

YOUTH MEMBERSHIP APPLICATION Afterschool Program Summer Program



BOYS & GIRLS CLUB
OF WEBER-DAVIS

A separate copy of this form, as well as all accompanying documentation, must be submitted for each child in the household.

YOUTH PARTICIPANT				
First Name		Last Name		BGCWD Club or Program
Street Address			City/State	Zip Code
Email Address	Date of Birth	Home Phone	Mobile Phone	
SIS Password	Grade Level	School	Student ID Number	
Identifying Gender	Hair Color	Eye Color	Shirt Size	Ability to Swim <input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT/GUARDIAN 1				
First Name		Last Name		Relationship to Child
Street Address			City/State	Zip Code
Email Address		Home Phone	Mobile Phone	
Place of Employment			Job Title	
Identifying Gender	Date of Birth	Head of Household <input type="checkbox"/> YES <input type="checkbox"/> NO	Primary Language	

PARENT/GUARDIAN 2				
First Name		Last Name		Relationship to Child
Street Address			City/State	Zip Code
Email Address		Home Phone	Mobile Phone	
Place of Employment			Job Title	
Identifying Gender	Date of Birth	Head of Household <input type="checkbox"/> YES <input type="checkbox"/> NO	Primary Language	

EMERGENCY CONTACT & AUTHORIZED PICK-UP (Individuals other than the child's parent(s)/guardian(s) above)		
First & Last Name	Relationship to Child	Phone Number
First & Last Name	Relationship to Child	Phone Number
First & Last Name	Relationship to Child	Phone Number

MEDICAL INFORMATION		
Doctors Name	Doctor's Phone	Hospital
Health Insurance Provider	Policy Number	
Description of any Health Related Issues (Asthma, allergies, ADHD, etc.)		
Medication & Dosages		

This Institution is an Equal Opportunity Provider.

DEMOGRAPHIC INFORMATION				
Income Eligibility <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> Neither		Check all That Apply: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Veteran Compensation <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> Other:		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Number of Family in Household	Military Family <input type="checkbox"/> YES <input type="checkbox"/> NO	Household Type <input type="checkbox"/> Nuclear <input type="checkbox"/> Extended <input type="checkbox"/> Single Parent <input type="checkbox"/> Other	Family Setting <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Foster Care <input type="checkbox"/> Sibling Care <input type="checkbox"/> Other
Race <input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Household Income <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000 or more	

PERMISSIONS & LIABILITY RELEASE

- YES NO I give my permission for my child to appear in media coverage (Interviews, images, etc.)
- YES NO I give my permission for my child to participate in field trips, including being transported to/from such activities.
- YES NO I agree that Boys and Girls Clubs of Weber-Davis can share information about my child and my family to partner and funding agencies. Information will only be shared for the purpose of helping my family and strengthening the community. At any time, I can request in writing that information no longer be shared. I understand that I can select no for any reason, and it will not impact my family's ability to receive services.
- YES NO I allow my child's school district to share information to Boys and Girls Clubs of Weber-Davis regarding my student's records, grades, test scores, demographics, attendance, behavior, information, etc. to better assess the program.
- YES NO My child may walk home from BGCWD Programming. Time to release:

PAYMENT POLICY

PROGRAM FEES: Program fees are assessed on a monthly basis. All program fees must be paid on or before the 20th day of the month prior to the intended month of service. If the 20th day lands on a weekend or holiday, payment is to be made on or before the next available programming day. Participants with unpaid account balances from previous programming periods will not be permitted to attend BGCWD activities until the balance has been resolved. Registration forms will not be accepted without payment of the first month's fees.

REFUNDS: All membership dues are non-refundable after the first programming day of each month.

UNPAID BALANCES: Participants with unpaid account balances will not be permitted to attend BGCWD programming unless prior arrangements have been made with the Site Coordinator.

RECURRING PAYMENTS: Monthly payments must be made in person to the Site Coordinator or Receptionist. BGWD will NOT retain payment information (credit card numbers) for recurring payments.

LATE PICKUP FEES & PROCEEDURES: After the first late pickup, a charge of \$1.00 per minute per child for each minute that a parent/guardian is late will be incurred. You will receive a bill from the Admin Office. If 5 incidences of late pickup occur, there will be a charge of \$5.00 per minute, and you may be asked to make other child care arrangements. If your child(ren) has not been picked up 30 minutes after closing, the Division of Child & Family Services (DCFS) and the Police Department will be notified.

RETURNED CHECKS (NFS): A \$35.00 fee will be assessed for all returned checks. Once a check is returned, payments will be restricted to cash or credit card.

TIERED PRICING & SCHOLARSHIPS: We strive to serve all children and families, regardless of income. Elementary youth who qualify for Free or Reduced Lunch through the National School Lunch Program are eligible to receive Tier 2 (66%, must qualify for Reduced Lunch) or Tier 3 (33% must qualify for Free Lunch) pricing. Tiered and reduced pricing is not available for teen programs. Reduced pricing will be made available upon receipt of the Utah Household Application for Free and Reduced Price Meals during program registration. Full scholarships may be available to individuals in need, and may be requested in writing through the Director of Operations or Youth Program Manager. Proof of Income will be required. Discounted pricing and scholarships are limited, and are distributed on a first-come, first-serve basis.

PROGRAM/ SURVEY CONSENT

- YES NO **SMART Girls** is a health, fitness, prevention/education and self-esteem enhancement program for girls. The program is designed to encourage healthy attitudes and lifestyles that will enable adolescent/teen girls to develop to their full potential. Sessions incorporate learning experiences that include mentors, guest speakers, hands-on activities and field trips. Smart Girls have three different categories:
Your Mind: These sessions focus on self-esteem, personal identity and sound mental health.
Your Body: These sessions discuss physical wellness, hygiene and nutrition.
Your Community: These sessions focus on building healthy relationships
- YES NO **WISE Guys** (Passport to Manhood) addresses critical issues that young men face during this time, such as ethics, decision-making, wellness, ideas about fatherhood, employment and careers, cooperation and conflict, diversity, relationships and self-esteem.
- Session I Introductory Session
 - Session II Understanding Manhood
 - Session III Self-Esteem and Identity
 - Session IV Values in Personal Decision-Making
 - Session V Academic Success
 - Session VI Healthy Lifestyles
 - Session VII Responses to Authority
 - Session VIII Relationships with Girls
 - Session IX Fatherhood and the Family
 - Session X Employment and Careers
 - Session XI Diversity
 - Session XII Cooperation and Conflict
 - Session XIII Personal Leadership and Community Responsibility
 - Session XIV Graduation: From Boys to Men
- YES NO **SMART Moves:** is designed to teach children through fun, high-yield activities-how to abstain from, avoid and resist engaging in risky behaviors. Each component- SMART Kids (ages 6-9); Start SMART (ages10-12) address age appropriate issues and provide information and skills needed for youth to adopt the attitudes and behaviors necessary to lead healthy fulfilling lives.
- YES NO **Surveys & Questionnaires:** I give my consent and permission to BGCWD to survey my child about his or her Club experience and behavior, skills and attitude using Boys and Girls Clubs of America’s (BGCA) Outcome Measurement Tool Kit or other survey instruments. I give my permission to BGCWD to share information about my child with BGCA and other program partners for research purposes and/or to evaluate the program’s effectiveness. All information shared will be kept confidential shared via de-identifying data or sharing information in aggregate.

CAREFULLY READ THE FOLLOWING DISCLAIMER BEFORE SIGNING

By signing below, as parent/guardian of the child named on this form, I give my permission for my child to participate in the programs organized by the staff of Boys & Girls Clubs of Weber-Davis (BGCWD). As a part of these organized programs, I understand that some activities may take place away from the BGCWD site/ location. I agree to hold BGCWD; its paid and volunteer staff and governing Board of Directors, harmless for any property damage or for personal injury that may occur in conjunction with program activities, transportation, or related activities. If the staff of BGCWD should need to contact me in an emergency, and for whatever reason were unable to do so, I authorize BGCWD staff to take whatever action is deemed necessary in their judgment for the health and welfare of my child. I realize that BGCWD is not responsible for injuries that occur to my child at the Club. Parents/Guardians should carry their own medical insurance and are responsible for medical costs that may be incurred in cases of emergency. I understand that it is my responsibility to arrange transportation for my child after the program daily at a specified time, and that failure to do so may result in additional fees. I understand that any membership dues, fees, or payments to BGWD are non-refundable. I support the efforts of BGCWD staff in caring for my child. I understand that my child and I must abide by the code of conduct established by BGCWD and partnering agencies, and if these are not followed, my child may be dismissed from the program.

Parent/Guardian Signature	Date
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INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12
 How often?

Total Income

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Household Size

Categorical Eligibility

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date