



BOYS & GIRLS CLUB
OF HENDERSON COUNTY

2021-2022 Program Application

Office use only. App. Received
by _____
Date Received: ___/___/____.
Member number: _____
Payment method: _____

Child Information:

****Please provide your child's full LEGAL name.****

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Date Of Birth: _____ Age: _____

Gender: Male _____ Female _____ Other _____ HCPS Student ID#: _____

Race/Ethnicity (Circle One):

Black Latinx White Multi-Racial Asian/Pacific Islander Native American Other

Address: _____

City: _____ State: _____ Zip _____

School attending for 2021/2022 school year: _____

Grade level for 2021/2022 school year: _____

Does your child qualify for free/reduced school lunch? Yes _____ No _____

Do you reside within City Limits? Yes _____ No _____

Has your child been a Club member before? New Member _____ Renewal _____

Is your child allowed to WALK HOME? Yes _____ No _____

Please provide your cell phone number below for up-to-the-minute, critical updates via text around Club Operations, weather-related closings, etc.

Parent Cell Phone: _____

General Child Description (in case of emergency):

Eye color: _____ Height: _____ Weight: _____

Any distinguishing markings: _____

Parent/Legal Guardians—Please list ALL legal guardians, even if they reside in different households*:

Parent/Guardian Name 1: _____

When does child reside with this parent/guardian?

____ Full Time

____ Part-Time

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

****Please include a phone number at which you can be reached at all times during BGC operating hours, per the policies as outlined in the 2021-2022 Parent Handbook.**

Relationship to Child: _____ Email: _____

Employer: _____ Occupation: _____

Parent/Guardian Name 2: _____

When does child reside with this parent/guardian?

____ Full Time

____ Part-Time

Address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ Work Phone: _____ Cell: _____

****Please include a phone number at which you can be reached at all times during BGC operating hours, per the policies as outlined in the 2021-2022 Parent Handbook.**

Relationship to Child: _____ Email: _____

Employer: _____ Occupation: _____

****It is the responsibility of the legal guardian enrolling the child in the Boys & Girls Club program to notify staff immediately in writing of any changes to legal custody agreements.***

Child's Medical Information:

Primary Physician: _____ Office Telephone: (____) _____

Permission for treatment by doctor? Yes _____ No _____

Medical Insurance information:

Do you have Medical Insurance? Yes _____ No _____

Medicaid _____ NC Care _____ Other health insurance _____

Insurance Carrier: _____

Policy # _____ Group # _____

Any operations, serious injuries, chronic illness or serious medical conditions? Yes _____ No _____

If Yes, please specify:

Please list any/all known allergies: _____

List all medications child is taking: _____

*****If you request BGC staff to administer medication to your child, please complete the form entitled "Dispensing Medication Permission and Release."***

Does your child require an EpiPen or inhaler? Yes _____ No _____

If Yes, you agree to provide one to the BGC staff to keep on premises at all times, in case your child needs it.

If your child has any known physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please email a Physician's statement which identifies the condition and gives the Physician's special instructions for your child's care.

Household information:

Number of Adults in Primary Household: _____

Number of youth in Primary Household under the age of 18, including member: _____

Are there any other Club members in the Household?

_____ YES _____ NO Names: _____

Who lives with member in primary household? *Check all that apply.* ___ Mom ___ Dad ___ Step Mom

___ Step Dad ___ Grandparent ___ Foster Parent ___ Legal Guardian

Other: _____

Is there a household member currently serving in the military? Yes _____ No _____

How many adults in the primary household are currently employed? _____

How many adults in the primary household are unemployed/Laid Off? _____

How many adults in the primary household are currently in school? _____

Annual Total Primary Household Income Level:

(This information is required for grants and other funding sources, and scholarship purposes. Personal household information is kept confidential and is only reported in aggregate, never by individual.)

- \$0-\$22,000
- \$22,001 - \$30,000
- \$30,001 - \$37,000
- \$37,001 - \$46,000
- \$46,001 and up

Emergency Contacts/Transportation Plan

Child Name: _____

The following people have my permission to pick up my child *in my absence*. At least ONE emergency contact other than a parent/guardian MUST be listed.***

I understand that proper identification will be required. It is the responsibility of the parent/legal guardian enrolling their child to notify BGC staff immediately in writing of any changes to the Emergency Contacts/Transportation Plan. Under no circumstances will the child be released to anyone other than Legal Guardians, unless they are on this list.

1. Full Name _____

Relationship to Child: _____

Phone: _____

2. Full Name _____

Relationship to Child: _____

Phone: _____

3. Full Name _____

Relationship to Child: _____

Phone: _____

4. Full Name _____

Relationship to Child: _____

Phone: _____

****You are responsible for making sure your child is picked up at the conclusion of the Club program day. If your child has not been picked up at close of business, we will make every effort to reach one of your alternative contacts. If no one can be reached, we will have no other alternative than to call the proper authorities.*

The above information is complete—Staff Initials: _____

Additional Information

Child participation in BGC shall be in accordance with program requirements and resources available. While we are unable to provide one-on-one care for any child in this program, we endeavor to meet the needs of children participating to the extent possible with program resources available. Please use the section below to let us know more about your child in order to best meet their needs.

Please check all that apply to your child:

- | | |
|---|---|
| <input type="checkbox"/> ADHD/Hyperactivity | <input type="checkbox"/> Displays hopelessness/lack of future aspirations |
| <input type="checkbox"/> Exposure to gangs in community | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Exposure to violence in community | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> Discipline problems at school | <input type="checkbox"/> Dyslexic |
| <input type="checkbox"/> Hearing or Vision Impaired | <input type="checkbox"/> Family member(s) involved in prison system |
| <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Poor grades/risk for failure |
| <input type="checkbox"/> English as Second Language | <input type="checkbox"/> Victim of violent crime |
| <input type="checkbox"/> Exposure to drugs/alcohol in community | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Anger/Aggressive Behavior | <input type="checkbox"/> Special Ed/Individualized Education Plan (IEP) |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Handicapped/Physical Disability |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Displays low self-esteem | |

Additional Comments/Concerns/Instructions *Only if applicable.***

The above information is complete—Staff Initials: _____

Parent/Guardian Acknowledgement and Release of Liability

I am aware that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and public health agencies recommend social distancing and in many locations, have prohibited the congregation of groups of people. Notwithstanding, I am in need of child care and seeking to enroll my child in the Boys & Girls Club program.

Therefore, I am requesting that my child, _____, participate in the Boys & Girls Club Program ("BGC") in strict compliance with BGC Terms of Participation (Terms) as reviewed by me in the Parent Handbook that appears at www.bgchendersonco.org. While in no way limiting those Terms, I specifically acknowledge and agree as follows:

1. Participation in BGC may result in injury or transmission of disease (including but not limited to COVID-19) to my child. My child's participation in this activity is a voluntary action in all respects and I assume, on behalf of myself, my child, my family and all third parties, any and all risks of disease transmission and injury (including death), damages, and loss that may result by my child's participation in BGC.
2. I acknowledge that it is my responsibility to consult with my child's physician (or other appropriate medical provider) prior to my child's participation in BGC. If my child requires the dispensing of medication during BGC hours of participation, I have completed a Dispensing Medication Permission and Release Form.
3. I acknowledge my obligation to (a) respond to a call and/or text from BGC within thirty (30) minutes of such call/text, and, (b) if requested by BGC staff, I (or an authorized individual identified in my child's application packet) will pick up my child within thirty (30) minutes of that request.
4. My child has no right to continued participation in BGC under any circumstance; provided, however, BGC will make reasonable efforts to provide at least twenty-four (24) hours' notice in the event BGC is no longer available for my child. However, failure by me or my child to strictly comply with the Terms of BGC, as determined in the sole discretion of BGC leadership, will result in the immediate termination of my child's participation in BGC. A decision of termination for non-compliance by me or my child is final.
5. In the event of an emergency, I authorize any physician and/or medical personnel to provide my child any treatment deemed necessary for his/her immediate care and agree that I will be responsible for payment of any and all medical services rendered on my child's behalf.
6. I acknowledge that Boys & Girls Club is not responsible for any loss or theft of personal property brought to any BGC location. I release BGC, including its governing Board members, officers, employees, and agents, from any liability related to such loss or theft.
7. Additional Acknowledgements, Permissions and Releases:
 - a. *I understand that proper attire for my child, suitable for school and physical activity, is required. (See Membership Handbook)*
 - b. *I hereby give BGC staff permission to administer first aid for minor injuries, including ice packs, antiseptic, bandages, antibiotic based ointment, bee sting ointment in case of injury, and/or secure or transport my child for emergency medical treatment. Every attempt will be made to contact me or my emergency contacts. I hereby authorize transportation to a medical facility and/or the calling of a physician to provide whatever emergency medical treatment is necessary.*
 - c. *I hereby give BGC staff permission to transport my child to activities/field trips.*
 - d. *I hereby give permission for my child to participate in age-appropriate programs designed to help youth practice positive, personal decision making and avoid risky behaviors such as substance use and premature sexual activity with an abstinence-first approach.*
 - e. *I hereby give permission for BGC to use my child's image for the purposes of marketing and furthering the mission of BGC. No last names or confidential information will be shared.*

The above information is complete—Staff Initials: _____

- f. I hereby give permission for my child to complete program-related pre- and post-surveys at the Club. This information is kept strictly confidential, like all member records, and will only be used to report outcomes for the Club as a whole, with no member names or identifying information.
- g. I hereby give permission for Henderson County Public Schools to release my child's education records to BGC for use for tutoring purposes, academic success tracking, and grant reporting. This release authorization remains in effect for the 2021-2022 school year.
- h. BGC staff will maintain all children's files in a confidential manner. Pertinent information may be shared professionally with a Boys & Girls Club staff member, NC Department of Social Services Case Manager (if legal investigation has been initiated), law enforcement or the Henderson County Public School System. Files for all programs funded in whole or in part by the NC Department of Public Instruction or the NC Department of Juvenile Justice are available for monitoring and subject to audit by the funding agency. Communication of individual children's information to persons or agencies other than those listed here will require express written approval from the child's parent or legal guardian. I agree to the release of information to persons or agencies as listed above. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.
- i. I understand that this application and all waivers remain in effect for the duration of the BGC program. I understand that it is my responsibility to ensure current and accurate information is on file with BGC staff, and I agree to inform BGC staff immediately if there are any changes to my information as listed in this packet.
- j. I have read all Policies for BGC detailed in the Parent Handbook posted at www.bgchendersonco.org including new policies in place to help prevent the spread of COVID-19, and I certify that I, and my child, will abide by all such stated policies. I understand that failure to do so may result in the immediate dismissal of my child from the BGC program.
- k. I understand that all late fees are due upon pick-up of my child. I understand that failure to pay on time may result in my child's Club privileges being suspended until all fees are paid in full. I understand that my child's slot is subject to being reassigned to a member on the wait list if my fees are not paid.
- l. I have read and understand the above disclaimers and agree, as parent and/or guardian, to comply with the policies of the BGC.
- m. I shall provide the following notifications to BGC staff IMMEDIATELY when each of the following occurs. I understand that failure to honestly disclose COVID-19 exposures or symptoms may result in permanent expulsion from the BGC program:
- My child is tested for COVID-19;
 - My child is positively diagnosed with COVID-19;
 - I am tested for COVID-19;
 - I am positively diagnosed with COVID-19;
 - An individual living in my household is tested for COVID-19;
 - An individual living in my household is positively diagnosed with COVID-19; and
 - I, a member of my household, or my child have a Close Contact encounter (defined by the CDC as less than 6 feet apart for 15 minutes or greater) with someone who has tested positive for COVID-19.

I have read and fully understand this Acknowledgement and Release of Liability set forth above.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

The above information is complete—Staff Initials: _____