



BOYS & GIRLS CLUBS
OF HANCOCK COUNTY

Before & After-School 2023 Intake Form Eastern Hancock Extension

For Club Use Only

Membership Number _____
Behavior/Disability confirmation: Y / N
Household Demographic confirmation: Y / N
Staff Initials for intake: _____

Child's First Name _____ Middle Initial _____ Last Name _____ Suffix (Ex: Jr.) _____

Child's Home Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Parent's Email Address _____

_____/_____/_____ Date of Birth _____ Current Age _____ Gender (Please check one): _____ Male _____ Female _____ Other

Race _____ American Indian or Alaska Native _____ Don't Know _____ Some Other Race
_____ Asian _____ Hispanic or Latino _____ Two or More Races
_____ Black or African American _____ Native Hawaiian or Pacific Islander _____ White

Ethnicity (Please check one): _____ Hispanic/Latino _____ Non-Hispanic/Latino

Member lives with _____ Two Parents (2 biological parents, parent and step-parent or domestic partners)
(Please check one): _____ Mother Only _____ Aunt/Uncle _____ Guardian
(Do not include _____ Father Only _____ Grandparents
Siblings) _____ Other, please specify: _____

My Child is able to swim without the assistance of life jacket or flotation devices: _____ Yes _____ No

Is this a Military Family? _____ Yes _____ No If yes, indicate branch and status: _____

Are you interested in receiving email messages/alerts/updates? _____ Yes _____ No

Are you (parent/guardian) a former member of the Boys & Girls Clubs of Hancock County? _____ Yes _____ No
If yes above, are you interested in joining our Alumni Group? _____ Yes _____ No

Education Information:

Child's Grade on August 1, 2023 (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 Century Scholars? _____ Yes _____ No
Does your child struggle or have problems in Reading/English? _____ Yes _____ No
Does your child struggle or have problems in Math? _____ Yes _____ No
Is your child enrolled in Special Education? _____ Yes _____ No

Has your child been diagnosed with any of the following:
_____ Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)
_____ Learning Disability _____ Other Disabilities, please specify: _____

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 check all that apply.

- _____ TANF (Temporary Aid for Needy Families)
- _____ Food Stamps
- _____ Medicaid/Hoosier Healthwise
- _____ Free Lunch Program
- _____ Reduced Lunch Program
- _____ Reside in Public Housing (HUD or Section 8)
- _____ Provisional School/Community Eligibility
- _____ Income Eligibility - less than 200% - see chart
- _____ None of the Above

# of Family Members	Annual Income
1	\$27,180
2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

I authorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs can share my child's information with Indiana Department of Education, Indiana Department of Child Services, Indiana Department of Workforce Development and Indiana Family Social Services Administration. **By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.**

- 1. Records disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
- 2. Education Records:** Report cards, IEPs, Assessment Scores such as NWEA, iREADY (or school specific tests), and attendance.
- 3. Disclosure Parties:** Boys & Girls Club, Local School District/Schools
- 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 impact Indiana Kids, 21st CCLC, HB 1008 Learning Recovery Grant Program, and Americorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. This exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, Executive Director, Indiana Alliance of Boys & Girls Clubs, 973 N. Shadeland Avenue, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: ltaylor@indianabgc.org. I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Student Name: (Please Print) _____

Parent/Guardian Name: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Student: _____

Staff Signature

Staff Printed Name

Date

Emergency Contact

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: _____



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OF HANCOCK COUNTY

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 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: _____



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 / Guardian Signature

Club Member's Signature

Date: ____/____/____