



Membership Application for School Year (Sept 2023- May 2024)

Fee Required at time of application: \$40 per child, per school year (all ages)

Date _____ (Check Program) Teen (13-18) _____ After School (6-12) _____ Summer program _____

Member Information:

First Name: _____ **Middle:** _____ **Last:** _____

Gender: M _____ F _____ **DOB:** _____ **Ethnicity:** African American _____ Asian _____ Hispanic _____

Address: _____ Native American _____ Other _____ Caucasian _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

Cell Phone: _____ **Email:** _____

School Information:

Current Teacher: _____ **School:** _____ **Grade:** _____

Household:

**** NOTE: This information is collected for Grant writing purposes ONLY**

Do you live with: ___ Mom ___ Dad ___ Step Mom ___ Step Dad ___ Grandparent ___ Other: _____

Name of Primary Caretaker: _____ **Relationship to Child:** _____

Cell Phone: _____ **Work Phone:** _____ **Place of Work:** _____

Housing Development (if applies): _____ **Number in Household:** _____

Name of Secondary Caretaker: _____ **Relationship to Child:** _____

Cell Phone: _____ **Work Phone:** _____ **Place of Work:** _____

Medical Information:

Doctor Name: _____ **Doctor Phone:** _____

Permission for Treatment by Doctor/Hospital: ___ Yes ___ No

Serious Health Problems: ___ Yes ___ No **If Yes, explain:** _____

Medications: Yes ___ No ___ **If Yes, explain:** _____

Allergies: Yes ___ No ___ **If Yes, explain:** _____

Physical: Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Birthmarks/Features: _____

**** All parents will be added to our text alert system**

Emergency Contacts:

Contact Name: _____ **Contact Name:** _____

Relationship: _____ **Relationship:** _____

Phone: _____ **Phone:** _____

Additional Info (must list if child is on an IEP, safety plan, or has behavior issues):

Disclaimers:

The Springfield Boys & Girls Club encourages members to leave anything of value at home. The Club is not liable for any lost or stolen items. Large amounts of money, expensive clothes, jewelry, and electronics should be kept at home. Weapons of any kind are not allowed in the Club, and may result in immediate termination. Fighting and using abusive language will not be tolerated and are grounds for suspension and/or termination. Children are to be picked up at the times designated by club officials.

For all drop-in members, the Club has an **Open Door Policy**. Members are allowed to come and go as they please. We assume no responsibility for members who choose not to come on a particular day or who choose to leave early. We only supervise youth while in our building or in our play area. **If you want your child to remain in the Club at all times, please instruct them not to leave.** If a child does not walk home on their own, please make arrangements prior to pick them up on time. Any child picked up after their allotted time may be subject to late fees and eventually removal from the program. Any children left at the Club after the allotted program time for more than an hour without notification may be considered abandoned and police may be notified.

Authorizations:

Medical: I hereby given consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a SBGC program. I understand that the SBGC will make every attempt to contact me beforehand. It is also understood that the cost thereof will be my expense.

Surveys/Questionnaires: I hereby give permission for my child to participate in the tracking of SBGC outcomes/goals, which include: *taking surveys, participating in focus groups.* I also grant access to my child's academic records i.e. report cards, which will be kept confidential and used specifically for the purpose of evaluating the success of SBGC programs and supporting your child's academic success.

Technology: I understand that as a member of the SBGC, my child will have access to the Internet. While precautions are taken through cyber patrol, my child may try to access inappropriate sites. SBGC has rules and consequences at the Club for such Behavior. The SBGC will not be held responsible for the consequences of such access.

Miscellaneous: I hereby give permission to my child to become a member of the Springfield Boys & Girls Club. I understand that my child must follow the rules and expectations of the SBGC and its staff. I will explain the rules of the Club to my child and hold him/her responsible to follow those rules. SBGC staff reserves the right to suspend or terminate a member if those guidelines are not followed and I understand no dues will be returned to me.

Photo Release: I hereby give consent to the SBGC and/or its representatives to photograph my child. I authorize them to use these photos in any future publications, events, advertisements, articles, or other use relating to the SBGC. I release the SBGC, its staff, officers, and representatives for all claims of invasion of privacy, defamation or any claim based on the use of said photograph.

Please Read Carefully:

I have received and will read the Parent/Member Drop-In Info Handout. I understand my child, and I must follow all the rules of the Springfield Boys & Girls Club. By signing below, I agree and will adhere to all of the above disclaimers and authorizations. I also agree that all information is complete and correct to the best of my knowledge. I understand failure to disclose any pertinent medical, educational, or social issues may result in termination of membership.

Parent/Guardian Signature

Date

Print Name

Member's Promise

I promise to take care of my Club and its property. I will respect the building, other members, and staff at all times. If at any time I do not follow the rules of the Club, I understand that I may lose my membership to the Club.

Child's Signature

Date

Print Name

CITY OF SPRINGFIELD - OFFICE OF COMMUNITY DEVELOPMENT
INCOME VERIFICATION

The City of Springfield's Office of Community Development has provided HUD-funded assistance to this agency. HUD requires that we provide the information contained within this form for each person assisted.

All information must be completed. Please be sure to fill in the information on the reverse side of this form.

I. GENERAL INFORMATION	
Name: _____	
Street Address: _____	
City, State, Zip Code: _____	
IMPORTANT: HUD considers race and Hispanic origin to be two separate and distinct concepts. Please write in information for both ethnicity (#1 below), race (#2 below) PLEASE DO NOT LEAVE ANY SECTIONS BLANK.	
II. INDICATE ETHNICITY (check one):	
_____ Hispanic or Latino	_____ Not Hispanic or Latino
Indicate Race (select one):	
Single Race:	Multi Race Categories:
_____ White	_____ American Indian or Alaska Native and Asian and white
_____ Black or African American	_____ Black or African American and White
_____ Asian	_____ American Indian or Alaska Native and Black or African American
_____ American Indian or Alaska Native	_____ Other Multi-Racial
_____ Native Hawaiian or Other Pacific Islander	

III. Income of participant household (updated as of December 2012)			
	Extremely Low (30%) Income Limits	Very Low (50%) Income Limits	Low (80%) Income Limits
1 Person	\$17,950 _____	\$17,951 - 29,900 _____	\$29,901 - 47,850 _____
2 Persons	\$20,500 _____	\$20,501 - 34,200 _____	\$34,201 - 54,650 _____
3 Persons	\$23,050 _____	\$23,051 - 38,450 _____	\$38,451 - 61,500 _____
4 Persons	\$26,200 _____	\$26,201 - 42,700 _____	\$42,701 - 68,300 _____
5 Persons	\$30,680 _____	\$30,681 - 46,150 _____	\$46,151 - 73,800 _____
6 Persons	\$35,160 _____	\$35,161 - 49,550 _____	\$49,551 - 79,250 _____
7 Persons	\$39,640 _____	\$39,641 - 52,950 _____	\$52,951 - 84,700 _____
8 Persons	\$44,120 _____	\$44,121 - 56,400 _____	\$56,401 - 90,200 _____

IV. CERTIFICATION	
I certify that the information contained herein is true, complete and correct to the best of my knowledge and belief. This annual income indicated above is the annual income for my household as of the below date.	
Date: _____	Applicant's Signature: _____

By signing below, I _____ [Parent/Guardian Name], the authorized parent/guardian of _____ [STUDENT NAME], authorize Springfield Boys & Girls Club to share written information of my child's participation and performance in Boys & Girls Club programs with the Springfield Public Schools. Further, I authorize Springfield Public Schools to disclose information in my child's student record, including but not limited to my child's enrollment, attendance, behavior, and academic performance with the Springfield Boys & Girls Club.

I understand that the purpose of allowing this information to be between Springfield Public Schools and the Springfield Boys & Girls Club is to enable both Springfield Boys & Girls Club and Springfield Public Schools to improve the quality and alignment of services and education for my child. I also understand that the shared information will be stored in a secure, password-protected electronic database maintained by Springfield Public Schools and accessible only to those with authorized access.

I understand that the Springfield Boys & Girls Club may disclose non-identifiable aggregate student data that may include information regarding my child.

I understand that in the event my child is no longer enrolled in Springfield Public Schools or ceases participation in Boys & Girls Club programs, within a reasonable period of time, both organizations will terminate all information sharing about my child. Both organizations will also terminate any information shared about my child if I revoke this authorization in writing and deliver it to Springfield Boys & Girls Club and Springfield Public Schools.

Student Name

Parent/Guardian Name (Printed)

Student ID Number (lunch number)

Parent/Guardian Signature

Date

DROP IN MEMBER INFORMATION (PLEASE READ)

Hours of Operation School Days (Drop-in begins September 12th, 2023)

Ages 6-12 (Tues-Fri, 3:00pm - 6:00pm) **Ages 13-18** (Tues-Fri, 6:00pm - 9:00pm)

Drop-In Hours of Operation Saturdays/Vacation Days

Ages 6-12 (9:30am - 1:30pm)

Ages 13-18 (1:30pm - 5:30pm)

Please note that all Club hours are subject to change

EEC LICENSED DAYCARE AFTER SCHOOL PROGRAM

Transportation Available / Vouchers Accepted

Ages 5-12: Monday through Friday

School Days (3:00pm - 6:00pm) **Vacation Days** (8:00am - 5:30pm) **School Early Dismissal** (12:00pm - 6:00pm)

Please note that all Club hours are subject to change

Attention

**** Hours are subject to change, and we may close the building as needed. If there is a Monday holiday, the Club will be closed the Saturday before. We also will be closed for the drop-in program on various dates throughout the school year due to maintenance or special events. Please pay attention.**

***** If a child is not picked up by the end of regularly scheduled program time, the Club reserves the right to impose late fees, suspend, or terminate service.**

Child Injuries

If an injury is minor and can be taken care of by a staff certified in First Aid, appropriate treatment will be administered and an injury report will be completed for parents to sign. If an injury requires additional medical treatment, parents will be notified immediately to pick up their child. In the case of an injury that requires immediate medical treatment, the following steps will be taken:

1. An ambulance will be called. 2. The parent or guardian will be notified. 3. A Springfield Boys & Girls Club staff member will accompany the child to the hospital. 4. A Springfield Boys & Girls Club staff member will remain with the child until a parent or guardian arrives. 5. An incident report will be filled out on all injuries - minor or major.

Prevention of Child Abuse and Neglect

The staff will ensure that all children enrolled in the program are protected from abuse and neglect while the children are in the Club's care.

Termination Policy

The Club reserves the right to suspend and/or terminate services for the following reasons:

1. Inappropriate behavior by the child during transportation and/or program time;
2. **Inappropriate behavior by a parent within the program area (yelling at staff, unprofessional conduct)**

Please make sure that your child understands that inappropriate and disrespectful behavior at the Club will not be tolerated. Any child exhibiting behavior that is detrimental to the program and Club members will be disciplined, up to and including termination of membership. **Membership dues are non-refundable**

Emergency Procedures

In case of an emergency such as a fire or natural disaster, Club children will be moved to the Shriner's Hospital on Carew Street, Springfield, which is located directly across the street from the Club.

Membership Application

Please be sure to fill out the attached membership application in its entirety. Emergency numbers are extremely important, so if any information changes, please be sure to notify the Club so we can update our records. In addition, please notify the Club if your child is on an IEP, Safety Plan, or has any other behaviors of which we should be aware.