

Unit Name:
Date Entered Into Kidtrax:
Kidtrax ID#:



**BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS**

Date Received: _____ () Renewal () New
Amount Paid: _____
Received By: _____

Membership Application

GENERAL HOUSEHOLD INFORMATION

The following information is necessary for our records and the funding our Organization receives. The answers you provide are COMPLETELY CONFIDENTIAL. Your cooperation in providing this information is both appreciated and necessary.

Household Type <input type="checkbox"/> Two Adult Household <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Mother Only Household <input type="checkbox"/> Foster Home <input type="checkbox"/> Father Only Household <input type="checkbox"/> Group Home		Household Annual Income <input type="checkbox"/> \$0 - \$9,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$100,000 or more	
Please check all programs that apply to this household <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> WIC <input type="checkbox"/> Social Security <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> Veteran Compensation <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other Assistance			Family Size (# in household)

PARENT/GUARDIAN #1

First Name	Middle Initial	Last Name	Nickname
Street Address		City	State, Zip Code
Home Phone ()	Cell Phone ()	Relationship to Member <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Two or More Races	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time	Employer		Work Phone ()
Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Reserves <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran of Foreign Wars <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard
Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No	National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No		

Greatest Level of Education Achieved		
<input type="checkbox"/> Doctoral or professional degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> High school diploma or equivalent
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Postsecondary nondegree award	<input type="checkbox"/> No formal educational credential
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Some college, no degree	

PARENT/GUARDIAN #2

First Name	Middle Initial	Last Name	Nickname
Street Address		City	State, Zip Code
Home Phone ()	Cell Phone ()	Relationship to Member <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Two or More Races	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time	Employer		Work Phone ()
Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Reserves <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran of Foreign Wars <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard
Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No	National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No		

Greatest Level of Education Achieved		
<input type="checkbox"/> Doctoral or professional degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> High school diploma or equivalent
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Postsecondary nondegree award	<input type="checkbox"/> No formal educational credential
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Some college, no degree	

GENERAL MEMBER INFORMATION

Membership requires youth be between the ages of six (6) and eighteen (18). Children who are 5 & 6 years old may be required to provide age verification with a photocopy of their birth certificate or verification by the child's school.

First Name		Middle Initial		Last Name		Nickname	
Street Address				City		State, Zip Code	
Primary Contact Phone ()		Member Cell Phone ()		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Date of Birth	
School Name		Teacher Name		Grade	Age	T-Shirt Size <input type="checkbox"/> Youth XL <input type="checkbox"/> Youth XS <input type="checkbox"/> Small <input type="checkbox"/> Youth S <input type="checkbox"/> Medium <input type="checkbox"/> Youth M <input type="checkbox"/> Large <input type="checkbox"/> Youth L <input type="checkbox"/> X-Large	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Two or More Races				Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Member Lives With <input type="checkbox"/> Both Mom & Dad <input type="checkbox"/> Mom & Stepdad <input type="checkbox"/> Grandparents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad & Stepmom <input type="checkbox"/> Extended Family <input type="checkbox"/> Dad Only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Group Home				How will member leave program <input type="checkbox"/> Adult Pick-up (<i>car rider</i>) <input type="checkbox"/> Walk (<i>Franklin/Central Unit Only</i>) <input type="checkbox"/> Activity Bus (<i>Franklin Unit Only</i>)		Member Swimming Ability <input type="checkbox"/> Little or No Experience <input type="checkbox"/> Moderate Experience <input type="checkbox"/> Advanced Experience	
Member has a Social Worker <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Social Worker _____ Agency _____ Phone Number _____				Member is involved in other youth programs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Girls Scouts <input type="checkbox"/> YMCA Athletics <input type="checkbox"/> Mosaic <input type="checkbox"/> Boy Scouts <input type="checkbox"/> YMCA Summer <input type="checkbox"/> Compass <input type="checkbox"/> Big Brother/Big Sister <input type="checkbox"/> 4-H <input type="checkbox"/> Other _____			

EMERGENCY MEDICAL INFORMATION AND CONSENT

I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Central Illinois and to participate in the Club's programs. In the event that neither I, nor the person listed below, can be reached in an emergency, I authorize the staff of the Boys & Girls Clubs of Central Illinois to administer first aid according to their scope of training and I authorize my child to be transported to the nearest hospital and the attending physician to administer proper and necessary treatment for the safety of my child.

Does the member have health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company		Policy Number	
Name of Family Doctor or Clinic				Phone Number ()	
Preferred Hospital <input type="checkbox"/> Memorial Medical Center <input type="checkbox"/> St. John's Hospital <input type="checkbox"/> Other _____				Phone Number ()	
Any Allergies to food, medication, etc. <input type="checkbox"/> No <input type="checkbox"/> Yes – please explain below					
Any Medical Issues or Special Needs (please include physical, cognitive and behavioral) <input type="checkbox"/> No <input type="checkbox"/> Yes – please explain below					
Medications Currently Prescribed <input type="checkbox"/> No <input type="checkbox"/> Yes – please list below					

EMERGENCY CONTACT & PICK-UP INFORMATION

If a parent or guardian cannot be reached, in case of an emergency please contact **(DO NOT include parents listed on page 1):**

1. First & Last Name: _____ Relationship to Member _____
Cell Phone: _____ Alt. Phone _____ Authorized to pick up Yes No
2. First & Last Name: _____ Relationship to Member _____
Cell Phone: _____ Alt. Phone _____ Authorized to pick up Yes No
3. First & Last Name: _____ Relationship to Member _____
Cell Phone: _____ Alt. Phone _____ Authorized to pick up Yes No
4. First & Last Name: _____ Relationship to Member _____
Cell Phone: _____ Alt. Phone _____ Authorized to pick up Yes No

MEMBER'S AGREEMENT

I wish to become a member of the Boys & Girls Clubs of Central Illinois. I agree to follow the rules of the Club and I promise to take care of the Club's property. I will do my part to make my Club the best and safest place it can be for all other Club members and me. I also agree to abide by three basic rules of the Club: **Respect Myself, Respect Others, and Respect My Club**

Member Signature	Date
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PARENT/GUARDIAN CONSENTS

Media Release: I grant the Boys & Girls Clubs of Central Illinois, and its partnering organizations, the irrevocable right to use photographs, videos, and the likeness of my child and any artwork or other projects created by my child for publicity purposes, including social media outlets and the production of promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interest in said images and I waive the right to inspection and approval of the finished reproduction. Yes No

Survey Release: I grant my permission to the Boys & Girls Clubs of Central Illinois to survey my child about his/her Club experiences, risk behaviors, skills, and attitudes. I give consent for my child to complete youth outcomes surveys involving questions about his/her risk behaviors at various times throughout the year. I am aware that, upon my request, I am able to preview blank sample copies of the youth outcomes surveys prior to their administration. I agree that if I do not want my child to participate in the youth outcomes surveys, I must provide notice in writing to the Boys & Girls Clubs of Central Illinois. Yes No

General Waiver for Membership: I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Central Illinois and to participate in the Club's programs. I agree not to hold the Boys & Girls Clubs of Central Illinois and any affiliates responsible for any accident or injury or property damage incurred while using Boys & Girls Club facilities or engaged in off-site activities, and further agree to indemnify and save them harmless from any loss, cost, or expenses arising out of any accident or injury sustained on their premises or engaged in off-site Club activities, or from the use of any of their equipment.

I give my permission to the Boys & Girls Clubs of Central Illinois to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA), Illinois State Board of Education (ISBE), United Way of Central Illinois, and the Illinois Alliance for research purposes and/or to evaluate program effectiveness. Information that will be disclosed to these groups may include the information provided on this membership applications form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Clubs of Central Illinois, including data collected via surveys or questionnaires. All information provided to each of these groups will be kept confidential.

I give my permission to the Boys & Girls Clubs of Central Illinois to request access to my child's academic, attendance, and behavior records for the current, prior, and future school years so that they can provide better services to my child and understand the impact of this program. I understand that this information will be kept confidential. I understand I am able to revoke the consent at any time in writing. I also grant permission for my child to participate in age appropriate SMART Moves programming. I understand my child will be learning about the dangers of illegal drugs, alcohol, tobacco and premature sexual activity.

I hereby state my knowledge that a copy of the current Parent/Member Handbook has been made available to me and I understand I am responsible for all the information it contains. I further state I have read and fully understand the policies and procedures contained in this application and hereby approve my child's application for membership into the Boys & Girls Clubs of Central Illinois.

Parent/Guardian Signature	Date
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BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS

POLICIES & PROCEDURES

Policies and procedures are administered to ensure the safety of all Club members, staff, and volunteers. Listed below are the policies central to our core program. It is the responsibility of the parent/guardian to read the Parent/Member Handbook, which fully explains all the rules and procedures of the Club in detail, with their child.

- | | Initials |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. It is the responsibility of the parent/guardian to assure their child is capable of properly functioning in the Club's interactive atmosphere. The Club is not suitable for all children. Parents must inform Club staff of any special needs in regard to their child's well-being. The Club reserves the right to remove a member if they are not able to function in the Club environment. All membership fees are non-refundable. | _____ |
| 2. It is the responsibility of the child AND parent/guardian to determine, understand, and enforce arrival and departure methods and communicate those to Club staff. | _____ |
| 3. Participation in Club activities requires members to attend school at least three and a half hours on school days. | _____ |
| 4. Members must be picked up by closing. If not, a late fee may be charged. Frequent late pick-ups may result in increased late fees or termination of membership. Appropriate authorities will be contacted when members are not picked up by a reasonable time and all emergency contact alternatives have been exhausted. | _____ |
| 5. All Club members are expected to: a) Respect Themselves, b) Respect Others, and c) Respect Property. | _____ |
| 6. Immediate suspension or expulsion from the Club may result from any situation where the safety of any individual is at risk. If a child needs to be removed from the Club, staff will notify a parent/guardian or authorized emergency contact. | _____ |
| 7. If there is reasonable cause to believe that a member has been in violation of the law or Club rules, Boys & Girls Club staff reserve the right to search a member or member's belongings. A parent/guardian will be notified if such search is conducted. | _____ |
| 8. A medication consent form must be completed if a child requires medication while at the Club. All medications must be provided to staff in their original container with the appropriate labels affixed. | _____ |
| 9. Club members will have access to the internet, but must abide by the rules set forth in the Club's technology policy. Inappropriate behavior is grounds for immediate suspension of computer lab privileges. | _____ |

**Boys and Girls Clubs of Central Illinois
21st Century Community Learning Centers**

PARENT/GUARDIAN INFORMED CONSENT

Our goal for 21st Century Community Learning Centers is for each and every child to have a successful and enjoyable experience in our programs that prepares them for the future. To help us understand if we are meeting this goal, and to identify areas in which we could do a better job, we are conducting an ongoing survey of children who participate in our programs and their families.

We plan to ask children directly about their experiences in our program and in school more generally. We will obtain this information by asking children to complete a survey that takes about 20 minutes to finish. With your permission, we will be administering the survey to your child during a program session at the end of the school year. We will also, with your permission, ask your child's teacher to complete a brief survey at the end of the school year. We do not anticipate risks to you or your child beyond those of everyday living. All surveys are available for your inspection and review (please contact the program director if you would like to look at the surveys).

In addition, we would like your permission to obtain your child's/children's school records, including grades and scores on school achievement tests. We would like your child's/children's achievement test scores for this year and last year. Of course, you can withdraw your permission at any time you choose.

The focus of this project is understanding how well the programs of 21st Century Community Learning Centers serve children and their families. The staff of the 21st Century Community Learning Centers will never see the individual responses of anyone participating in this project. Thus, we can assure you of complete confidentiality for your child's answers, and for your own. All the answers to questionnaires will be coded, and all identifying information will be removed.

You may be asked some personal questions. You can refuse to answer any questions that you choose, and you can withdraw from the surveys at any time. Whether you decide to participate or not, these decisions will not affect your ability or that of your child to participate in programs sponsored by 21st Century Community Learning Centers.

If you have any questions about this project, please call Health Systems Research (815-395-5639 or 800-854- 4461). The Institutional Review Board (IRB) at the University of Illinois College of Medicine – Rockford may be contacted at 815-395-5942 for information about the rights of research participants. Your signature below indicates that you agree with this statement and are willingly participating.

I have read and understand the above explanation and voluntarily consent to participate in this project.

Parent/Guardian Signature

_____/_____/_____
Date

Child's/Children's Name(s)