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August 2018- July 2019 Membership Application

Member (Child) Information:

First Name: _____ Middle: _____ Last: _____

Nickname: _____ DOB: _____ Age: _____

Gender: Male _____ Female _____ Race/Ethnicity _____

Address: _____

City: _____ State: _____ Zip _____

School attending 2018/2019 school year: _____

Grade level for 2018/2019 school year: _____

Does your child qualify for free/reduced school lunch? Yes _____ No _____

Has your child been a Club member before? New Member _____ Renewal _____

My Child Requires: **School Year Child Care**

(Check one) _____ Before Care Only (6am until the school bell rings)

_____ After School Care Only (school dismissal until 6pm)

_____ Both Before & After Care (6am-bell rings and school dismissal-6pm)

School Breaks & Summer Child Care

(Check all that apply) _____ School Break (Fall Break, Spring Break, etc.) Care **7:30am-6pm**

_____ Extended School Break Care **beginning at 6am**

_____ Summer Break Care **7:30am-6pm**

_____ Extended Summer Break Care **beginning at 6am**

General member description:

Eye color: _____ Height: _____ Weight: _____

Shirt size: _____ Pants size: _____ Shoe size: _____

Any distinguishing markings: _____

Why did you select the Boys & Girls Club?

How did you hear about the Club? DHS/DCS _____ Family/Friend _____ Facebook _____

School _____ Website _____ Newspaper/Media _____ Juvenile Court System _____

Other _____

The above information is complete—Staff Initials: _____

Parent/Legal Guardians—Please list ALL legal guardians, even if they reside in different households*:

Parent/Guardian Name 1: _____

When does child reside with this parent/guardian?

____ Full Time

____ Specific Days Per Month. *Please list schedule here (i.e. every other week, every other weekend, etc.):* _____

____ Varies

Address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ Work Phone: _____ Cell: _____

Relationship to Child: _____ Email: _____

Employer: _____ Occupation: _____

Parent/Guardian Name 2: _____

When does child reside with this parent/guardian?

____ Full Time

____ Specific Days Per Month. *Please list schedule here (i.e. every other week, every other weekend, etc.):* _____

____ Varies

Address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ Work Phone: _____ Cell: _____

Relationship to Child: _____ Email: _____

Employer: _____ Occupation: _____

****It is the responsibility of the legal guardian enrolling the child in Boys & Girls Clubs of Maury County to notify Club staff immediately in writing of any changes to legal custody agreements.***

The above information is complete—Staff Initials: _____

Medical Information:

Primary Physician: _____ Office Telephone: (____) _____

Permission for treatment by doctor? ____ Yes ____ No

Medical Insurance information:

Do you have Medical Insurance? Yes ____ No ____

Medicaid ____ TNCare ____ TNKids ____ Other health or accident insurance? _____

Insurance Carrier: _____

Policy # _____ Group # _____

Are all required shots up to date and on file at the child's school? __ Yes ____ No

Any operations, serious injuries, or chronic illness? __ Yes ____ No

If yes, please specify:

_____Please list any/all known allergies: _____

List allergy medications used: _____

Does your child require an EpiPen or inhaler? _ Yes ____ No

If yes, you agree to provide one to the Club to keep on premises at all times, in case your child needs it.

If your child has any known physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please attach a Physician's statement which identifies the condition and gives the Physician's special instructions for your child's care.

List all daily medications: _____

List any medications that member must be given while at the Club and dosage instructions (when to be administered, how much, with/without food, etc.):

Can your child swim? Check one: ____ Yes ____ No ____ Unknown

All children will be required to pass a swim test for Club staff before being allowed to swim in the deep end on Club field trips.

The above information is complete—Staff Initials: _____

Household information

Number of Adults in Primary Household: _____

Number of Youth in Primary Household, including member: _____

Primary Household Size (*total the above two numbers*): _____

Who lives with member in primary household? *Check all that apply.* ___ Mom ___ Dad
___ Step Mom ___ Step Dad ___ Grandparent ___ Foster Parent ___ Legal Guardian
Other: _____

Is there a household member currently serving in the military? ___ Yes ___ No

Are you currently participating in any federal or state government programs?

Please check yes or no for all of the below.

TANF	SSI	Food Stamps	Free/Reduced Lunch	Families First	Transitional Child Care
Yes ___	Yes ___	Yes ___	Yes ___	Yes ___	Yes ___
No ___	No ___	No ___	No ___	No ___	No ___

How many adults in the primary household are currently employed? _____

Unemployed/Laid Off? _____

In School? _____

Annual Total Primary Household Income Level:

(This information is required for grants and other funding sources, and scholarship purposes.)

\$0-\$10,000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
\$10,001 - \$15,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
\$15,001 - \$20,000 _____	\$40,001 - \$45,000 _____	\$70,001 - 80,000 _____
\$20,001 - \$25,000 _____	\$45,001 - \$50,000 _____	\$80,001 - \$90,000 _____
\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$90,001 and up _____

The above information is complete—Staff Initials: _____



**BOYS & GIRLS CLUBS
OF MAURY COUNTY**

Special Requirements

In an effort to provide the quality services and programs that each child deserves, we have included a special requirements check list which will allow us to know more about any special needs your child may have and what we can do to help assist in positively impacting your child at a deeper level.

Please check all that apply to your child:

- | | |
|--|--|
| <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Exposure to gangs in community | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Exposure to violence in community | <input type="checkbox"/> Displays low self-esteem |
| <input type="checkbox"/> Discipline problems at school | <input type="checkbox"/> Displays hopelessness/lack of future aspirations |
| <input type="checkbox"/> Single Parent Home | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Family member(s) involved in prison system |
| <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Poor grades/risk for failure |
| <input type="checkbox"/> English as second language | <input type="checkbox"/> Victim of violent crime |
| <input type="checkbox"/> Exposure to drugs/alcohol in community | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Special Ed/Individualized Education Plan (IEP) |
| <input type="checkbox"/> ADHD/Hyperactivity | <input type="checkbox"/> Handicapped/Physical Disability |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Needs Glasses |

Additional Comments/Concerns:

The above information is complete—Staff Initials: _____

Disclaimers/Waivers:

I acknowledge that my and child named below's participation in the activities, functions, sponsored events, and other programs associated with Boys & Girls Clubs of Maury County, (the "Activity") may require me and child named above to perform physical exercise or other physical activity that have the potential for bodily injury, death, or property loss. With an understanding of the Activities I have volunteered for and for the Activity the child named below participates in, I hereby assume for myself and the child named above all risks related to our participation as a volunteer and participant in any activity in which we participate.

I agree to the rules set forth by the Club for the safety of the children in attendance. I also agree to allow my child to participate in scheduled activities and to be transported to and from the Club facility to locations indicated by the Club as field trips (prior notification of field trips will be provided). I agree to allow any staff member to seek emergency medical attention as deemed necessary including transporting my child to a medical facility until I and/or another guardian is contacted and available. I understand that Boys & Girls Clubs of Maury County has a secondary accident policy for accident and or injury. However, in the case of an accident, I understand that the parent and/or guardian is the primary responsible party.

While at the Club, I understand that proper attire for my child, suitable for the public and for organized activities at the Club, is required. I hereby give the Club permission to administer first aid that may include sunscreen, antibiotic Neosporin based ointment, bee sting ointment (or the generic of each) in case of injury, and/or secure or transport my child for emergency medical treatment. Every attempt will be made to contact me or my emergency contacts. I hereby authorize transportation to a medical facility and/or the calling of a physician to provide whatever emergency medical treatment is necessary.

I hereby give permission for Boys & Girls Clubs of Maury County to use my child's image for the purposes of marketing and furthering the mission of the organization. No last names or confidential information will be shared. I hereby give permission for my child to complete program-related pre and post surveys at the Club. This information is kept strictly confidential, like all member records, and will only be used to report grant outcomes for the Club as a whole, with no member names or identifying information. I hereby give permission for Maury County Public Schools to release my child's education records (Parent Portal, myON, DreamBox, Aimsweb, etc.) to BGC Maury. Boys & Girls Clubs of Maury County will use these records for tutoring purposes, academic success tracking, and grant reporting. Grant outcomes will only be reported for the Club as a whole, with no member names or identifying information. This release authorization remains in effect for the 2018-2019 school year.

Boys & Girls Clubs of Maury County will maintain all member files in a confidential manner. Pertinent information may be shared professionally with a Boys & Girls Club staff member, a Tennessee Department of Human Services Case Manager (if legal investigation has been initiated), or the Maury County Public School System. Files for all programs funded in whole or in part by the Tennessee Department of Education are available for monitoring and subject to audit by the Tennessee Department of Education. Communication of individual member information to persons or agencies other than those listed here will require express written approval from the member's parent or legal guardian. I agree to the release of information to persons or agencies as listed above. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.

*I understand that the annual costs for the 2018-2019 School Year program are as follows. **Without Breaks:** 1) Before-School Care Only: \$1,710 (can be paid in 38 weekly installments of \$45 each). 2) After-School Care Only: \$2,145 (can be paid in 38 weekly installments of \$55 each). 3) Before and After-School Care: \$2,470 (can be paid in 38 weekly installments of \$65 each). **With Breaks:** 1) Regular Hours: \$2,430 (After-School Care plus 5 break weeks). 2) Extended Hours beg. @ 6am: \$2,831 (Before and After-School Care plus 5 break weeks). I understand that the cost of Summer Care is \$75 per week for 7:30am-6pm and \$95 per week for Extended Care beginning at 6am. I understand that the cost of membership for the 2018-2019 Program also includes a one-time annual registration fee of \$40 which will be added to the aforementioned fees. I understand that financial assistance is available upon request, and that, if I am requesting financial assistance, I will need to provide proof of income for review in an appointment with Club staff. I agree to pay the above stated fees each week unless or until approved in writing for financial assistance. I understand that missing payments can result in a late fee charge and ultimately dismissal from the program if the problem continues.*

I understand that this application and all waivers remain in effect for the duration of the enrollment period listed on page 1. I understand that I will be required to complete a new membership application once each year, and may be asked to complete a brief information update form a few times throughout the year to ensure that current and accurate information is maintained on file by the BGCMC.

I have read and understand the above disclaimers and agree, as parent and/or guardian, to comply with the policies of Boys & Girls Clubs of Maury County.

Child Name _____

Parent/Guardian Signature _____ **Date** ____/____/____

The above information is complete—Staff Initials: _____



**BOYS & GIRLS CLUBS
OF MAURY COUNTY**

Dispensing Medication Permission and Release

Your signature below authorizes Boys & Girls Clubs of Maury County to administer any and all medication required during the hours your child is at the Club. You also agree to bring medication in the proper prescription bottle with proper dose on label. Instructions must be indicated in writing by a parent or physician, and staff must be physically shown the proper procedure to dispense the medication. Although you as a parent have shown a staff member how to dispense the medication, your signature states that you understand that the staff member required to dispense this medication is not licensed in the medical field and is only required to follow the written and demonstrated instructions. You also understand that the staff at Boys & Girls Clubs of Maury County may only dispense the medications according to the instructions provided. Therefore, if the medication dosage or instructions change, you acknowledge that it is your responsibility to immediately notify Boys & Girls Clubs of Maury County of any medication changes. Your signature below hereby indemnifies and releases Boys & Girls Clubs of Maury County of any liability relating to the dispensing of medication.

Print Name of Parent

Parent's Signature

Date

Parent/Guardian initials indicating staff have been shown how to dispense medication____
Staff Initials_____

The above information is complete—Staff Initials: _____

Emergency Contacts/Transportation Plan

Member Name: _____

The following people have my permission to pick up my child *in my absence*. At least ONE emergency contact other than a parent/guardian **MUST** be listed.***

I understand that proper identification will be required. It is the responsibility of the parent/legal guardian enrolling their child to notify Club staff immediately in writing of any changes to the Emergency Contacts/Transportation Plan.

1. Name _____
Relationship to Member: _____
Address: _____
City: _____ State: _____
Zip: _____
Home phone: _____
Employer: _____
Work phone: _____
Cell phone: _____

2. Name: _____
Relationship to Member: _____
Address: _____
City: _____ State: _____
Zip: _____
Home phone: _____
Employer: _____
Work phone: _____
Cell phone: _____

3. Name: _____
Relationship to Member: _____
Address: _____
City: _____ State: _____
Zip: _____
Home phone: _____
Employer: _____
Work phone: _____
Cell phone: _____

3. Name _____
Relationship to Member _____
Address: _____
City: _____ State: _____
Zip: _____
Home phone: _____
Employer: _____
Work phone: _____
Cell phone: _____

4. Name: _____
Relationship to Member: _____
Address: _____
City: _____ State: _____
Zip: _____
Home phone: _____
Employer: _____
Work phone: _____
Cell phone: _____

****If your child has not been picked up by the designated closing time, we will make every effort to reach one of your alternative contacts. If no one can be reached within a reasonable length of time, we will have no other alternative than to call the proper authorities.*

The above information is complete—Staff Initials: _____

Transportation Plan ALERT

Member: _____

The following people **DO NOT** have my permission to pick up my child in my absence.

The Club will not, under any circumstances, allow your child to leave the premises with individuals you have named on this page.

1. Name _____
Relationship to Member: _____
Address: _____
City: _____ State: _____
Home Telephone: _____
Employer: _____
Business Telephone: _____
Cell Telephone: _____

3. Name: _____
Relationship to Member: _____
Address: _____
City: _____ State: _____
Home Telephone: _____
Employer: _____
Business Telephone: _____
Cell Telephone: _____

2. Name: _____
Relationship to Member: _____
Address: _____
City: _____ State: _____
Home Telephone: _____
Employer: _____
Business Telephone: _____
Cell Telephone: _____

4. Name: _____
Relationship to Member: _____
Address: _____
City: _____ State: _____
Home Telephone: _____
Employer: _____
Business Telephone: _____
Cell Telephone: _____

The above information is complete—Staff Initials: _____