



481 Carew St. Springfield, MA 01104
(413) 732 - 7201 | info@SBGC.org
www.SBGC.org

Membership Application for School Year (Sept 2024- May 2025) 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):

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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



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481 Carew St. Springfield, MA 01104 (413) 732 - 7201 | info@SBGC.org www.SBGC.org 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 allowed 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.

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 _____ 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.



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III. Income of participant household (updated as of December 2012) Date: _____

481 Carew St. Springfield, MA 01104 (413) 732 - 7201 | info@SBGC.org www.SBGC.org Applicant's

Signature: _____ 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: _____ American Indian or Alaska Native and

Asian and white _____ Black or African American and White _____ American Indian or

Alaska Native and Black or African American _____ Other Multi-Racial _____ White

_____ Black or African American _____ Asian _____ American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander Multi Race Categories: 1 Person 2 Persons 3 Persons 4

Persons 5 Persons 6 Persons 7 Persons 8 Persons Extremely Low (30%) Income Limits \$17,950

_____ \$20,500 _____ \$23,050 _____ \$26,200 _____ \$30,680 _____ \$35,160

_____ \$39,640 _____ \$44,120 _____ Very Low (50%) Income Limits \$17,951 - 29,900

_____ \$20,501 - 34,200 _____ \$23,051 - 38,450 _____ \$26,201 - 42,700 _____

\$30,681 - 46,150 _____ \$35,161 - 49,550 _____ \$39,641 - 52,950 _____ \$44,121 -

56,400 _____ Low (80%) Income Limits \$29,901 - 47,850 _____ \$34,201 - 54,650

_____ \$38,451 - 61,500 _____ \$42,701 - 68,300 _____ \$46,151 - 73,800 _____

\$49,551 - 79,250 _____ \$52,951 - 84,700 _____ \$56,401 - 90,200 _____ 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.



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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 481 Carew St. Springfield, MA 01104 (413) 732 - 7201 | info@SBGC.org www.SBGC.org 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.



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Parental Waiver and Consent Form

I understand staff at the Springfield Boys & Girls Club (SBGC) are trained in the basics of First-Aid and CPR, and I authorize them to give my child First-Aid and CPR when appropriate. Yes / No

In the case of emergency, I give the SBGC permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached. Yes / No

I give the SBGC permission to photograph my child to be used in displays and promotional materials. Yes / No

I give the SBGC permission for my child to use computers according to the SBGC rules. Yes / No

I give the SBGC permission to take my child off-site on field trips and understand that in some instances a third party bus company will provide transportation for our members to and from the field trip. Yes / No

In the event my child does not wish to attend a scheduled field trip, my child will not be able to attend the club that day as all staff will be on the field trip. I will be responsible for securing alternate care arrangements for my child for this day only. Yes / No

I give permission for my child to participate in daily swim time provided by the SBGC. I understand that my child will be tested to assess his/her swimming ability. All members must wear a bathing suit and have a towel in order to participate. Yes / No

The Program Director may request a conference regarding my child's behavior and/or incident that may warrant termination. I understand that it is to the discretion of the Program Director whether my child will be terminated from the program. I also understand that I may request a conference to discuss matters that concern my child and the program. Yes / No

- ***Please Note that parent/guardians or other authorized contact must accompany the child into the building and sign them in and out of the program.***

Parent/Guardian Signature

Date