

# GREAT FUTURES START HERE.



The cost for annual membership is \$20 per year for the first child, \$10 for the second child, and \$5 for any additional children, not to exceed \$50 per family. You may join at any time, however, all memberships expire on August 31, 2023. Please see our Membership Coordinator for payment.

## For Office Use Only

Member #: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_  
Site: \_\_\_\_\_

## MEMBERSHIP APPLICATION

**Parents & Members MUST attend an orientation and pay membership fees before enrollment is secured.**

### Child's Information

Child's Full Name: (Last, First, Middle Initial)		Nickname:	
Address:	City:	State:	Zip:
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: (MM/DD/YYYY) ____/____/____	Grade as of September 2022	
	School	Teacher (If Applicable)	
Is there anything that you feel would be helpful for our staff to be aware of with regards to your child (disabilities, fears, etc.)?			

### Child's Medical Information

Insurance Company:	Insurance Policy #:
Child's Physician:	Physician's Phone #:
Any known Allergies:	Any Medical Conditions we should be aware of:

### Child's 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 & hobbies.

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2. Please list your child's favorite school subjects & subjects they struggle in.

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3. Please list triggers or anything that would be helpful for our staff to be aware of with your child. It would be helpful to include family dynamic information as well (living with single parent, foster information, etc).

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## Parent/Guardian Information

<b>1 Primary Parent/Guardian Full Name:</b>		Relationship to Child:	
Address:	City:	State:	Zip:
Email Address:			
Primary Phone: This number is my: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Secondary Phone: This number is my: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Employer:		Job Title:	
<b>2 Parent/Guardian Full Name:</b>		Relationship to Child:	
Address:	City:	State:	Zip:
Email Address:			
Primary Phone: This number is my: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Secondary Phone: This number is my: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Employer:		Job Title:	

## Emergency Contact Information (Please list two emergency contacts in case we are unable to reach the parents/guardians.)

<b>1 Emergency Contact Full Name:</b>		Relationship to Child:	
Address:	City:	State:	Zip:
Primary Phone: This number is his/her: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Secondary Phone: This number is his/her: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Is this individual allowed to pick up your child from the Club in your absence: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2 Emergency Contact Full Name:</b>		Relationship to Child:	
Address:	City:	State:	Zip:
Primary Phone: This number is his/her: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Secondary Phone: This number is his/her: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Is this individual allowed to pick up your child from the Club in your absence: <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Child Release Information (ALL SECTIONS NEED TO BE FILLED OUT BEFORE YOUR CHILD CAN

### ATTEND THE CLUB-THIS IS USED FOR GRANT PURPOSES AND IS CONFIDENTIAL)

Please list 2 additional individuals who are allowed to pick up your child from the Club (Please put name, phone number, and relation to yourself and your child):

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Are there any individuals that should NOT be allowed to pick up your child?  Yes  No, If "Yes" please list the following information: Name, Reason, Relationship to Child

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**Financial Information**

By providing the information below you will assist us in our search for outside funding to better serve our Boys & Girls Clubs of Barron County families. Information is collected for statistical purposes only. **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?**  Yes  No

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

- TANF (Temporary Assistance for Needy Families)  SSI
- Free and Reduced Lunch at School  S.N.A.P. (Supplemental Nutrition Assistance Program)
- SSDI  Day Care Voucher
- General Assistance  Veterans Compensation

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

- Both Parents  Parent/Step-Parent  Single Parent Only (Mother/Father – please circle)
- Shared Custody  Parent/Other Relative (Aunt/Uncle, Grandfather/Grandmother – please circle)
- Parent/Significant Other  Foster Care  Group Home
- Other (Please explain: \_\_\_\_\_)

Child's ethnicity:

- African-American  Asian-Pacific Islander  Caucasian (White)  Hispanic
- Multi-racial  Native American  Chinese-American  Somali  Other

Is your child part of a military family?  Yes  No If Yes:  Active or  Retired

Who is the member of the family in the military: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Is the member currently deployed:  Yes  No Expected Date of Deployment: \_\_\_\_\_

**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 website, or any other photo or media outlet.

**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.

## MEMBER ITEMS

I understand the Boys & Girls Clubs of Barron County is 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.

## 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.

## 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.***

## 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.

## 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

**Office Use Only** Staff Member Accepting Payment: \_\_\_\_\_ Date: \_\_\_\_\_  
Form of Payment attached: Money Order \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash \_\_\_\_\_