



Boys & Girls Club of Webster-Dudley Membership Application 2022-2023

APPLICANT INFORMATION

Please fill out the entire packet. Every piece of information helps us better care for your child(ren)

First Name:		MI:	Last Name:	
Date of Birth:	<input type="radio"/> Female <input type="radio"/> Male		Age:	
Current Address:				
City:	State:	Zip Code:		
Home Phone:	Cell Phone:	Work Phone:		
School Name:	Did you advance to the next grade?		Current Grade:	
	<input type="radio"/> Yes <input type="radio"/> No			
New Member <input type="radio"/>		Renewal <input checked="" type="radio"/>	Membership Number: _____	
I authorize the Boys & Girls Club Staff that are trained in the basics of First Aid and CPR to give my child(ren) 1 st aid when appropriate and I give my permission to the Boys & Girls Club of Webster-Dudley to seek emergency medical treatment for minor child(ren) if I cannot be contacted. Will be responsible for all costs of medical attention and treatment.				

Parent/guardian Signature _____ Date: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:		Relationship to Member:		
Home Phone:	Cell Phone:	Work Phone:		
Address:		Zip Code:		
Email:	Employed: Yes No	Annual Income:		
Name of Employer:		Occupation:		
Former Club Member: <input type="radio"/> Yes <input type="radio"/> No				

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:		Relationship to Member:		
Home Phone:	Cell Phone:	Work Phone:		
Address:		Zip Code:		
Email:	Employed: Yes No	Annual Income:		
Name of Employer:		Occupation:		
Former Club Member: <input type="radio"/> Yes <input type="radio"/> No				

EMERGENCY #1 CONTACT (MUST BE SOMEONE OTHER THAN NAME LISTED ABOVE)

Emergency #1 Contact Name:		Relationship to member:		
Home Phone:	Cell Phone:	Work Phone:		
Address:		ZIP Code:		
City:	State:	ZIP Code:		

EMERGENCY #2 CONTACT (MUST BE SOMEONE OTHER THAN NAME LISTED ABOVE)

Emergency #2 Contact Name:		Relationship to member:		
Home Phone:	Cell Phone:	Work Phone:		
Address:		ZIP Code:		
City:	State:	ZIP Code:		



Additional Pick-up Contacts		
Authorized Pick Contact #1		
Contact Name:	Relationship to member:	
Home Phone:	Cell Phone:	Work Phone:
Authorized Pick Contact #2		
Contact Name:	Relationship to member:	
Home Phone:	Cell Phone:	Work Phone:
NOT AUTHORIZED TO PICK UP		
Contact Name:	Relationship to member:	
Home Phone:	Cell Phone:	Work Phone:

Demographic Information		
NOTE: This information is collected for Grant writing purposes ONLY		
Ethnicity (Optional): <input type="radio"/> African American <input type="radio"/> White <input type="radio"/> Cape Verdean <input type="radio"/> Hispanic/Latino <input type="radio"/> Native American <input type="radio"/> Multi- Racial <input type="radio"/> Asian <input type="radio"/> Brazilian <input type="radio"/> Haitian. <input type="radio"/> Native American <input type="radio"/> Other _____		
\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____
Single Parent Household? (check that apply to you): <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Total # of People in Household: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more
Household Public Benefits: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> None/Unknown	School Lunch Program: <input type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Neither	Housing: <input type="checkbox"/> Section 7 <input type="checkbox"/> Section 8 <input type="checkbox"/> Public <input type="checkbox"/> Low Income <input type="checkbox"/> Emergency Housing (shelter, hotel) <input type="checkbox"/> Private
*Homeless in the last 12 months? <input type="checkbox"/> Yes/True <input type="checkbox"/> No/False	Primary language most often used at home (check one): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Mandarin <input type="checkbox"/> Tagalog <input type="checkbox"/> Creole <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Tibetan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Punjabi <input type="checkbox"/> Other: _____	Head of household Male <input type="checkbox"/> Female <input type="checkbox"/> Any member of household Handicapped Yes <input type="checkbox"/> No <input type="checkbox"/> Over 65 years old: Yes <input type="checkbox"/> No <input type="checkbox"/>



DISCLAIMER

I hereby give permission for my child to become a member of the Boys and Girls Clubs of Webster-Dudley. I understand that the Club is not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child. _____
 The Boys & Girls Club of Webster-Dudley is not responsible or liable in any way in the event of harm or injury occurring to the **MEMBER IF** the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Club of Webster-Dudley legal fees

Parent/Gaurdian Signature: _____ Date: _____
 Print Name: _____

Parent/Guardian Consent & Release Information

Please initial all X___ and answer Yes or No where designated

I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Webster-Dudley, and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above Organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Media

My child has permission to be used in public relation materials for the Boys & Girls Club of Webster-Dudley and partner organizations or companies associated with the Club (includes but is not limited to having his/her photo or name in newspapers, newsletters, Club website, YouTube, Club's Facebook page, and Club's Twitter page).

Yes _____. No _____.

Surveys & Questionnaires

I, hereby give permission for my child to participate in the tracking of BGCW's outcomes/goals, which include: taking surveys, participation in focus groups, this information will be kept confidential and used specifically for evaluating the success of BGCWD programs and supporting your child's academic success.

School Information

I, give my permission to the Boys & Girls Club of Webster-Dudley and _____ School to exchange information regarding my child, _____ . The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's School or the Boys & Girls Clubs in writing.

Technology

As a member of the Boys & Girls Club, my child will have access to the Internet. While precautions are taken by the Boys & Girls Clubs of Webster-Dudley, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Webster-Dudley or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child. Social media sites are prohibited, including but not limited to; Facebook, Twitter, Instagram, Snapchat, YouTube, TikTok, Tumblr etc. Phones and other technological devices including but not limited to; Any form of tablet, handheld gaming systems, personal music devices etc

Miscellaneous

I also understand that the Club is licensed through the Department of Early Education and Care

Late Fees * IMPORTANT*

The safety of our members is our greatest priority. Please help us keep your kids safe by always picking up your child(ren) on time based on the program they are enrolled in. Different programs have different pickup times. Picking your child up late means that your child may be under-supervised, and it will require us to pay additional staff to work late. Your cooperation is greatly appreciated.

By initialing above, I acknowledge I read and accept the terms listed.

Signature _____ Date _____



After School Transportation Plan & Authorization

The Boys & Girls Club of Webster-Dudley is an EEC Liscenced program that requires check in & out each day. Members are NOT allowed to leave the program at their own will. They must be picked up by an approved authorized contact. If a contact is not on our list, the child(ren) will not be allowed to leave until someone who is authorized arrives. If this situation occurs the late fee will apply. Please note that after one hour of closing, if we are unable to get ahold of any authorized contact for pickup, Dudley Police Department and DCF will be called.

Childs Name: _____

My Child Will arrive at the program by (please check one or more of the following)

- Parent Drop Off
- Webster Public School Bus
- Supervised Walk from Dudley Elementary
- School Van
- Dudley- Charlton School District Bus
- Other: _____

Webster Public Schools

I hereby give my son/daughter, _____ permission to be transported from the Webster Public Schools to the Boys & Girls Club of Webster-Dudley for the Club's after-school activities.

I release the Boys & Girls Club of Webster-Dudley, the administration, faculty, and staff from all liability resulting in injury or damages to my child as a result of riding as a passenger in the Club bus or transportation provided to the Club. I further understand that if my child in anyway disrupts the safety and operation of the driver or passengers, displays conducts or language deemed inappropriate by the driver or causes and damages to the vehicle, that his/her transportation privileges will be revoked. I will be responsible for any financial restitution to the Boys & Girls Club of Webster-Dudley for damages so incurred as a result.

Signature _____ **Date** _____

School:

- Park Ave
- Webster Middle
- All Saints Academy
- St. Joseph's
- Other: _____

Consent for Offsite Activities

I hereby grant consent for my child to participate in offsite activiies, that include Dudley Elementary playground, field, and in the summer, field trips that are scheduled. I understand that if there are any other field trips scheduled during the school year, I will be required to sign an additional permission slip for my child to attend and/ or give payment.

Parent/Gaurdian Signature: _____ **Date:** _____



Discipline Protocol

Chewing Gum	1st offense: Verbal Warning/ Gum Thrown out, remaining gum taken away 2nd offense: Written Report/ Gum Thrown out, remaining gum taken away 3rd offense: 1 Day suspension/Behavior contract
Food/Drink outside of Cafeteria	1st offense: Verbal Warning/ Food or Drink thrown away 2nd offense: Written Report 3rd offense: 1 Day suspension/Behavior contract
Running Indoors	1st offense: Verbal warning/Time out 2nd offense: Written Report/ Time out 3rd offense: 1 Day suspension/Behavior contract
Rough Playing	1st offense: Verbal Warning/ Apology letter/Restriction from participation/ Timeout 2nd offense: Written Report/ Apology letter/ Restriction from participation/ Timeout 3rd offense: 2 Day Suspension/ Behavior Contract 4th offense: 1 Week suspension/ Review behavior contract
Using inappropriate Language	1st offense: Verbal Warning/ Time out/ Apology letter 2nd offense: Written report/ Time out/ Apology Letter 3rd offense: 1 Day suspension/Behavior contract 4th offense: 1 Week suspension/ Review behavior contract
Misuse, Damaging Equipment or Property of the Club or other Member's	1st offense: Written Report/ Parent Payment/ Apology Letter 2nd offense: 2 Day suspension/ Parent Payment/ Behavior contract 3rd offense: 1 Week suspension/ parent payment/ Behavior contract
Not following instructions/directions	1st offense: Verbal Warning/ Apology letter/Restriction from participation/ Timeout 2nd offense: Written Report/ Apology letter/ Restriction from participation/ Timeout 3rd offense: 2 Day Suspension/ Behavior Contract
Fighting, Bullying or harassing another member	1st offense: Written Report/ 1 Day suspension/ Apology Letter/ Call Home 2nd offense: 3 Day suspension/ Apology Letter/ Behavior Contract 3rd offense: 1 Week suspension/ Apology Letter/ Review Behavior Contract
Stealing	1st offense: Written Report/Item returned or replaced/ Apology Letter 2nd offense: 1 Week suspension/ Item Returned or replaced/ Behavior Contract 3rd offense: 2 Week Suspension/ Item Returned or replaced/ Review behavior contract
Disrespecting Staff	1st offense: Written Report/ Apology letter/ Time out 2nd offense: 1 Day suspension/ Apology letter/ Behavior Contract 3rd offense: 1 Week suspension/ Review Behavior Contract

By signing below, I acknowledge I read and understand the policy listed.

Member's Name: _____

Parent/guardian Signature: _____

Date: _____



Member Health History Form

Member Name: _____

Date of Birth: _____

Health-Care Providers:

Name of member's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Allergies

No Known Allergies _____

This member is allergic to: _____Medicine _____Food _____The Environment _____Other

Please describe below what the member is allergic to and the reaction:

Mental, Emotional, and Social Health:

Circle "Yes" or "No" for each statement.

Has the member:

- | | | |
|---|------|-----|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | Yes. | No. |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | Yes. | No. |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | Yes. | No. |
| 4. Had a significant life event that continues to affect the member's life?(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | Yes. | No. |

Please explain "Yes" answers in the space below, noting the number of the questions. The Club may contact you for additional information.

General Health History:

Has/does the member: Circle "Yes" or "No" for each statement.

1. Ever been hospitalized?	Yes	No	11. Had fainting or dizziness?	Yes	No
2. Ever had surgery?	Yes	No	12. Passed out/had chest pain during exercise?	Yes	No
3. Have recurrent/chronic illnesses? .	Yes	No	13. Had mononucleosis during the past 12 months?	Yes	No
4. Had a recent infectious disease?	Yes	No	14. If female, have problems with periods/menstruation?	Yes	No
5. Had a recent injury?	Yes	No	15. Have problems with falling asleep/sleepwalking?	Yes	No
6. Had asthma/wheezing/shortness of breath?	Yes	No	16. Ever had back/joint problems?	Yes	No
7. Have diabetes?	Yes	No	17. Have problems with diarrhea/constipation?	Yes	No
8. Had seizures?	Yes	No	18. Have any skin problems?	Yes	No
9. Had headaches?	Yes	No	19. Traveled outside the country in the past 9 months?	Yes	No
10. Wear glasses, contacts, or protective eyewear?	Yes	No			