

GREAT FUTURES START **HERE.**



MEMBERSHIP APPLICATION

The cost for ANNUAL membership is \$20 for each child not to exceed \$50 per family. You may join at any time, however, ALL memberships expire on August 31, 2024. Please see our Membership Coordinator for payment.

All parents & members MUST attend an orientation and pay membership fees before enrollment is secured.

Member Information

Child's Full Name:		Nickname:	
Address:		City:	State: Zip Code:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	School:	
Grade as of September 2024:	Teacher:	Teacher Email:	
Is there anything you feel would be helpful for our staff to be aware of with regard to your child's academic abilities? (This will give us the background to provide your child with extra homework assistance if needed.)			

Child's Ethnicity:			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian-Pacific Islander	<input type="checkbox"/> Caucasian (White)	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Native American	<input type="checkbox"/> Chinese-American	<input type="checkbox"/> Somali
<input type="checkbox"/> Other:			

Member General Information

Please fill out this portion of the application completely so that we can better know your child.

1. Please list your child's interests and hobbies.

2. Please list information on your family dynamic that would be helpful for our staff to know (foster parents, split household, recent divorce, etc.)

3. Please list any behavioral concerns with your child and triggers. Include anything that would be helpful for us to know.

Parent/Guardian Information

Primary Parent/Guardian Full Name:		Relationship to Child:		
Address:		City:	State:	Zip Code:
Primary Phone: This number is my (circle): Home Work Cell		Secondary Phone: This number is my (circle): Home Work Cell		
Email Address:				
Employer:		Job Title:		
Secondary Parent/Guardian Full Name:		Relationship to Child:		
Address:		City:	State:	Zip Code:
Primary Phone: This number is my (circle): Home Work Cell		Secondary Phone: This number is my (circle): Home Work Cell		
Email Address:				
Employer:		Job Title:		

Emergency Contact Information

(Please list two emergency contacts in the event we are unable to reach the parents/guardians)

Emergency Contact Full Name:		Relationship to Child:		
Address:		City:	State:	Zip Code:
Primary Phone: This number is their (circle): Home Work Cell		Secondary Phone: This number is their (circle): Home Work Cell		
Is this individual allowed to pick up your child from the club in your absence: (Circle) YES NO				
Emergency Contact Full Name:		Relationship to Child:		
Address:		City:	State:	Zip Code:
Primary Phone: This number is their (circle): Home Work Cell		Secondary Phone: This number is their (circle): Home Work Cell		
Is this individual allowed to pick up your child from the club in your absence: (Circle) YES NO				

Are there any individuals that should NOT be allowed to pick up your child? (Please include name, relationship to child, and reason):

Child Release Information

Please list two additional individuals who are allowed to pick up your child from the Club (If applicable)

Contact Full Name:	Relationship to Child:
Primary Phone: This number is their (circle): Home Work Cell	Secondary Phone: This number is their (circle): Home Work Cell
Contact Full Name:	Relationship to Child:
Primary Phone: This number is their (circle): Home Work Cell	Secondary Phone: This number is their (circle): Home Work Cell

Family General Information

We are required to report the following information below to assist us in our search for outside funding to better serve our membership. Information may be collected for statistical purposes. **All information will be kept confidential. Your assistance is very much appreciated.**

Number of people in household: _____

Annual Income:

- \$0-\$15,999
 \$16,000-\$22,999
 \$23,000-\$28,999
 \$29,000-\$35,999
 \$36,000-\$60,000
 \$60,000+

Is this child eligible for free or reduced lunch? (Please Circle): YES NO

Does your child qualify for any of the following programs (**Check all that apply**):

- TANF
 SSI
 SNAP (Food Share)
 Day Care Voucher
 Free & Reduced Lunch
 General Assistance
 Veterans Compensation
 SSDI
 W-2
 WIC
 Wisconsin Shares
 Other:

Child lives with (**Check all that apply**):

- Both Parents
 Shared Custody
 Parent/Significant Other
 Parent/Step-Parent
 Parent/Other Relative
 Single Parent Only
 Foster Care
 Group Home
 Other (Please Explain): _____

Is your child part of a military family?

- Yes (Please Circle): Active or Retired
 No
 Who is the member of the family in the military: _____

Branch of Service: _____

Is the member currently deployed:

- Yes Expected Date of Deployment: _____
 No

Child Medical Information

Medical Insurance Company:	Insurance Policy Number:
Child's Physician:	Child's Physician Phone Number:
Any medical conditions we should be aware of?	
Any known allergies we should be aware of?	

Waiver

MEMBER MEDIA/PHOTO RELEASE

I give consent for photographs to be taken of my child to be used in displays, brochures, newsletters etc., exclusively for the Boys & Girls Clubs of Barron County. I give permission to use pictures, audio, videos, electronic images, and/or other works of my child in club-related publications, advertisements, media files, internet websites, or any other photo or media outlet.

- Yes
 No

TECHNOLOGY

I give permission for my child to use the computers with internet access. All members will complete the NetSMARTZ program (a national Boys & Girls Club Internet safety course) prior to any activities on the computer. Boys & Girls Club members may access sites approved by Club Staff members, such as math games, etc. Members are not allowed to access email accounts or live chat room sites at the Club unless it is part of a structured program activity. Parents/guardians should notify Club staff if they wish to prohibit access to certain websites.

- Yes
 No

MEMBER ITEMS

I understand the Boys & Girls Clubs of Barron County are not responsible for lost or stolen items. Members are responsible for the care and storage of any items, such as electronics or clothing, which are brought into the club.

- Yes
 No

SURVEY & QUESTIONNAIRES

I give permission for Boys & Girls Clubs of Barron County to survey my child about his or her Club experience, behaviors, skills, and attitudes using Boys & Girls Clubs of America's National Youth Outcomes Survey or other survey instruments. Participation of youth in surveys will follow Title 34 guidelines by the U.S. Department of Education. Any and all information received will be kept strictly confidential. Data gathered through these means will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

- Yes
 No

MEDICAL TREATMENT

I will not hold the Boys & Girls Clubs of Barron County responsible in case of injury from my child’s activities in the Club program and I give consent to seek emergency medical treatment by a physician or hospital in case of an accident. I will be responsible for any/all costs of medical attention and treatment.

Note: The Boys & Girls Clubs of Barron County does not have access to the medications that your children have access to during the school day. If this is a concern, please let us know right away. Our policy states that we do not administer medication unless a Medication Administration Form is filled out, if you need this please contact the Site Director. It is the parents responsibility to supply medication as needed, please read the Parent Handbook for more information.

- Yes
- No

PERMISSION TO USE FACILITIES

I have received the Parent/Member Handbook and realize that an orientation will be done with my child before their first day at the Boys & Girls Club. My child understands that membership constitutes the use of the facilities in a respectful manner and agrees to comply to the best of their ability with all rules and regulations as dictated by the Boys & Girls Clubs of Barron County. I waive all rights for claims against the Boys & Girls Clubs of Barron County, its Board of Directors, Officers, Staff or Volunteers for any damages or injuries which may occur during my child’s participation in Club-sponsored activities.

- Yes
- No

RELEASE OF ACADEMIC RECORD

I, _____ [name of parent/guardian], the parent and/or legal guardian of _____ [name of Club member], grant the Boys & Girls Clubs of Barron County my permission to obtain school records, transcripts, grade reports (report cards and progress reports) and standardized test results through partnering school districts and their online grading systems including Skyward, PowerSchool, etc. I give the Boys & Girls Clubs of Barron County permission to seek educational information about my child from their school and communicate with their school guidance counselor about my child’s performance at school.

I have read the completed application and waiver, understand the rules of the Boys & Girls Clubs of Barron County, and request that my child be admitted into membership. I will notify the Club of any changes in any information listed on the membership application. I hereby give my permission for my child to join the Boys & Girls Clubs of Barron County and to participate in all Club Activities and acknowledge that my child is fit and capable of participating in these activities.

Parent/Guardian Signature _____
Date:

FOR OFFICE USE ONLY

Membership Information

Member ID #:	Date Entered:	Staff Initials:	Site:
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Registration Payment Information:

Staff Member Accepting Payment:	Date:		
Cash \$ _____	Check \$ _____	Check ID: _____	Online ID & \$: _____

Orientation Information:

Orientation Date:	Staff Signature:
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