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**Weekly Fee Agreement**

Check:

\_\_\_\_\_ I am **able and agree** to pay the weekly fee of \$35.00 (school-in) and \$80.00 (school-out). *Initial below.*

**Initial Each Space Below:** (by initialing you are stating that you have read, understand and agree to these terms.)

Fees are to be paid weekly by Friday at 6:00pm.

After 6:00pm on Friday, a late fee of \$5 will be assessed. If a circumstance should arise that prevents you from paying by the deadline, then you must contact the Unit Director prior to Friday to make an arrangement for the payment. After the Friday 6:00 pm deadline has passed, *no arrangement* will be made, the \$5 late fee will be added and payment is due the next business day.

After 2 weeks of non-payment, our in-house collections will contact you by letter/statement for immediate payment. If past due balance is not paid within 2 weeks of receiving statement, we may seek assistance from an outside collections agency. Any collection fees incurred will be the responsibility of the parent/legal guardian. If this happens, you child's continued membership could be negatively affected, as well as your credit score.

\_\_\_\_\_ I am **unable** to pay weekly fee of \$35.00 (school-in) and/or \$80.00 (school-out), and would like to request a review of my financial situation and possible financial assistance.

\_\_\_\_\_ Name of Child

\_\_\_\_\_ Signature of Parent

**Financial Assistance Request**

Financial Assistance may be available. Financial Assistance is not guaranteed. Assistance may be provided based on individual need, case-by-case basis and documentation is required when requesting assistance.

**Afterschool program weekly fee: \$35 per week**

**Summer program weekly fee: \$80**

Household Information:

Number of people living in household under 18: \_\_\_\_\_

Number of people in household receiving income \_\_\_\_\_ (COMPLETE HOUSEHOLD INCOME)

Do you currently receive AFDC and/or Families First Child Care Assistance Program? \_\_\_ Yes \_\_\_ No; if yes,

Recertification Date: \_\_\_\_\_

**Income verification required before application can be process.** Please attach copies of the following (*you will not get this information back*):

\_\_\_\_\_ Past 2 months check stubs (in order) \_\_\_ Copy of Previous year's Income Tax Return \_\_\_ Letter from DHS (if applicable)

**I, the undersigned, agree that all of the above information I have provided is complete & correct. I understand that my financial assistance request will be reviewed by the Unit Director and Director of Operations before assistance will be administered to me. I understand that if all documentation is not turned in, as requested, then my child could and will be disqualified for assistance and I will be required to pay the set weekly fees of \$35 afterschool and \$80 summer programs.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Club Member's Name***



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**Payment Agreement**

I have discussed, with the Boys & Girls Club of the Monroe Area \_\_\_\_\_ Unit Director, the program fee for my child. I understand that I am expected to pay \_\_\_\_\_ weekly for the after school-program and \_\_\_\_\_ weekly for the summer program. I also understand that the difference in what I pay and the actual program fees is made possible through grants, private and corporate donations to the club and could be terminated should those donations end.

**I understand that program fees are to be paid weekly for my child’s attendance and if not paid on time a late fee of \$5.00 will be added to the weekly program fee. I also understand that my child’s fees are due by Friday of the week of attendance. If not paid by Friday, the late fee will apply, unless I have made other specific arrangements with the unit director, which are noted below. After the Friday at 6:00 pm deadline has passed, no arrangement will be made, the \$5 late fee will be applied and payment is due the next business day.**

I understand that after 2 weeks of non-payment, the organization’s in-house collections department will contact me by letter/statement for immediate payment. If past due balance is not paid within 2 weeks of receiving statement, Boys & Girls Club of the Monroe Area may seek assistance from an outside collections agency to obtain payment from me and bring account current. Any collections fees incurred will be the responsibility of the parent/legal guardian. If this happens, I understand this could affect my child’s continued membership.

I understand that the club closes at \_\_\_\_\_ during after-school program and at \_\_\_\_\_ during the summer program. **I also understand that if my child is not picked up by this time, a late pick-up fee will be assessed in the amount of \$1.00 per minute, per child until my child is picked up.**

**Specific Arrangements:**

**Circle**

Due to circumstances beyond my control, my fees are to be paid monthly/biweekly at the rate of \$ \_\_\_\_\_ (weekly rate), totaling \$ \_\_\_\_\_ monthly/biweekly.

**Circle**

I understand that I should inform and provide documentation regarding a significant change in my income and family situation that affects the amount I have agreed to pay. At that time, fee and payment agreement will be reassessed. If changes are to be made then a new payment agreement will be signed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Unit Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Operations

\_\_\_\_\_  
Date

***Club Member’s Name***





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**MINOR INFORMATION & RELEASE FORM**

I, on behalf of the minor named below, hereby grant the Boys & Girls Club of the Monroe Area:

1. The unrestricted worldwide, perpetual right to reproduce, distribute, publicly display, publish, and otherwise use photographic portraits or pictures, video or film and/or audio recordings of the minor named below or in which the minor may be included, or quotations of statements by the minor, in whole or in part, with or without change or alteration, with or without the minor's first name and age, in any and all media now or hereafter known for the purpose of promoting the recommendations of the Boys & Girls Club of the Monroe Area or otherwise raising awareness about the needs and programs of the Boys & Girls Club of the Monroe Area.
2. I waive any claim that I or the minor may have of ownership or other rights in copyright to such portraits, pictures, video, film and/or audio recordings or quotations, and to any work in any media incorporating any of the foregoing.
3. I waive any right that I or the minor may have to review or approve any material or media, including without limitation photographs, brochures, websites, and videos, in which such photographic portraits or pictures, video or film and/or audio recordings or quotations, or first name or age, are used.
4. I hereby release, discharge and agree to save harmless the Boys & Girls Club of the Monroe Area and its board members and administration from any liability by virtue of any use of such photographs, portraits, video, audio recordings, the minor's first name and age, and any distortion, alteration, error in or other use of same, including without limitation any claims for libel or invasion of privacy.
5. I hereby warrant that I am over the age of eighteen, that I have the relationship set forth below to the minor named below and have the full right and authority to contract on behalf of the minor named below. I have read the above authorization, release and agreement, prior to its execution and fully understand the contents thereof. This Release shall be binding upon me and my heirs, legal representative and assigns, and upon the named minor and the minor's heirs, legal representatives and assigns.

Minor's Name: \_\_\_\_\_

Name of Parent/legal Guardian: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

{
}

**Club Member's Name**

\_\_\_\_\_



UNIT \_\_\_\_\_ Membership # (office use only) \_\_\_\_\_

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**Administrative Use only:**

Date Returned to Unit Director for admission: \_\_\_\_\_

Next date for review: (if inability to pay was established and payment arrangements were made): \_\_\_\_\_  
(Application should be reviewed within 6 months for updates and financial assistance)

Application reviewed by: \_\_\_\_\_ (signature)

Application entered into computer by: \_\_\_\_\_ (signature) Date: \_\_\_\_\_

**Club Member's Name**