

BOYS & GIRLS CLUBS
OF NORTHWEST GEORGIA

After School Program Enrollment

Please fill out separate form for each child

Date: _____

Child's Name: _____

Last, First, Middle Initial

Age: _____ Grade _____ School _____

Please check one:

NEW Member – Membership forms attached

PREVIOUS Member – Membership has expired; Membership forms attached

CURRENT Member – membership is active

.....
OFFICE USE ONLY:

_____ Membership forms are complete

_____ Fees are up to date

IF APPLICABLE, please also fill out the "Permission To Transport (Form F)" to authorize pick-up from school. A copy must be kept here at the Club in your child's file. Please provide the original to your child's school immediately. *The Boys & Club cannot pick up your child at school until you give the school this permission slip*

Parent/ Guardian Printed name: _____

Parent / Guardian Signature: _____

After School Program Fees

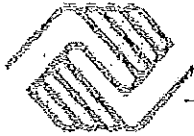
The After School Program includes pick-up from school and after care programming from 3:00PM TO 6:00PM

Fees are:

\$12.00 a Week per child (all schools) –due Monday the following WK.

Additional (all day) fees will apply for Teacher Work Days and School Holidays

SEE PARENT HANDBOOK FOR CLUB CLOSINGS, LATE FEES, AND OTHER IMPORTANT INFORMATION.



Child's Full Legal Name: _____

Child's Date of Birth (mm/dd/yy): _____ / _____ / _____ Child's Age: _____

Child's Place of Residence: _____

Child's Home Phone Number:(_____) _____

Ethnicity: Black, Non-Hispanic White, Non-Hispanic Asian Hispanic/Latino
 Other-Specify: _____

Child Lives with (check one): Father& Mother Father Mother Foster Family
 Grandparent Other: _____

Name of Person(s) Child Lives With: _____

Will Attend (check one): Year-round After School Only Summer/Holidays Only

HOUSEHOLD INFORMATION:

Father's Name: _____

Mother's Name: _____

Current Head of Household: Female Male

Current Single Parent: Yes No

Is there a member of the household 65 years old or older? Yes No

Is there a member of the household that is handicapped? Yes No

Number of Brothers _____ Ages: _____

Number of Sisters _____ Ages: _____

SCHOOL INFORMATION:

School's Name: _____ Child's Grade: _____

Teacher's Name: _____ Free/ Reduced Lunch Yes No

MEDICAL INFORMATION:

Physician Name _____ Physician Phone _____

Name of Insurance Provider _____

Policy# _____ Group # _____

Name of Insured _____

Continued →

Serious Health Concerns _____ Yes _____ No If yes, please explain (use separate sheet if necessary):

Current Medications _____ Yes _____ No If yes, please list name and dosage amount (use separate sheet if necessary):

CONTACT INFORMATION:

Parent/Guardian _____ Authorized to pick up child _____
Name: _____
Employer: _____
Occupation: _____
Home Address: _____
Date of Birth: _____ Relationship: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Email: _____

Parent/Guardian _____ Authorized to pick up child _____
Name: _____
Employer: _____
Occupation: _____
Home Address: _____
Date of Birth: _____ Relationship: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Email: _____

Parent/Guardian _____ Authorized to pick up child _____
Name: _____
Employer: _____
Occupation: _____
Home Address: _____
Date of Birth: _____ Relationship: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Email: _____

Parent/Guardian _____ Authorized to pick up child _____
Name: _____
Employer: _____
Occupation: _____
Home Address: _____
Date of Birth: _____ Relationship: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Email: _____

To authorize more than four people to pick up your child, please ask for an additional Contact Form.

DISCLAIMER:

I do hereby give my son/daughter permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Northwest Georgia. I hereby release the Boys & Girls Clubs of Northwest Georgia, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment by a qualified licensed physician in the event of an accident or illness. I also give permission for my child's picture to be used in any Boys & Girls Clubs publication. My signature indicates that I completely understand the above statement.

Printed Legal Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY: Membership #: _____ Entry Date: _____ Expiration Date: _____
Processed By: _____ Unit: _____ Other: _____

**Georgia Department of Human Services
Afterschool Care Program
Participant Forms
2009 – 2010**

Note: The program can use its own internal Registration Form. If a program does not have their own internal Registration Form, they are to use the Registration Form provided.

Boys & Girls Clubs of Northwest Georgia
and Georgia Department of Human Services

Parental Permission for Photo Release

This document requests your permission for the Boys & Girls Clubs of Northwest Georgia and the Georgia Department of Human Services to take and use photographs of your child and other Afterschool Care Program staff. When we tell others the story about the BGCNWGA and DHS Afterschool Care Program, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DHS funded afterschool program.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

Floyd/ Polk County, Georgia

Boys & Girls Clubs of Northwest Georgia

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by the Boys & Girls Clubs of Northwest Georgia and Georgia Department of Human Resources.
2. This release gives the Boys & Girls Clubs of Northwest Georgia and Georgia Department of Human Resources the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Club and Department or the general public.
3. Further, I hereby release the Boys & Girls Clubs of Northwest Georgia and Georgia Department of Human Resources and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.



BOYS & GIRLS CLUBS
OF NORTHWEST GEORGIA



Name _____

Address _____

Telephone _____

Photo Description: Participation in the DHS funded afterschool/summer program activities.

Children Participating in Program:

Name _____ Age _____

Signature _____

Date _____

Photographer or producer or witness:

Participant Medical Information Form
(To be maintained on site for each participant)

STUDENT INFORMATION

Legal Name of Child (Last, First): _____ Date of Birth (MM/DD/YYYY): _____ Age: _____ Sex (check one): Male Female

Street Address: _____ Home Phone No: _____

P.O. Box/Apt #: _____ City: _____ State: _____ Zip Code: _____

INSURANCE INFORMATION

Does the child have health insurance coverage? Name of insurance provider (if applicable):

Yes No

Does the child have any allergies? Yes No

If yes, please list them: _____

Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? Yes No

If yes, please list them: _____

Is the child currently taking any medications (prescribed and non-prescribed)? Yes No

If yes, please list them: _____

IN CASE OF EMERGENCY

Contact Name: _____ Relationship to youth: _____ Home Phone Number: _____ Work Phone Number: _____

Alternate Contact Name: _____ Relationship to youth: _____ Home Phone Number: _____ Work Phone Number: _____

By signing below, I certify the above information is true to the best of my knowledge. I authorize Boys & Girls Clubs of Northwest Georgia to contact me if my child is injured and/or harmed in any way. I also authorize Boys & Girls Clubs of Northwest Georgia to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless the Department of Human Resources and Boys & Girls Clubs of Northwest Georgia from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal Name of Parent (print) _____ Parent Signature _____ Date _____

Georgia Department of Human Services Afterschool Care Program Eligibility Form

Updated 7/12

Page 1 of 3 - DHS Afterschool Care Program Eligibility Form

_____ (DHS funded Organization Name), along with the Georgia Department of Human Services (DHS), are partnering to provide valuable and exciting out-of-school programs for youth in Georgia. The information provided on the following form will help ensure that eligible youth are benefiting from the partnership. We thank you for your cooperation and for allowing us to have an impact on your child's life!

Form to be completed by Parent/Guardian/Caregiver or Youth Participant

Youth Information – *This section must be completed in its entirety.*

Name of Youth Participant (Last, First, MI) _____

Social Security Number ____ - ____ - ____ Gender: ____ Male ____ Female

Date of Birth (mm/dd/yy): ____ / ____ / ____

Section 1

- A. Is the youth participant a U.S. citizen or legal immigrant Yes No
- B. Is the youth participant a Georgia resident Yes No
- C. Does the youth participant identify with one (1) or more of the three categories below (Answer YES or NO and check all categories that apply): Yes No
- ____ Youth participant is between the age of 5 and 17 years old; **OR**
- ____ Youth participant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
- ____ Youth participant is 18 - 19 years old and has a dependent child AND is the custodial parent

If the one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to benefit from the DHS funded services. If the answer to ALL of the questions in Section 1 is YES, the parent/guardian/caregiver/youth may proceed and complete the form.

Section 2

Do you currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program):

- A. TANF Yes No
- B. Food Stamps Yes No
- C. Medicaid or Social Security Income (SSI) Yes No
- D. Reduced or free lunch program at school Yes No

If the answer to one or more questions in Section 2 is YES, the youth are eligible to benefit from the DHS funded services and the parent/guardian/caregiver may proceed and complete Section 5. Please be advised, verification fro receipt of services for items checked in Section 2 must be obtained and a copy of the verification must be attached to the respective youth's income eligibility form.

If the answer to ALL of the questions in Section 2 is NO, the parent/guardian/caregiver MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Please be advised, income verification for items listed in Section 3 and Section 4 must be obtained and a copy must be attached to the respective youth's eligibility form.

Applicant Notification and Signature

Section 5

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

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.

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

To be Completed by DHS Funded Afterschool/Summer Service Provider

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DHS Afterschool Care Program Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant's file in a confidential location.

Authorized Program Staff Signature

Title

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;
- SUCCESS screen information; and/or
- STARS.

See page 2 of Appendix for applicable income sources.

Applicable Income

Each of the following sources of income is considered 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

FORM A
BOYS & GIRLS CLUBS OF NORTHWEST GEORGIA

INTERNET PARENT PERMISSION & USER AGREEMENT

As a parent or guardian of a member at the Boys & Girls Club of Northwest Georgia, I have read and understand the attached information regarding the appropriate use of computers at the Club, and I understand that this agreement will be kept on file at the Club. *Please fill out all three sections of this document.*

Section A

Please 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.

Section B

I understand that, from time to time, the Club may wish to publish examples of member projects, photographs of members and other work on an internet-accessible World Wide Web server.

Please check only one:

My child's work and photographs can be published on the internet.

I prefer that my child's work and photographs not be published on the internet.

Section C

As a user of the Club computer network, my child and I agree to comply with the above stated rules and use the network in a constructive manner. In addition, I understand that all precautions will be taken to ensure my child is protected from inadvertently connecting to an inappropriate site. In the event that an incident does occur, my child will report the incident immediately to the technology instructor.

Member Name: _____

Member Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

FORM B
BOYS & GIRLS CLUBS OF NORTHWEST GEORGIA

MEMBER'S INTERNET USAGE

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.

Date: _____

Member Signature: _____

Parents/Guardian: _____

*Rules 1-6 are adapted from the brochure "Child Safety on the Information Highway" by Safekids.com

FORM C
BOYS & GIRLS CLUBS OF NORTHWEST GEORGIA

CODE OF CONDUCT

- Members must **ALWAYS** 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 \$2.00.
- 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 Conduct. I understand that violation of the code will result in: time-out, loss of privileges, suspension and/or loss of membership.

Parent Signature: _____

FORM D
BOYS & GIRLS CLUBS OF NORTHWEST GEORGIA

OPEN DOOR POLICY

The Boys & Girls Club cannot legally require a member to stay at the Club. The understanding about leaving must exist between the parent and child.

The Boys & Girls Club is a "drop in" facility and therefore is not responsible if a member leaves the facilities and grounds, although we do our best to keep this from happening.

No, my child can never leave the Boys & Girls Club facility without my permission.

Yes, my child has permission to leave the facility.

Parent's Signature: _____

Date: _____

FORM E
BOYS & GIRLS CLUBS OF NORTHWEST GEORGIA
MEDICATION RELEASE & INSTRUCTION FORM

Member Name: _____ Member #: _____

Medication to be administered: _____

Dosage to be administered: _____

Time to administer: _____

Doctor's Information:

Doctor's Name: _____ Dr. Phone #: _____

Medication Side Effects: _____

Other Important Instructions: _____

I _____ hereby give Boys & Girls Clubs of Northwest Georgia
(Parent's/Guardian's Name)

personnel permission to ASSIST in the administration of the above medication, at the above dosage to my
child _____ beginning _____

(Member's Name)

and ending _____.

I understand that the Boys & Girls Clubs of Northwest Georgia cannot assure a parent that anything except reasonable effort will be made to assist the member and I also agree to waive any claims of liability that may arise against any Boys & Girls Club employee, or representatives during the administration of this medication to my child according to the instructions I have provided.

Telephone Contact Home: _____ Work: _____ Cell: _____

By signing, the Parent/Guardian agrees to the entire contents of this consent form.

Person signing the Consent Form and relation to the member

Signature: _____

Please Print Name

Please Sign Name



FORM F
BOYS & GIRLS CLUBS OF NORTHWEST GEORGIA

PERMISSION TO TRANSPORT

I give my child(ren) _____ permission to be transported daily, for the purposes of participating in the Afterschool Program, from _____ Elementary School to the Boys & Girls Clubs of Northwest Georgia _____ Unit located at _____ in _____, Georgia during the 20__ - 20__ School Year.

Please select one of the following options:

I will be picking up my child(ren) before the Club's close of business at _____ PM on:
 Monday, Tuesday, Wednesday, Thursday and/ or Friday.

I give the Club permission to drop my child(ren) at the designated location (_____) within my community from which point my child will either walk home or be picked up and transported home on:
 Monday, Tuesday, Wednesday, Thursday and/ or Friday.

I fully understand that once my child steps off of the Club's van and/ or bus that the Boys & Girls Clubs of Northwest Georgia is no longer responsible for the welfare of my child. I hereby release The Boys & Girls Clubs of Northwest Georgia, its staff members, board members and officers from any liability, injury, damage and/or loss arising out of or associated with the above. I understand that there may be certain risks associated with my child's participation. I assume all risk and fully responsibility for whatever may occur. Additionally, I give employees of the Boys & Girls Clubs of Northwest Georgia permission to obtain appropriate medical care for my child in the event that an emergency should occur.

Print-Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Number: _____

FORM G
BOYS & GIRLS CLUBS OF NORTHWEST GEORGIA

PARENT ORIENTATION ACKNOWLEDGEMENT

Member's Name: _____

Date: _____

I, the parent/guardian, have:

- Completed my child's membership application
- Attended orientation & reviewed *Orientation Handbook*
- Completed all necessary forms
- Taken a tour of the Club (*optional*)

Parent/Guardian's Name: _____