2018-2019 Membership Application

Hours of Operation
(The Club for Boys is **closed** for adverse weather, some holidays, and staff training.)

Summer Program (May 29 – August 17)
Monday through Friday 7:30 am – 5:30 pm

School Program (September 4 – May 17)
Monday, Tuesday, Thursday, Friday 1:30 pm – 8:30 pm
Wednesdays 1:30 pm - 7:00 pm
Non-School Weekdays 7:30 am – 5:30 pm

☐ New Member ☐ Renewal (has been a member within past three-year period)

All new members must attend an orientation meeting before attending the Club for Boys. Parents are encouraged to attend this meeting as well but are not required to. During summer program, new members' meetings start at 8:00 a.m. on Mondays. During the school year meetings start at 6:00 p.m. on Mondays. Meeting times may change if school is out or the Club is closed. Please ask the office staff for the next meeting.

Member Name (Please print clearly)

Last First

Street Address_____

City_____ State _____ Zip _____

Mailing Address (if different): _____

City_____ State _____ Zip _____

Date of Birth _____/_____/_____ Current Age _____

Grade _____ School Attending (School Year 2018-2019) _____

If your son has brothers who are members, please list their names here:

Last First

Last First

Last First

Member Medical Information

1. Does your son have any serious food allergies? ___No ___ Yes (If yes please list them here): _____

   _____

2. Does your son have any medical/physical limitations that we should know about? ____ No ___ Yes
   If so, please list the condition (allergies, diabetes, asthma, heart murmur, etc.)

   _____

3. Has your son been diagnosed with a physical or mental disability/condition? ____No ____Yes
   If so, what is the disability or condition (such as ADHD, cerebral palsy, Down syndrome, FAS)?

   _____

4. Is your son currently taking any medications? ___No ___Yes If so, please list: _____

   _____
   (Please see the office if you need us to keep any medication on site for your son.)

Parent(s) / Guardian(s) Information ☐ Parent(s) ☐ Guardian(s)

Parent/Guardian 1

Last First

Parent Phone **#s** *(The Club must have at least one working phone number for parents in case of emergencies.)*

Home/Message Cell

Work

_____
Employer Name

Parent/Guardian 2 ☐ Please check if this person does not live in the same household as the member.

Last First

Parent Phone **#s** *(The Club must have at least one working phone number for parents in case of emergencies.)*

Home/Message Cell

Work

_____
Employer Name

(If we are unable to reach you by phone, we may attempt to contact you by text or Facebook)

Confidential Information:

In order to qualify for certain federal, state and local grant funding, the Club for Boys needs to gather the following information. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both necessary and appreciated.

Family Setting – (Please check who the member lives with):

☐ Both Parents ☐ Mother Only ☐ Father Only
☐ Mother/Stepfather ☐ Father/Stepmother ☐ Grandparents(s)
☐ Other Relatives ☐ Foster Parent(s) ☐ Other

Race/Ethnicity: ☐ Asian American ☐ Black/African American ☐ White/Caucasian
☐ Hispanic/Latino ☐ Native American ☐ Multi-Racial
☐ Other _____

Monthly Household Income: $ _____ ☐ We receive TANF and/or food stamps

Total People living in Household: _____

Household Type: ☐ Apartment ☐ House ☐ Mobile Home ☐ Motel ☐ Other _____

At any time during the past year have you lived in a motel, at the Cornerstone Rescue Mission, WAVI shelter or with others because you did not have a permanent home? _____ Yes _____No

At any time during the past year, has a close family member of your son been in jail? ____Yes ____No

Emergency Contact – Please provide information for at least one person other than parent(s), guardians(s) who you would like us to contact in case of an emergency.

1. ☐ Relative ☐ Grandparent ☐ Acquaintance ☐ Non-custodial parent ☐ Caseworker

Name(s)

Last First

Phone #s Home/Message Cell

Work

_____
Employer Name

2. ☐ Relative ☐ Grandparent ☐ Acquaintance ☐ Caseworker

Name(s)

Last First

Phone #s Home/Message Cell

Work

_____
Employer Name

Parent/Guardian authorizations for: _____
(Print Member Name)

1. **Medical Treatment**: I give the Club for Boys permission to seek emergency medical treatment for my minor child if I cannot be reached. I release the Club for Boys, its officers, staff, volunteers and donors from liability and responsibility. I am aware and understand that I will be responsible for the cost of any/all medical attention and treatment necessary. _____ (Please initial)
2. **Collaborations with others**: On occasion, The Club for Boys needs to collaborate with other agencies to provide services for our members. Please initial the boxes below to give consent.

   a. **Agency Contacts**: I give permission for the Club for Boys to contact other agencies (i.e., the YMCA, Big Brothers/Big Sisters, YFS Girls Inc.) in the community concerning my son's well-being. Yes_____ No_____ (Please Initial)

   b. **Pictures and Video**: I give permission for my child's picture, moving picture, or any other graphic depiction or likeness, to be used by the Club for distribution and social media (website, FB page). Yes_____ No_____ (Please Initial)

3. **Behavior Management Systems**: The Club for Boys has a partnership with Behavior Management Systems (BMS) to provide onsite counseling to Club Members. I give my permission for my son to meet with/consult with counseling (BMS) personnel should an emergent/urgent need be identified. Yes_____ No_____ (Please Initial)

4. **School Contacts**: I give permission for my son's school and the Club for Boys to discuss my son's progress in school work or behavior. Yes_____ No_____ (Please Initial)

   Grade _____ School Attending **(**School Year 2018-2019**)** _____

All payments and paperwork must be completed, and the application signed by both the parent/guardian and member before the application will be accepted.

Date _____ Parent/Guardian Signature _____

Parent/Guardian Print _____

Office Use Only

Family Income Level: Free ____ Reduced ____ Paid _____ No Info Paid ____

Date Paid _____/_____/_____ Receipt # _____ Amount Paid $_____ Staff Initials _____

Entered in KidTrax: Date _____/_____/_____ Staff Initials _____

It is the policy of the Club for Boys not to discriminate on the basis of race, color, religion, national origin, age or disability in its programs, activities, or employment policies.