

Summer 2022 Intake Form

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:

Child's First Name	Middle In	itial	al Last Name							Suffix (Ex: Jr.)			
Child's Home Address				City					State				Z ip
Home Telephone Number		Parent's E	mail A	ddres	 S								
//	Current Age	_ (Gende	r (Plea	se che	eck one	e):	N	Male		Female		Other
Race American Indian or Asian Black or African Am	Hispanic or Latino						Some Other Race Two or More Races White						
Ethnicity (Please check one):	Hispanic/Latino) _		Non-I	Hispar	nic/Lat	tino						
(Please check one): (Do not include	Two Parents (2 biology Mother Only Father Only Other, please specifies assistance of life jates.)	Au Gr y:	int/Un andpa	icle arents	_		Guard	dian			s) 		
Is this a Military Family?Y	esNo I	f yes, indi	icate b	ranch	and s	tatus:							
Are you interested in receiving em	ail messages/alerts/	updates?		Ye	s	No							
Are you (parent/guardian) a forme If yes above, are you inte	_					-		Ye	es	No)		
Education Information:													
Child's Grade on August 1, 2022 (please circle):	K 1	2	3	4	5	6	7	8	9	10	11	12
Name of School Child Attends:													
Is your child enrolled in 21st Centu Does your child struggle or have p Does your child struggle or have p Is your child enrolled in Special Ed	roblems in Reading/E roblems in Math?	English?			- - -		Yes Yes Yes Yes	- - -	N	lo lo lo lo			
Has your child been diagnosed wit Attention Deficit/Hyperact Learning Disability	ivity (ADHD) or Attent		-	-	e spe	cify:							

Do you have any current concerns regarding your child (behavior	, education, social, etc.)? Explain: _	
Eligibility Determination:		
Do you or your child participate in any of the following? Please cl	heck all that apply.	
TANF (Temporary Aid for Needy Families)	# of Family Members	Annual Income
Food Stamps	1	\$40,770
Medicaid/Hoosier Healthwise	2	\$45,775
Free Lunch Program	3	\$57,575
Reduced Lunch Program	4	\$69,375
Reside in Public Housing (HUD or Section 8)	5	\$81,175
Provisional School/Community Eligibility	6	\$92,975
Income Eligibility - less than 250% - see chart	7	\$104,775
None of the Above	8	\$116,575
3. Disclosure Parties: Boys & Girls Club, Local School District/Scl 4. Boys & Girls Club Re-disclosure Parties: a. Indiana Department of Education b. IDOE contracted statewide evaluator c. United States Department of Education d. Indiana Youth Institute (IYI) e. IYI Contracted statewide evaluator f. Americorps 5. Purpose of Each Disclosure: Collect data to calculate the impa on student performance, activity levels, and knowledge.	ct Indiana Kids, 21st CCLC, HB 1008 Learn	ing Recovery Grant Program, and Americorps has
All records and information regarding services will be protected by FERPA, which imited to the authorized staff of the Boys & Girls Clubs and the aforementioned specified in this authorization. This authorization, to receive services from the period of my student's enrollment in the Boys & Girls Club, or until rescinded in equest dated and signed by me, except to the extent that the Boys & Girls Club aylor, Executive Director, Indiana Alliance of Boys & Girls Clubs, 973 N. Shade \$156-2320, Email: Itaylor@indianabgc.org. I understand the Boys & Girls Club ecords are protected by FERPA and any additional disclosure or re-disclosure, prohibited.	d re-disclosure parties. No individual stude Boys & Girls Club and to exchange confiden n writing. I understand that this release may b has already acted in reliance upon this con eland Avenue, Box 296, Indianapolis, IN 462 program requires ten (10) business days to	ent data will be released beyond that which is stal information, shall remain in effect for the be revoked by me at any time with a written nsent. Written revocations shall be sent to: Lana 219, Phone: (317) 356-2308 and Fax: (317) process my request. I understand that personal
have read this authorization before signing and I fully understand the con	tents, meaning, and impact of this release	е.
Student Name: (Please Print)		
Parent/Guardian Name: (Please Print)		
areny duardian rame. (Floader Finity		
Signature of Parent/Guardian:		Date:

Staff Printed Name

Date

Staff Signature

Emergency Contact	
Name:	Name:
Relationship to Member (circle): Aunt/Uncle	Relationship to Member (circle): Aunt/Uncle
Sibling / Cousin / Grandparent / Family Friend	Sibling / Cousin / Grandparent / Family Friend
Other:	Other:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Is this person authorized to pick up member?	Is this person authorized to pick up member?
☐ Yes ☐ No	☐ Yes ☐ No
Pickup Contact Please list additional contact(s) ot	her than those above.
Name:	Name:
Relationship to Member (circle): Aunt/Uncle	Relationship to Member (circle): Aunt/Uncle
Sibling / Cousin / Grandparent / Family Friend	Sibling / Cousin / Grandparent / Family Friend
Other:	Other:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Name:	Name:
Relationship to Member (circle): Aunt/Uncle	Relationship to Member (circle): Aunt/Uncle
Sibling / Cousin / Grandparent / Family Friend	Sibling / Cousin / Grandparent / Family Friend
Other:	Other:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Name:	Name:
Relationship to Member (circle): Aunt/Uncle	Relationship to Member (circle): Aunt/Uncle
Sibling / Cousin / Grandparent / Family Friend	Sibling / Cousin / Grandparent / Family Friend
Other:	Other:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:



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 #	Phone # Cell Phone #							
Email Address								
Child lives with: Mother Only	Mother & Father	Relatives	Guardians					
Mother & Stepfa	ather Father Only _	Father	& Stepmother					
Total number living in household Current Insurance Provider for child _			No					
			ian in household receives (weekly amount					
	y comfortable to afford:		ol Summer Camp					
I certify that all the above informatio	n is true and verifiable:							
Parent/Guardian Signature			 Date					
All rates	are based upon the discretion of th	e BGCHC Directors. <i>I</i>	All rates are final.					
REVIEW	OF DOCUMENTS WILL TAKE PLACE Decisions could take		K IS SUBMITTED					
	STAFF USE	ONLY						
Staff Approval:								
Scholarship assistance given and any	specifications:							



Parent Release

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 Clubs of Hancock County, and Boys & Girls Clubs 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 give permission to the Boys & Girls Clubs of Hancock County 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.

Technology

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

Miscellaneous

I understand who the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. If your child is not able to be photographed, please provide this direction in writing. I also understand who the Club is not, nor does it claim to be, a licensed day care center.

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership.

Parent / Gu	ardian Signatı	ıre	
Club Membe	er's Signature		
Date:	1	1	

WHAT IS MISSION YOUTH OUTREACH?

The MISSION: Youth Outreach partnership supports military youth, ages 6 to 18, by creating a positive, supportive network.

Through this partnership, children of National Guard, Reserve and Active Duty families may be eligible to receive free membership to their local Boys & Girls Club (additional fees may apply such as transportation, field trips, etc.).



Boys & Girls Clubs offer a wide variety of educational, recreational, cultural and social activities for youth. Clubs are designed to maximize opportunities for young people to acquire a sense of belonging, usefulness, influence and competence. A typical Club has an arts and crafts area, gymnasium, library, gamesroom and multi-purpose room. Some Clubs have swimming pools, computer learning centers, camps and outdoor play areas. All Boys & Girls Clubs are staffed by trained professionals who assist young people in reaching their full potential.



HOW TO FIND A CLUB

If you don't live near or have access to a military Youth Center, please use the "Find a Club" feature at BGCA.org to find the Club closest to you.

HOW DO I ENROLL MY CHILDREN?

Participating Boys & Girls Clubs open their doors to youth from military families.

Please present your completed enrollment form to front desk personnel at your local Club.

FOR MORE INFORMATION ABOUT MISSION: YOUTH OUTREACH, PLEASE EMAIL MYO@BGCA.ORG OR CALL (404) 487-5355

OFF-INSTALLATION BOYS & GIRLS CLUB ENROLLMENT FORM



Club Name	e					
☐ New Club Membership ☐ Club Membership Renewal						
Military Sp	onsor Name					
☐ Spon:	presented to sor ID Card only. Do not reta	verify eligibility o	of youth*			
Branch:	□ Army	☐ Marine Corps	□ Navy			
	☐ Air Force	☐ Coast Guard				
Status:	☐ Guard	☐ Reserve	☐ Activ	e Duty		
Duty Stati	on					
Rank						
Child(ren)	's Name(s)		Gender	Age(s)		
Youth Cen Parent/Gu	ter?ardian Name*	enrolled at your in				
	same as military	email)				
•	ardian Signatu	re				
Date						
How did y	ou hear about	: MISSION: Youth (Outreach?			
-						
Complete this form and take it to your nearest Boys & Girls Club						
	OFF	ICE USE ONL	Y			
EVENT NA	AME:					
DATE:						
STAFF NA	ME:					



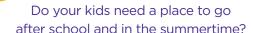
BGCA'S MISSION:

To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.



A BOYS & GIRLS CLUB PROVIDES

- A safe place to learn and grow...
- · Ongoing relationships with caring, adult professionals...
- · Life-enhancing programs and character development experiences...
- Hope and opportunity.



Do they need a place that offers supervised programs?

VISIT YOUR LOCAL BOYS & GIRLS CLUB TODAY!

Please complete the form inside and take it to your participating Boys & Girls Club.

HOW TO FIND A CLUB

If you don't live near or have access to a military Youth Center, please use the "Find a Club" feature at **BGCA.org** to find the Club closest to you.

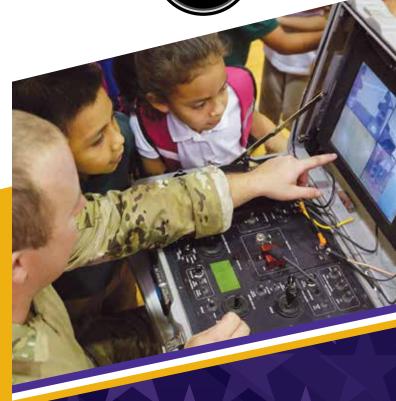


Boys & Girls Clubs of America National Headquarters 1275 Peachtree St. NE Atlanta, GA 30309

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A partnership between the Joint Military Services and Boys & Girls Clubs of America





An opportunity for children of National Guard, Reserve and Active Duty families who do not live near Active Duty installations to join a Boys & Girls Club.