



BOYS & GIRLS CLUBS
OF HANCOCK COUNTY

2021-22 After-School Membership Application Eastern Hancock Extension

For Club Use Only

Fee Received: Y / N Date: _____
Membership Number _____
Behavior/Disability confirmation: Y / N
Household Demographic confirmation: Y / N
Orientation Complete: Y / N
Staff Initials for intake: _____

Full Name: _____

Nickname/Preferred Name _____

Birthdate: ____ - ____ - ____ **Age:** ____

Gender: Male Female Non-Binary

Race/Ethnic Identity (select all that apply)

American Indian or Alaska Native

Asian

Black or African American

Don't Know

Hispanic or Latino

Native Hawaiian or Pacific Islander

Some Other Race

Two or More Races

White

Is Member in Foster Care? Yes No

School Information for 2021 / 2022

School Name: _____ **Grade:** _____

Does your child receive additional support in school/community? (check all that apply)

Individualized Education Plan (IEP) 504 (accommodation) Speech Coach

Meets with School or Private Counselor Other: _____

Medical / Health Information

Allergies

Food: Peanuts Tree Nuts Dairy/Lactose Soy Gluten Seafood/Shellfish

Eggs Other: _____

Medicine: Penicillin Aspirin Amoxicillin Other: _____

Environmental: Bee Stings Pollen Dust Mold Grass

Other: Latex Perfumes/Colognes Lotions Other: _____

Medical Conditions

Asthma Diabetes Hearing Impairment Blindness ADHD Autism Seizures

Anxiety/Depression Other: _____

Does your child use an inhaler? Yes No **Does your child use insulin?** Yes No

Type of Membership

(Check two):

- New Membership
- Renew Membership
- Before-School
- After-School
- Both Before and After School

** Youth Information Only **

** Youth Information Only **

Does your child self-administer medication? Yes No If so, which medications _____

Please list any physical, mental or medical limitations of your child below and discuss them with the Youth & Family Services Associate upon submitting your application: _____

Insurance

Insurance Carrier _____ Group Number _____ Policy Number _____

BGCHC is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child requires behavior support due to any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, or if they pose as a potential flight risk, the Unit Director should be notified of this so reasonable accommodation can be considered. Please list any applicable circumstances: _____

Has your child threatened or intentionally caused harm to themselves or others? Yes No If yes, please explain _____

** Parent/Guardian Information **

Head of Household

Relationship to Member (circle): Mother / Father

Step-Parent / Aunt/Uncle / Sister / Brother

Cousin / Grandparent / Foster Parent / Guardian

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-Mail Address: _____

Employer: _____

Parent/Guardian 2

Relationship to Member (circle): Mother / Father

Step-Parent / Aunt/Uncle / Sister / Brother

Cousin / Grandparent / Foster Parent / Guardian

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-Mail Address: _____

Employer: _____

Emergency Contact Please list additional contact(s) other than those above.

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Is this person authorized to pick up member?

Yes No

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Is this person authorized to pick up member?

Yes No

Pickup Contact Please list additional contact(s) other than those above.

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Your Responses below are kept **Confidential** and are essential for our funders. This information helps keep membership fees low. All information is required for membership. Thank you!

School Lunch: Free/Reduced Entire School is free
 Not Eligible

Is this a military family?: Yes No

If yes, please list branch, status and I.D. number:

Please check all assistance programs you receive:

- Food Stamps/SNAP
- Medicaid
- Social Security
- SSI (Supplemental security income)
- SSDI (Social security disability insurance)
- Housing (section 7, section 8, etc.)

How many adults and youth live in your household:

#adults _____ #youth _____

Housing Type

- Permanent (Own, rent, etc.) Group Home
- Public Housing Foster Home

Please indicate your total household income by placing a checkmark in the appropriate box

- 0 - \$20,000 \$50,001 - \$65,000 \$95,001 - \$110,000 \$140,001 - \$155,000 \$185,001 - \$195,000
- \$20,001 - \$35,000 \$65,001 - \$80,000 \$110,001 - \$125,000 \$155,001 - \$170,000 \$195,001 - \$200,000
- \$35,001 - \$50,000 \$80,001 - \$95,000 \$125,001 - \$140,000 \$170,001 - \$185,000 \$200,000+

Household Composition

Single Adult Household	
Who is the adult in the single adult household?	<input type="checkbox"/> Mother Only
	<input type="checkbox"/> Father Only
	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Other relative
	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Foster Care
Two + adult household	
Who are the adults in the household?	<input type="checkbox"/> Parents
	<input type="checkbox"/> Grandparents
	<input type="checkbox"/> Other relative
	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Parent and other adult(s)	
<input type="checkbox"/> Self (<i>teen must demonstrate they are 18 or emancipated</i>)	



Application for Scholarship Assistance

Applicants looking for scholarship assistance must provide copies of the following items in order to be eligible. **Application will not be processed until all documents are submitted.**

- Applicant must provide most recent tax return, unless otherwise waived.
- Applicant must provide most recent (30 day) pay stub or verification of unemployment (can be obtained from the nearest unemployment office)

Child(ren) Name _____
 Parent/Guardian Name _____
 Place of Employment _____
 Home Phone # _____ Cell Phone # _____
 Email Address _____

Child lives with: Mother Only _____ Mother & Father _____ Relatives _____ Guardians _____
 Mother & Stepfather _____ Father Only _____ Father & Stepmother _____

Total number living in household _____ Receive free/reduced lunches at school? Yes _____ No _____

Current Insurance Provider for child _____

Please list all weekly support payments or other child care benefits that each parent or guardian in household receives (weekly amount and type of benefit such as disability, child support, unemployment, TANF, etc.): _____

Please list the Boys & Girls Program you are requesting scholarship assistance for: After-school _____ Summer Camp _____

Please list what you are are financially comfortable to afford: _____

Did you receive a scholarship in the past? Yes _____ No _____ If yes, when _____

I certify that all the above information is true and verifiable:

 Parent/Guardian Signature

 Date

All rates are based upon the discretion of the BGCHC Directors. All rates are final.

REVIEW OF DOCUMENTS WILL TAKE PLACE ONCE ALL PAPERWORK IS SUBMITTED

Decisions could take up to 1 week

STAFF USE ONLY

Staff Approval: _____ Date: _____

Scholarship assistance given and any specifications: _____



BOYS & GIRLS CLUBS
OF HANCOCK COUNTY

2021 - 2022 Releases & Waivers

Releases & Waivers: Please select response for all checkboxes and sign the bottom of this page.

Data Collection: I give my permission for the BGCHC to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. 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, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCHC in writing.

Yes No

Medical: I give permission to the BGCHC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Yes No

Technology: As a member of the Boys & Girls Club, your child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.

Yes No

Data Sharing: I give my permission to the BGCHC to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. 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 by BGCHC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting BGCHC in writing.

Yes No

Press: I give permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCHC, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

Yes No

Miscellaneous I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCHC reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

Yes No

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Hancock County (BGCHC) and Boys & Girls Clubs of America (BGCA), 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.

Parent/Guardian Signature _____ Date _____

*Your signature confirms that all information above is true and accurate.