Membership Application Packet

DATE APPLICATION RETURNED (FOR INTERNAL USE ONLY)

DATE RETURNED INITIALS

Great Futures Start Here!

REQUIRMENTS FOR MEMBERSHIP APPLICATION APPROVALS

- This application packet must be completed and hand-delivered to the Boys & Girls Club membership clerk at the Club your child plans to attend. If you have questions about this application, please contact the membership clerk or the Club director at that particular Club. A list of our Clubs, their locations and contact information can be found on the following page.
- ✓ You will receive notification of your child's start date from his or her Club within five business days after this completed application is received by the Boys & Girls Club membership clerk.
- ✓ If this packet is not filled out **completely**, it will be returned to you as incomplete. If this packet is returned to you, you must complete and re-submit it to the membership clerk for approval.

For the purposes of promoting equal opportunity for all applicants, Boys & Girls Clubs of Northwest Georgia operates on a first come, first serve basis, and grants membership to applicants according to the outlined procedures of the membership process. All applications for membership are accepted. However, active membership for a current semester period may not be immediately available at the time the application is submitted. Should an applicant request a certain Club site that does not have any availability, the applicant's child can attend an alternate Club site (with transportation provided by the parent if not provided by the Boys & Girls Clubs), or the member can be placed on a waiting list for the requested Club site.

Once a child becomes a member of the Boys & Girls Clubs or Northwest Georgia, they are considered a lifetime member even if the individual does not continue to attend any of the Boys & Girls Clubs of America.

The Boys & Girls Clubs of Northwest Georgia provides a USDA approved daily meal to all club members. USDA is an equal opportunity provider and employer.



MEMBERSHIP APPLICATION SUBMISSION POLICY

All applications must be hand-delivered to the membership clerk or Unit Director <u>at the Club you</u> <u>want your child to attend</u> between 1 p.m. and 6 p.m., Monday through Friday. Please call the Club prior to dropping off your application to ensure the membership clerk or Unit Director is available. Club leadership and phone numbers can be found below. The membership clerk at that Club can assist you with any questions or concerns that you may have.

For more information, please visit www.bgcnwga.org or contact the Boys & Girls Club nearest you or the Boys & Girls Clubs of Northwest Georgia administrative office:

Boys & Girls Clubs of Northwest Georgia Administrative Office

> 211 East Main Street Rome, GA 30161 Phone: (706) 234-8591 Fax: (706) 234-1640

BOYS & GIRLS CLUB LOCATIONS

For questions about this application, please contact the Boys & Girls Club you want your child to attend between 1 p.m. and 6 p.m., Monday through Friday. Completed applications must be hand-delivered to the membership clerk or Unit Director at the Club you want your child to attend.

South Rome Club and

Teen Center

211 East Main Street Rome, GA 30161 706-234-4565

Director:

Mr. Ishmael Woods

West Rome Club and Garden Lakes Program

100 Gadson Street Rome, GA 30165 706-234-0594

Director:

Mrs. Audrey Montgomery

Cedartown Club

Boys & Girls Club 321 East Queen Street Cedartown, GA 30125 770-749-0869

Director:

Mr. Dana Scruggs



MEMBERSHIP APPLICATION

Child's Name:		Last:				
Nickname:						
Gender:MF Ethnicity: _						
Student ID (found on report card): _		-				
Address:						
City:						
Fax: Parent						
Would you like to receive our bi-mo	onthly e-newsletter to	stay informed about	Club activities? YES _	NO		
School Information: Current Teacher:						
School:						
WARE TRANSPORTED TO THE TOTAL TO THE TOTAL TRANSPORTED TOTAL TRANSPORTED TO THE TRANSPORTED TOTAL TRANSPORTED TO THE TOTAL TRANSPORTED TO THE TRANSPORTED TO THE TRANSPORTED TO THE TRANSPORTED TOTAL TRANSPORTED TO THE TRANSPORTED TO THE TRANSPORTE						
Medical Information:						
Doctor Name:						
Permission for Treatment by Docto				No		
Does your family have health and/o			ı			
Insurance Carrier:						
Policy #: Group#:						
		110tip#				
Date Health Info Received:		лоцр#	441000000000000000000000000000000000000			
Date Health Info Received: Serious Health Problems:Yes	No If Yes, expla	nin:				
Date Health Info Received:	No If Yes, expla	nin:				
Date Health Info Received:Yes	No If Yes, expla	nin:				
Date Health Info Received: Serious Health Problems:Yes Medications:YesNo If Ye Date Medical Info Received: Shots: Hepatitis 1st Shot 2nd Shot	No If Yes, expla	nin:				
Date Health Info Received: Serious Health Problems:Yes Medications:YesNo If Ye Date Medical Info Received: Shots: Hepatitis 1st Shot 2nd Shot 3rd Shot 3rd Shot 3rd Shot	No If Yes, explates, explain:	nin:				
Date Health Info Received: Serious Health Problems:Yes Medications:YesNo If Ye Date Medical Info Received: Shots: Hepatitis 1st Shot 2nd Shot	No If Yes, explates, explain:	nin:				
Date Health Info Received: Serious Health Problems:Yes Medications:YesNo If You Date Medical Info Received: Shots: Hepatitis	No If Yes, explates, explain:	nin:				
Date Health Info Received: Serious Health Problems:Yes Medications:YesNo If Ye Date Medical Info Received: Shots:	No If Yes, explaies, explain:	Polio		Chicken Pox		

MEMBERSHIP APPLICATION – CONTACT & PICK-UP LIST

Boys & Girls Clubs of Northwest Georgia

Member's Name:	

PRIMARY CONTACT	
Relationship to Member:	Relationship to Member:
Parent/Guardian: Emergency:	Parent/Guardian: Emergency:
Person Authorized to Pickup Member:	Person Authorized to Pickup Member:
Name:	Name:
Occupation:	Occupation:
Address H:	Address H:
Employer:	Employer:
Address W:	Address W:
Phone: Type:	Phone: Type:
Phone: Type:	Phone: Type:
Phone: Type:	Phone: Type:
Email:	Email:
Relationship to Member:	Relationship to Member:
Parent/Guardian: Emergency:	Parent/Guardian: Emergency:
Person Authorized to Pickup Member:	Person Authorized to Pickup Member:
Name:	Name:
Occupation:	Occupation:
Address H:	Address H:
Employer:	Employer:
Address W:	Address W:
Phone: Type:	Phone: Type:
Phone: Type:	Phone: Type:
Phone: Type:	Phone: Type:
Email:	Email:
Relationship to Member:	Relationship to Member:
Parent/Guardian: Emergency:	Parent/Guardian: Emergency:
Person Authorized to Pickup Member:	Person Authorized to Pickup Member:
Name:	Name:
Occupation:	Occupation:
Address H:	Address H:
Employer:	Employer:
Address W:	Address W:
Phone: Type:	Phone: Type:
Phone: Type:	Phone: Type:
Phone: Type:	Phone: Type:
	Email:
Email:	

Household:	NOTE: This informa	ution is collecte	ed for Gra	int writing purp	oses ONLY
Member lives with: _	MomStep Mom _	DadSte	p Dad _	_Grandparent _	Other:
Housing Developmen	t:				
Annual	\$0 - \$5000		\$30,001	- \$35,000	\$60,001 - \$65,000
Income	\$5001 - \$10,000		\$35,001	- \$40,000	\$65,001 - \$70,000
Level:	\$10,001 - \$15,000		\$40,001	- \$45,000	\$70,001 - \$75,000
	\$15,001 - \$20,000		\$45,001	- \$50,000	\$75,001 - \$80,000
	\$20,001 - \$25,000		\$50,001	- \$55,000	\$80,001 - \$85,000
	\$25,001 - \$30,000		\$55,001	- \$60,000	\$85,001 - \$90,000+
Number of people in	he Household:				
Is any member of the	Household 65 years old	or older:	Yes	_No	
Is any member of the	Household currently in the	ne military or a	veteran:	Yes	No
Is any member of the	Household disabled:	YesN	lo		
Current Head of Hous	ehold:Female _	Male			
Current Single Parent	:YesNo				
N					
Physical characteristi			61.1.6	.	
	Hair Color:				
Height:	Weight:				
Other:	irl Scouts School				_ Church Group
Disclaimer:					
I	do hereby	give my son/da	aughter		permission to
					corgia. I hereby release the Boys &
					injury, loss, or theft incurred by my
son/daughter while par	ticipating. Furthermore, l	hereby authori	ize medic	al examination a	and emergency treatment for my
son/daughter by a quali	fied licensed physician in	ı the event of a	n acciden	t. My signature	indicates that I completely
understand the above st	atement.				-
Parent/Guardian's Siş	gnature:	M	ember's	Signature:	
EOD OPEROP TION O	NIT X7	· u			
FOR OFFICE USE O		ip #:			
Entry Date:		te:			11
Type:	New/Renewa	l Member:		Proc	essed by:



Georgia Division of Family and Children Services Out of School Services Youth Participation Eligibility Form

Page 1 of 3 - DFCS Out of School Services Eligibility Form

Boys & Girls Clubs of Northwest Georgia and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.

		Form to be	completed by Pa	arent/Custodiar	ı/Caregiver			
Youth	Information – <i>This secti</i>	on must be comple	ted in its entirety.					
Name of Youth Participant (Last)		((First)		(MI)			
Social	ame of Youth Participant (Last) (First) ocial Security Number Gender: Male		Male	Female				
	f Birth (mm/dd/yy):							
Is the y	youth named above in Foster C	ster Care within the	state of Georgia					
Section	11							
service Section Does th	Youth applic Youth applic secondary a school enro Youth applic Youth applic (1) or more answers to the s. If the answer to ALL	cant a Georgia reside plicant fall into one to the youth)?: \(\subseteq \) Stant is between the cant is 18 years old institution) and will allment includes a learnt is 18 - 19 years the questions in Second the questions in benefits or services.	dent? Yes (1) or more of the Yes No age of 5 and 17 yes and currently en be enrolled in Anetter from the school and has a depart of the Section 1 is YES and any of the	No e three categories ears old; OR rolled in school ID attend school ool on official se bendent child AN youth IS NOT S, please comple	(high school, GE during the upcon hool letterhead): ND is the custodial eligible to particulate the remainder below (Please No	ED programing acaden OR I parent in the rof the forote: you wil	or equi nic year (e DFCS t m.	valent, or pos Verification o
A	a. Temporary Assistance	for Needy Families (7	FANF)			T es		-
В	Supplemental Nutrition	Assistance Program		n as Food Stamps)]
C								
D	P. Reduced or free lunch This is not applicable is							
F				,			П	1

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

DFCS Out of School Services Family Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$13,590.00	\$40,770.00	\$3,398
2	\$18,310.00	\$54,930.00	\$4,578
3	\$23,030.00	\$69,090.00	\$5,758
4	\$27,750.00	\$83,250.00	\$6,938
5	\$32,470.00	\$97,410.00	\$8,118
6	\$37,190.00	\$111,570.00	\$9,298
7	\$41,910.00	\$125,730.00	\$10,478
8	\$46,630.00	\$139,890.00	\$11,658
Each additional person, add	\$4,720	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

^{*} Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 87 FR 3315, Page 3315-3316, Document Number: 2022-01166)
** 300 % of the federal poverty level in effect January 12, 2022.

Family Unit Size*	
Gross Household Yearly Income \$	_Gross Household Monthly Income \$

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Fross Monthly Income is income	T	Date of Birth			
Name (First, Middle, and Last)	Relationship	(MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	SELF				

Page 3 of 3 - DFCS Out of School Services Eligibility Form

^{*} See Appendix A for definition of family unit.

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Name of Parent/Guardian/Caregiv	er (Last, First, MI)				
Street Address					
Home Phone #					
Parent/Caregiver/Guardian Printed	1 Name		Date		
Parent/Caregiver/Guardian Signatu	ure		Date		
Off	icial Use Only Sectio	n for DFCS O	ut of School Servic	es Provider;	
otal Income: \$Per: Innual Income Conversion: Weekly x otal Converted Annual Income: \$	4.3333, Every 2 Weeks	s x 2.1666, Twice	e Monthly x 2. Month	Hous dy x 1	ehold Size:
by signing below, I certify the informati- digibility rules and guidelines indicated ocation.	on presented within this I within this form, I also	form was reviewe certify this form	ed, verified and confirm a will be kept in the yo	ned** and meets the DFCS outh participant's file in a co	Out of School Services nfidential and secured
Authorized Program Staff Signa	iture	Title		Date	

Date

^{**} See Appendix B for income verification proof sources

APPENDICES

*Appendix A: Family Unit

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

**Appendix B: Income Proof Sources and Applicable Income Sources

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- · Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Page 2 of 2 - DFCS Out of School Services Eligibility Form Appendix

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income (regular and ongoing payments if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony (regular and ongoing payments)
- Child Support (regular and ongoing payments)
- Farm Allotment payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income (regular and ongoing payments)
- Rental Income (regular and ongoing payments if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

**Appendix C: Acceptable Verification of Benefits or Services

- Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Peach Care: Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the out of school services program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- Supplemental Security Income (SSI): Award letter from the Social Security Administration
- Free or Reduced Lunch: Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for DFCS Out of School Services.



MEMBERSHIP IDENTIFICATION POLICY AND PICK-UP POLICY

SECTION I: AUTHORIZED PICK-UP LIST

All parents, guardians and/or authorized persons who pick up any member that attends any of the Boys & Girls Clubs of Northwest Georgia Club site(s) must have their photograph/image entered into the membership tracking system along with the photo of the child/member in order for the membership clerk to verify that you are an authorized person (parent, legal guardian or otherwise), who can pick up that member(s) from the Boys & Girls Clubs of Northwest Georgia Club site. If the authorized person does not have their image/photo placed in the membership tracking system along with the photo/image of their child/member, then that individual must bring a photo identification card (i.e. State of Georgia Driver's License) at pick up, each and every day that they pick up a member from a Boys & Girls Clubs of Northwest Georgia Club site.

If a person other than the parent or legal guardian attempts to pick up any member from the Boys & Girls Clubs of Northwest Georgia Club Site, they must be listed as an authorized person in the membership tracking system to pick up that member. If that person is **not** listed as an authorized person for pick up, then authorization must be obtained via phone confirmation from the parent or legal guardian of the member **BEFORE** the member will be released to that individual. The individual must also present a photo identification card (i.e. State of Florida Driver's License) to verify they are indeed who they state they are.

SECTION II: MEMBERSHIP IDENTIFICATION POLICY

- I. TRANSPORTATION: All members will be issued a membership card for identification purposes. All members must carry their membership card each and every day in order to be transported from their school to any Boys & Girls Clubs of Northwest Georgia Club site via the Boys & Girls Clubs of Northwest Georgia bus/van.
- II. CLUB ENTRY: All members must carry their membership card each and every day they attend the Club. If your child does not have his or her membership card, you will be notified to do one of the following:
 - a. Bring the child's membership card and/or
 - b. Pick up the child immediately from the Club and/or
 - c. Pay a \$3 replacement fee. The \$3 fee will be assessed to the parent or guardian and must be paid at pick-up/check-out in order for the child to be granted membership into the Club on the following day.
- III. If your child has NOT been issued a membership card, please notify the membership clerk at your child's Club.
- IV. If your child has lost their membership card, please notify the membership clerk at the child's Club immediately. Membership cards can be replaced for a fee of \$3.

Disclaimer: I have read and understand the policy as it currently stands and is written within these pages. I understand that policy is <u>subject to change</u> without prior notification and is at the discretion of the Boys & Girls Clubs of Northwest Georgia. However, to effectively communicate any policy shifts that affect any applicant/member, the Boys & Girls Clubs of Northwest Georgia will issue verbal and/or written notification to the parent and/or legal guardian concerning the shift in policy where it concerns the applicant/member. I agree that the applicant and parent and/or legal guardian will be prepared to have their image/photograph taken and entered into the Boys & Girls Clubs of Northwest Georgia Membership Tracking System for use only for the aforementioned purposes and none other, upon request by the membership clerk of the Boys & Girls Clubs of Northwest Georgia. I also understand that periodically, an update of photographs/images may be requested by the Boys & Girls Clubs of Northwest Georgia for all individuals listed in the Boys & Girls Clubs of Northwest Georgia Membership Tracking System. I further understand that this information is being requested for the purpose of the security policy of the members of the Boys & Girls Clubs of Northwest Georgia and is not intended to be used for any other purpose.

Parent's	Signature
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TRANSPORTATION POLICY & RELE	ASE FORM
SECTION I: TRANSPORTATION POLICY	
Only Boys & Girls Club members with a signed release form and in go transported from their school to any Boys & Girls Clubs of Northwest	
SECTION II: RELEASE FORM	
NOTICE OF RELEASE TO: Boys & Girls Clubs of Northwest Georgi Official(s) of the Boys & Girls Clubs of Northwest Georgia Member	a, Inc. and to the School
I, give my permission for the driver of PARENT'S/LEGAL GUARDIAN'S NAME	f the Boys & Girls Clubs of
Northwest Georgia, Inc. to transport my child	from this
school, to their Boys & Girls to the Boys & Girls to th	Clubs of Northwest Georgia Site.
Disclaimer:	10 10 10 10 10 10 10 10 10 10 10 10 10 1
I have read and understand the policy as it currently stands and is writted that policy is subject to change without prior notification and is at the declubs of Northwest Georgia. However, to effectively communicate any applicant/member, the Boys & Girls Clubs of Northwest Georgia will inotification to the parent and/or legal guardian concerning the shift in papplicant/member. I further understand that it is not the responsibility of Northwest Georgia to transport any non-member, non-active member, of financial standing from their school site to any Boys & Girls Clubs of Member is not currently approved to attend the Boys & Girls Clubs for member will not be released to the Boys & Girls Clubs of Northwest Georgia C	iscretion of the Boys & Girls of policy shifts that affect any ssue verbal and/or written colicy where it concerns the of the Boys & Girls Clubs of or member who is not in good Northwest Georgia site. If the any reason, I understand that the eorgia by their school, nor will
Davont's Signature	
Parent's Signature	Date



PERMISSION TO WALK HOME FROM THE CLUB

SECTION I: PERMISSION TO WALK HO Note: You only need to complete this section if your child is from the Club at the end of each day.	
Boys & Girls Clubs of Northwest Georgia at the enthe Club. I understand that by signing and submitting Georgia that my child can check out at the end of the destination without any hindrance from any Boys & Furthermore, I understand that by signing and submitted that the significant that the significa	<u> </u>
	time my child is to leave the Club site. I also that they leave the Club site at an earlier time that is nild will be subject to suspension/expulsion from the
Parent/Guardian Signature:	Date:
SECTION II: PICK-UP POLICY	
exception is if my child is at least 12 years old ANI to sign out on their own and walk home. I underst 6 p.m. or a late fee will be assessed. There will be grace period, there will be a \$1.00 per minute late f	and signed out from the Club every day. The only D I have signed the section above permitting my child and that I must pick up my child from the Club by a five minute grace period until 6:05 p.m. After the see assessed. I also understand that if I personally do ointed person must be an authorized individual on the Club will not release the child from the Club.
Parent/Guardian Signature:	Date:



PARENTAL CONSENT FORM FOR RELEASE OF ALL SCHOOL RECORDS

The Boys and Girls Clubs of Northwest Georgia strives to provide each member with academic support in their various academic subjects. The objective is to reinforce regular day school topics in our afterschool program to strengthen the member's ability to perform in the classroom. Ultimately, the goal is to have all members able to meet and/or exceed state academic standards. To ensure that we are addressing the academic needs of each member, we need your permission to access your child's academic records that will include report cards, CRCT scores, disciplinary records and any other record of progress that the School District maintains concerning your child. Please read the following consent statement and sign below.

Acknowledgment and Release Section:

This Parental Consent Form acknowledges my permission to allow the School District specified below, or the school to which my child is attending, to mutually share information about my child with the Boys & Girls Clubs of Northwest Georgia for the purposes of creating individualized academic plans and tracking school progress and performance that will be used to enhance my child's performance in school. I also understand that all information shared between the School District specified below, or my child's school and the Boys & Girls Clubs of Northwest Georgia will be kept **strictly confidential** and **will not be used for any other reason**.

Member Information Section:				
Name of School District (School C	County):			
Name of Student Member:		44		
Date of Birth:	Race:	Gender: M or F		
Address:				
Phone Numbers: (Home)	(Work)	(Other)		
School Attending:				
Current Grade Level:				
This consent shall remain in effe	ct until revoked in writing by	y me.		
Parent Signature:		Date:		

For Staff Reference:

- 1 copy to be issued to the County School District Student Records Information Office
- I copy to be issued to the member's school guidance office/guidance counselor
- Original kept at the local Boys & Girls Clubs of Northwest Georgia Club site that member attends



MEDIA PERMISSION FORM

•	ff and the media may want to interview, photograph or and/or
• •	l materials, publications, public presentations, television news
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ories and the Boys & Girls Clubs of Northwest Georgia
website. Please indicate your preference in	n regards to this by completing the section below.
I give permission for my child to be	interviewed, photographed and videotaped, and permission
for his or her name to be used.	
I give permission for my child to be	interviewed, photographed and videotaped, but DO NOT
want my child's name to be used.	
I DO NOT give permission for my o	child to be interviewed, photographed or videotaped, nor do I
want my child's name used for any media o	or promotional purposes.
Child's Name:	Club Name:
Parent/Guardian Printed Name:	
Parent/Guardian Signature:	Date:



INTERNET USER AGREEMENT & PARENT PERMISSION

USER AGREEMENT

- 1. I will not give out personal information such as my address, telephone number, parent's work address/telephone number or the name and location of my school.
- 2. I will tell the Education Center Staff person right away if I come across any information that makes me feel uncomfortable or is inappropriate.
- 3. I will never agree to get together with someone I met online.
- 4. I will never send a person my picture or anything else personal.
- 5. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell the Education Center Staff person right away so that they can contact the service provider.
- 6. I will not give out my internet password to anyone (even my best friends) other than my parents.
- 7. I will be a good online citizen and not do anything that hurts other people or is against the law.

PARENT PERMISSION

lease check only one:
My child can use the internet while at the Club as outlined in the rules of appropriate use.
I would prefer that my child NOT use the internet while at the Club.
s a user of the Club computer network, my child and I agree to comply with the above stated rules and see the network in a constructive manner. In addition, I understand that all precautions will be taken to assure my child is protected from inadvertently connecting to an inappropriate site. In the event that an acident does occur, my child will report the incident immediately to the technology instructor.
lember Name:
arent/Guardian Name:
arent/Guardian Signature:
ate:



SOCIAL EMOTIONAL WELLNESS SUPPORT & PARENT PERMISSION

The Boys & Girls Clubs of Northwest Georgia strives to provide social emotional wellness support services for our youth and families who may be in need. This service is provided free of charge to all Club members, so no additional fees are applied to membership to utilize these services.

SOCIAL EMOTIONAL WELLNESS SUPPORT SERVICES

Youth and families who wish to seek services offered through the Emotional Wellness Program at the Boys & Girls Clubs of Northwest Georgia may receive the following services:

- Social Support Services: The Emotional Wellness Program will assess the needs of youth and families and will provide them with one-on-one case management to provide connections to community resources, parental education and support, and provide external referrals for family needs.
- <u>Emotional Wellness Support Services</u>: The Emotional Wellness Program will work to provide emotional wellness support to youth both individually and in small group settings as needed by providing youth with social emotional learning skill development and engaging youth in Boys & Girls Clubs social emotional wellness programming.

Youth and families may receive one or both services provided by the Emotional Wellness Program.

CONFIDENTIALITY

All personal information gathered by Emotional Wellness Program staff will remain confidential, unless:

- It has been subpoenaed by a court or authorized by law.
- Failure to do so would place the member, yourself, or another person at serious risk.
- Your prior approval has been obtained.

By signing below, you are stating that you have read, understand, and agree to this Emotional Wellness Program Consent Form and the conditions stated.

Member Name:	
Member Signature:	
Parent/Guardian Name:	
Parent/Guardian Signature: _	
Date:	



CODE OF CONDUCT

- Members must <u>ALWAYS</u> follow the instructions of the Staff. Failure to do so will result in suitable consequences.
- Members must be respectful to the staff and other members.
- NO one under the influence of alcohol or drugs will be allowed in the Club or at any Club activities. We enforce a ZERO tolerance policy.
- Weapons or look-a-like weapons will *NOT* be allowed on Club property or at any Club activity. We enforce a *ZERO* tolerance policy.
- NO gang representation allowed in the Club.
- Anyone who does not attend school cannot come to the Club that day.
- Anyone suspended from the Club must report to the staff member who suspended them before they are allowed to re-enter. Anyone who is continually suspended from the Club must report to the Unit/Program Director(s) and may be permanently banned from the Club.
- There will be no fighting, wrestling, or bullying. Please keep your hands to yourself at all times.
- Everyone is expected to use proper language. Improper language will not be allowed in or around the Club.
- There will be NO wild playing, screaming, or yelling in or around the Club.
- Gambling of any kind is not allowed.
- Please do not run anywhere except for in the designated areas.
- Do not play in the restrooms. Boys are not allowed in the girls' restroom and girls are not allowed in the boys' restroom.
- All games are played under the "I'm next" system.
- There will be NO eating or drinking anywhere in the Club except in the designated area.
- Phone calls are not allowed for any reason. Parents are free to call at any time.
- Do not sit or stand on tables, desks or pool tables.
- Please do not hang on net or rim in the gym area.
- Shoes MUST be worn at ALL times. Sandals and flip-flops are not acceptable footwear.
- Member must have a membership card to enter the Club or Club transportation. *No entry will be granted without a membership card and a completed application*. If you leave your card at the Club, you must pay \$1.00 in order to get it back. If you lose your card, you must buy a new one for \$3.00.
- You must not leave ANY PROGRAM AREA OR THE FACILITY without a Staff member.
- Leave personal belongings at home. The Club will NOT be responsible if they are lost or damaged.
- All Club members by closing time or face Club fines-\$1.00/minute late.
- All members are expected to present themselves with dignity, wash and dress neatly, as well as clean up his or
 her surroundings. The Director reserves the right to contact a parent/guardian in the event that a child is
 dressed inappropriately.

As a member of the Boys & Girls Club I promise to follow the Code of Conduct. If I break the rules of this code I understand that I will face the consequences for my actions.

Member Signature:	
I promise to support my child in following the Club's Code of Cowill result in: time-out, loss of privileges, suspension and/or loss of	
Parent Signature:	



Notice of Exemption

I,	acknowledge that I have been informed that this	
-	re facility. I also understand this program is not required partment of Early Care and Learning and this program is rements.	
•		
Parent Signature	Date	



PARENT ORIENTATION ACKNOWLEDGEMENT

Meml	ber's Name:
Date:	
I,	(name of parent/guardian) have:
	Completed my child's membership application and all necessary forms Attended orientation & reviewed <i>Orientation Handbook</i> Taken a tour of the Club <i>(optional)</i>
Parent	/Guardian's Signature: