

BOYS & GIRLS CLUB OF GREATER KINGSPORT, INC.
(423) 230-4160 Administrative Offices Fax - (423) 230-4165

MEMBERSHIP APPLICATION

Receipt Number _____ New _____ Renewal _____ Card Number _____

Child Care Fees _____ Staff Initial _____ W B H A Other _____

The following information will be kept confidential

Name _____ Age _____ Gender: M F School _____ Grade _____

Address _____ City _____ State _____ Zip Code _____

Birth Date _____ Total Number in Family _____ Brothers _____ Sisters _____ Home Phone _____ Cell Phone _____

Email address(es) _____

Who does child live with: Mom & Dad _____ Mom Only _____ Dad Only _____ Other Relative _____ Guardian _____

Father's Name _____ Employer _____ Phone _____

Mother's Name _____ Employer _____ Phone _____

Guardian's Name _____ Employer _____ Phone _____

Please check the Club service(s) your child will be using:

After School Care _____ Summer Care _____ Sports Only _____

Please check family income level:

0 - \$19,464 _____
\$24,501 - \$39,999 _____

\$19,465 - \$24,500 _____
\$40,000 & Above _____

PARENT: As parent and/or guardian of the above child, I approve of his/her joining the Boys & Girls Club of Greater Kingsport, Inc. and give my permission for my child to appear in pictures of Boys & Girls Club activities for promotional purposes. I understand the Boys & Girls Club of Greater Kingsport, Inc. has an open door policy and cannot be responsible for my child leaving the Club without permission. I agree to not hold the Boys & Girls Club of Greater Kingsport, Inc., its Board of Directors, Officers, Staff or volunteers responsible and/or liable, and **RELEASE** them from liability for losses of any personal property and for any injuries suffered by my child. In the event of an emergency, I hereby grant the Boys & Girls Club of Greater Kingsport authority to seek and secure emergency medical treatment. I understand I will be responsible for any equipment destroyed or defaced as a result of my child's actions.

Signature of Parent/Guardian

Date

The Boys & Girls Club does not discriminate on the grounds of handicap and/or disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.

HEALTH HISTORY AND EMERGENCY INFORMATION

Please list any nickname your child may go by _____

Physical Health (All medical information will be kept confidential)

What health problems has your child had in the past? _____

What health problems does your child have now? (check any that apply)

Asthma	Diabetes	ADHD	ADD
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Other (list) _____

Allergies: _____ Severity: _____

Treatment: _____

Medication Routinely Taken: _____

Hospitalizations: _____ Date(s): _____

Reason(s): _____

Any other health concerns: _____

Development (compared to other children this age)

Problems with: (circle all that apply)

Speech	YES	NO
Walking, running, moving	YES	NO
Eyesight	YES	NO
Hearing	YES	NO

Please describe any special needs your child may have: _____

Dietary Needs

Special dietary needs: _____

School/Social Relationships

Is your child have difficulties in school? YES NO

Does your child receive special services? YES NO

If you checked "yes" to any lines above, please explain: _____

Does your child:

Have trouble making friends? YES NO

Get along with others well? YES NO

Have any hobbies? YES NO

Is there any other information you wish to share that would assist in meeting your child's needs? _____

TRANSPORTATION AND EMERGENCY INFORMATION

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation and emergency care for your child.

Name: _____ Phone(s) _____

Name _____ Phone(s) _____

Name: _____ Phone(s) _____

Other _____

POLICY STATEMENT

The purpose of the Boys & Girls Club is to inspire and enable all young people to realize their fullest potential as productive, responsible and caring citizens.

The following procedures have been established to ensure the safety and positive development of your child.

1. **CLUB HOURS:**

<u>During School Year</u> 2:30 p.m. – 7:00 p.m. Mon.-Friday	<u>Summer Program / School Holidays</u> 8:00 a.m. – 4:00 p.m. – Mon-Friday
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2. If a child becomes ill during the day, the parent will be called to come and take the child home.
3. Failure to obey Club rules may result in time out or suspension from the center when the safety and welfare of your child or other children are endangered. No child may leave the center without written permission of parents and/or guardian.
4. Parents must notify the center of change in work or home phone numbers in order to be reached in an emergency.
5. Safe & appropriate behavior is mandatory when riding in any vehicle provided by Boys & Girls Club of Greater Kingsport. Therefore, disciplinary action will be taken for any offenses.
6. **MANDATORY PARENT ORIENTATION MUST BE COMPLETED BEFORE ENROLLMENT. FAILURE TO DO SO COULD RESULT IN DENIAL OF SERVICES AND/OR TRANSPORTATION.**

RECEIPT OF POLICY STATEMENT AND LICENSING REQUIREMENTS

The Policy Statement & Fee Structure of the Boys & Girls Club has been explained to me, and I have received a copy of these policies. I understand the fee policy and hereby agree to pay \$5.00 (Scott County Club) per week for each week or part/week my child attends the Club.

PAYMENT OF SERVICES

Payment for childcare fees or any other fee(s) is expected at the time that services are rendered. Payment plans can be arranged with approval of Program Directors or the Executive Director.

Failure to pay assessed fees will result in your child's not being allowed to participate in ANY activities at the Boys & Girls Club.

Name of Child

Signature of Parent/Guardian

Staff Signature

Date

By initialing below, I acknowledge that I give the Boys & Girls Club of Greater Kingsport permission to obtain my child's progress reports from his/her school. These reports will be used to ascertain my child's scholastic needs for individual assistance. All records will be kept confidential.

parent/guardian's initials



BOYS & GIRLS CLUB
of Greater Kingsport, Inc.

AUTHORIZATION

I, _____ do hereby authorize

RELEASE OF INFORMATION

The Membership Secretary or other appropriate Boys & Girls Club Staff to contact any medical office, Department of Human Services (for Families First or Food Stamp Number), School System, community agency group, or organization to obtain or release information on my behalf in order to provide services, make referrals or appointments as needed for my child, _____ or family, I also release the Boys & Girls Club of Greater Kingsport, Inc., Board of Directors and staff from any liability as a result of disclosure of information.

SURVEY & PHOTOGRAPHS

This authorization also gives my permission to the Boys & Girls Club of Greater Kingsport, Inc., to occasionally survey, interview or photograph my child, _____. The purpose of this survey is to determine how well the Club is meeting your child's needs and identify areas which may call for further attentions. The response of my child will be grouped together with other Boys & Girls Club members to determine areas of need. All surveys will be kept confidential.

PROGRAMS

Boys & Girls Clubs nurture young people's self-esteem by instilling in them a sense of belonging, usefulness, influence and competence. Clubs do this daily by providing young people with on-on-one relationships with caring adult professionals and fun, age-appropriate, well-rounded programming.

Boys & Girls Clubs of America offers a framework to local clubs for youth development and proven, nationally recognized programs that provide young people with the knowledge, skills and attributes they need to pursue their dreams and succeed in life. Because of grant funding requirements, it is necessary that we administer pre and post-tests, an anonymous questionnaire about a child's personal background, and in some cases, keep progress notes on participants. All of this information will be kept strictly confidential. If you have any questions or concerns, or to view the course of program contents, please call Boys & Girls Club Director of Program Services at 423-230-4160 ext 226 or review program descriptions at www.bgca.org.

Records Authorized Unless Otherwise Noted: (by crossing out and initialing)

- Report Cards, T-Cap/ Assessments & Medical Information/Disability/IED
- Surveys/interviews related to BGCK or programs
- Photography for BGCK or media related
- Participate in BGCA programs

This authorization shall remain in effect for the duration of my participation with services directly or indirectly provided by BGCK (or for the remainder of membership). I agree that photo copies of this authorization may be used for the purposes stated above; I understand that all of my information will be kept confidential and only appropriate personnel (designated by the Boys & Girls Club) will be able to obtain information.

Signature of Parent/Guardian

Date

Membership Secretary or
Boys & Girls Club Administrative Staff

Date

Staff Initial: _____



**BOYS & GIRLS CLUB
OF GREATER KINGSPORT**

Immunization Records

My Child's _____ Immunization Records are on file at my child's

(First and Last Name)

school _____

(Name of School)

Parent's Signature _____

Date _____

Staff Signature _____