



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

## MEMBERSHIP APPLICATION

### BOYS & GIRLS CLUB OF THE MONROE AREA

Name:		
Date of application:	Date of Birth:	Phone:
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 (please pick which races) <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

### 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	Insurance carrier:	Policy #: _____ Group #: _____
Serious Health Problems: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if Yes: _____ _____		
Does your child have a communicable disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If your child was outside the U.S., have they had a TB Skin test? <input type="checkbox"/> Yes <input type="checkbox"/> No : Date of TB Skin Test: _____		
Does your child have any <b>Food allergies</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list all known: _____ _____		
Does your child have any <b>Physical Disabilities or Special Needs</b> that will need to be accommodated <input type="checkbox"/> Yes <input type="checkbox"/> No If so, What are those needs _____		
Please review the list of medical conditions and place a check mark beside any that may affect your child. Give written explanation for any condition(s) checked: <input type="checkbox"/> Currently taking medication <input type="checkbox"/> Asthma or wheezing/respiratory <input type="checkbox"/> Chronic bladder/kidney infections <input type="checkbox"/> Free Bleeder <input type="checkbox"/> Dietary restrictions <input type="checkbox"/> Speech/hearing/vision <input type="checkbox"/> Heart murmur/heart monitor <input type="checkbox"/> Seizures <input type="checkbox"/> Any other conditions not mentioned		
Written Explanation(s): _____ _____ _____		



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### GENERAL INFORMATION

*For programming purposes only (Optional)*  
 Religious Affiliation: \_\_\_ Yes \_\_\_ No ;  
 If yes, Type of Religion:  
 \_\_\_\_\_

My child may participate in all Boys & Girls Club activities which are offered in club used facilities: \_\_\_ Yes \_\_\_ No

Does your child belong to:  
 \_\_\_ Boy scouts or Girl Scouts  
 \_\_\_ School Club  
 \_\_\_ Church Group

Will you attend club: (check one)  
 \_\_\_ Year-around \_\_\_ Only during School Year \_\_\_ Only during Summer

If your child has been a member previously: How long a member in Years: \_\_\_\_\_ What Club? \_\_\_\_\_

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

### HOUSEHOLD INFORMATION

Monthly Income: \_\_\_\_\_ X 12 Months = \_\_\_\_\_

Who does child live with: \_\_\_ Mom \_\_\_ Dad \_\_\_ Step Mom \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Current Single Parent Household: \_\_\_ Yes \_\_\_ No

Current Number in household: \_\_\_\_\_ Current number in household 18 & under: \_\_\_\_\_ Current number over 65 years: \_\_\_\_\_

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

What club does other family attend? \_\_\_\_\_

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

Parent/guardian's Place of Employment: \_\_\_\_\_

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

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

### PHYSICAL IDENTIFIERS

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Physical features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Birth Marks: \_\_\_\_\_

### 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 bus at (SCHOOL) \_\_\_\_\_ and transported to the club. 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

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>
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>
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>
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>

**Club Member's Name**

\_\_\_\_\_



**Club Member's Name**

**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.



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**Club Member's Name**

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.

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



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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.

We charge a nominal weekly program fee at the 5 sites within our organization: Madisonville, Rural Vale, Sweetwater, Tellico Plains, and Vonore. These program fees help provide the following activities:

- USDA Snack provided 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 Lab Classes

The program fees are listed below. Fees are based on income and ability to pay. We work with each member’s family to determine a fee schedule. Scholarships may be available for your child based on eligibility. Please see your child’s Unit Director regarding the fees, payment schedule, etc.

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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

Scholarships are available on an individual need, case-by-case basis and documentation may be required when requesting scholarships.

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

\_\_\_\_\_ I am unable to pay weekly fee of \$35.00 (school-in) and/or \$80.00 (school-out), and would like to request a scholarship.

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

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



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Scholarship Request & Payment Agreement

I am unable to pay the established weekly program fee of \$35.00 (school-in) and \$80.00 (school-out), and would like my child \_\_\_\_\_ to be considered for a scholarship.

After-School Care

I am able and agree to pay: (Initial one) \_\_\_\_\_ \$30.00
\_\_\_\_\_ \$25.00
\_\_\_\_\_ \$20.00
\_\_\_\_\_ \$15.00

Summer Care

I am able and agree to pay: (Initial one) \_\_\_\_\_ \$75.00 \_\_\_\_\_ \$50.00
\_\_\_\_\_ \$70.00 \_\_\_\_\_ \$45.00
\_\_\_\_\_ \$65.00 \_\_\_\_\_ \$40.00
\_\_\_\_\_ \$60.00 \_\_\_\_\_ \$35.00
\_\_\_\_\_ \$55.00 \_\_\_\_\_ \$30.00

If you initialed one of the lines above, please stop here and return this with other application materials to your Unit Director. If you did not initial one of the lines above, please continue.

\_\_\_\_\_ I am unable to pay any of the above, and need further financial consideration.

Names and relationships of others living in household:

- 1. \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_
3. \_\_\_\_\_ Relationship \_\_\_\_\_
4. \_\_\_\_\_ Relationship \_\_\_\_\_
5. \_\_\_\_\_ Relationship \_\_\_\_\_

Do you currently receive/or are you eligible for AFDC and/or Families First? \_\_\_Yes \_\_\_ No

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

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

- \_\_\_ Letter from DHS \_\_\_ Past 2 months check stubs \_\_\_ Copy of W2 Form
\_\_\_ If self-employed, latest year Income Tax Return

I, the undersigned, agree that all of the above information I have provided is correct.

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

Office Use only

\_\_\_ Request APPROVED \_\_\_ Request Denied

Authorized Signature: \_\_\_\_\_

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



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**Club Member's Name**

### Payment Agreement

I have talked with a Boys & Girls Club of the Monroe Area Unit Director regarding 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 a scholarship funded through grants and private and corporate donations to the club.

I understand that program fees should be paid weekly for my child's attendance and that 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.

I understand that the club closes at \_\_\_\_\_ during after-school care and at \_\_\_\_\_ during the summer care. 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.

I understand that I should inform the Unit Director of significant changes in my income and family situation that would affect the amount I have agreed to pay.

#### Specific Arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date