

MEMBERSHIP APPLICATION SCHOOL YEAR 16-17

## **FOR OFFICE USE ONLY**

**Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Membership Fee: $\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_New \_\_\_\_\_ Renewal**

**Membership Start Date \_\_\_\_\_\_\_\_\_\_\_\_Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CC \_\_\_ Cash \_\_\_ Check \_\_\_ Check # \_\_\_\_\_\_\_\_\_\_**

-----------------------Data Entry Use Only---------------------

**Date Membership Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Date Stride Academy Information Entered:\_\_\_/\_\_\_/\_\_\_**

**Shuttle Form Given to Program Director \_\_\_\_\_yes \_\_\_\_\_no**

A one year membership is $30.00

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Summer membership for the three month season is available for $15.00

(During Summer months only)

**Staff**

**Initials \_\_\_\_\_\_\_\_\_\_\_\_**

OF SPARTA

|  |
| --- |
| **Member Information:** **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gender:** \_\_\_\_Male \_\_\_\_Female **Birth Date**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Race:** \_\_\_\_African American \_\_\_\_Asian \_\_\_\_Caucasian \_\_\_\_Hispanic \_\_\_\_Native American \_\_\_\_Multi-Racial **Primary Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent’s Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_**School attending in school year 16-17:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade for school year 16-17:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Children must have completed 2nd grade to become a member) |
| **Contact Information: PRIMARY PARENT/GuARDIAN 1**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Contact Information: PARENT/GuARDIAN 2**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EMERGENCY CONTACTS: (other than parent or guardian)**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you authorize this person to be an emergency pick-up for your child? \_\_\_\_\_Yes \_\_\_\_\_No 2) First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you authorize this person to be an emergency pick-up for your child? \_\_\_\_\_Yes \_\_\_\_\_N**o**  |
| **EDUCATIONAL INFORMATION**Describe your child’s classroom situation. Check all that apply.  \_\_\_\_\_Traditional \_\_\_\_\_ Gifted and Talented program \_\_\_\_\_ Homeschooled \_\_\_\_\_Montessori \_\_\_\_\_ STEM \_\_\_\_\_ EDGE \_\_\_\_\_ Has an IEP (Individual Education Plan) \_\_\_\_\_\* Requires an aide during the school day (\* If checked, please refer to our Member & Parent Handbook on page 6 under ***Children with Special Requirements*** section.) \_\_\_\_\_Has a behavior plan Does your child receive Special Education Services in any of these areas: \_\_\_\_\_ Cognitive \_\_\_\_\_ Emotional/Behavioral \_\_\_\_\_Learning **General Information**  1) As a parent, I am interested in volunteering for events/activities at the Boys & Girls Club. \_\_\_\_Yes \_\_\_\_No  2) My child has permission to be used in printed public relations materials. \_\_\_\_Yes \_\_\_\_No 3) My child may participate in all Boys & Girls Club activities in or adjacent to the Club building. \_\_\_\_Yes \_\_\_\_No 4) My child may participate in supervised activities within walking distance of the Club. \_\_\_\_Yes \_\_\_\_No  5) My child’s name OR picture may be used on our Facebook page or Club website. \_\_\_\_Yes \_\_\_\_No 6) My child has permission to use the Internet in a supervised setting while at the Club. \_\_\_\_Yes \_\_\_\_No (Social media sites such as Facebook and email are NOT permissible while at the Club)  |
|  **Confidentail Household information**Child lives with: \_\_\_\_\_Both parents \_\_\_\_\_Mother \_\_\_\_\_Father \_\_\_\_\_Grandparent(s) \_\_\_\_\_Guardian\_\_\_\_\_Mother/Step-parent \_\_\_\_\_Father/Step-parent \_\_\_\_\_Time with both parentsCurrent Single Parent: \_\_\_\_Yes \_\_\_\_No Head of Household \_\_\_\_\_Female \_\_\_\_\_MaleNumber of members in household: \_\_\_\_\_ Number of Brothers: \_\_\_\_\_ Ages: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ What is the primary language spoken at home? \_\_\_\_\_English \_\_\_\_\_Spanish \_\_\_\_\_Hmong \_\_\_\_\_OtherIs child eligible to participate at Fort McCoy Child and Youth Services program?\_\_\_\_Yes \_\_\_\_No (A parent is: AD Military, DOD NAF and APF Civilian Personnel, Reservists and National Guard on AD, Retirees and DOD Contractors.) Is a parent currently part of one of the five active duty branches of the military?\_\_\_\_Yes \_\_\_\_NoDoes your child qualify for free/reduced lunch? \_\_\_\_Yes \_\_\_\_No Is your family TANF eligible? \_\_\_\_ Yes \_\_\_\_No (Temporary Assistance for Needy Families) |
|  **Medical Information**Does your child have any allergies, disabilities or medical conditions we should be aware of? \_\_\_\_\_Yes \_\_\_\_\_NoPlease explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list any medications your child is currently taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permission for Club staff members to administer first aid treatment as deemed necessary \_\_\_\_\_Yes \_\_\_\_\_No Permission for treatment by Doctor/Hospital to administer emergency treatment as deemed necessary \_\_\_\_\_Yes \_\_\_\_\_NoDoes your family have health and/or accident insurance: \_\_\_\_\_Yes \_\_\_\_\_No Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DisclaimeR**The Boys & Girls Club of Sparta is not responsible or liable in any way in the event of harm or injury occurring to the child or the child’s property. I will not hold the Boys & Girls Club of Sparta responsible in case of any loss, damage, injury, or death resulting from use of Club facilities or participation in Club activities whether at or away from the Club. It is agreed that the parent or guardian will not hold Boys & Girls Club of Sparta responsible for the welfare or whereabouts of the child. (i.e. Parents are responsible for making arrangements with their child regarding how s/he will get to and from the Club, as well as when their child is to be at the Club, who their child is allowed to leave with, etc.). If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Club of Sparta’s legal fees. **OPEN DOOR POLICY**The Boys & Girls Club of Sparta has an open door policy. This policy allows members to come and go at any time during the Club’s operating hours. Members are required to sign in and to sign out, and are only allowed to check in once a day. Under normal circumstance, staff cannot prohibit a member from leaving the facility. Thus, it is strictly the parent/guardian’s responsibility to determine and enforce how his/her child uses the open door policy. It is important to understand that the Boys & Girls Club of Sparta is a drop in facility and is not governed by licensure as a childcare or daycare facility.**CODE OF CONDUCT**All Club members are expected to adhere to the following rules & principles: *RESPECT* yourself, *RESPECT* others, and *RESPECT* all property of belonging to the Barney Community Center and the Boys & Girls Club of Sparta.**DISCIPLINARY POLICY**Minor misbehavior is handled with disciplinary actions depending on the situation which may include, but is not limited to: time-outs, coaching and re-teaching with staff members, loss of certain privileges, Club service, a call home, a meeting with parent and Club staff or suspension from the Club. More serious problems may require suspension from the Club for a period of time dependent upon the severity of the offense. All discipline issues will be handled on an individual basis. **MEMBER ASSESSMENT DISCLAIMER**I give my permission to the BGC of Sparta to survey my child about his or her Club experiences, risk behaviors, skills, and attitudes. When conducted, I give consent for my child to complete a youth outcomes survey. I understand blank sample copies of the youth outcomes surveys are available for review at the Front Desk. I agree that if I don’t want my child to participate in the youth outcomes surveys, I must provide notice in writing to the Boys & Girls Club of Sparta. **SCHOOL INFORMATION**I give my permission to the Boys & Girls Club of Sparta and my child’s school to exchange information regarding my child. Information that will be shared may include the information provided on this membership application form, school records involving student progress, behavior, attendance, or other information collected by the Boys & Girls Club of Sparta. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school and in the Club. The release is valid for one year from the date this membership is signed and may be revoked by contacting the Boys & Girls Club of Sparta in writing. **LATE PARENT POLICY**Members must be picked up promptly by the time the Club closes. Parents who are late will receive:* A $5 late pick up fee and $1 for each minute late will be charged per family.
* At 5 minutes late, all contacts and emergency contacts will be notified until arrangements have been made if we have not heard from a parent.
* If your child is still present 30 minutes after closing, local authorities will be contacted.
* Your fees will be sent via mail the next business day. Payment is expected within 5 business days.
* If payment is not made within 5 business days, Club services will be withheld until payment is made

Suspension from the Club may occur if your child is picked up late 3 times within a years’ time.**PARENT/GUARDIAN APPROVAL**I approve my child’s application for membership to the Boys & Girls Club of Sparta. I am aware that the Club rules and policies are available at the Front Desk and are also described in the copy of the Parent Handbook I have been given. My child and I agree to follow the Club rules and policies, and we understand that Club membership is a privilege that may be revoked at any time. If answers on this membership form are found to be false, membership may be revoked.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Parent/Guardian Signature Date |

***Sparta Area School District Request for Shuttle Transportation***

**Submit completed form to Boys & Girls Club of Sparta for approval of membership**

**FAX to Club at : 608-269-7969 or**

**Mail to: Boys & Girls Club, 1000 East Montgomery Street, Sparta, WI 54656; or**

**Email to : jsimunich@bgcofsparta.org**

**Please check any that apply**:

**Add new student\_\_\_ Change of address\_\_\_ Add to busing\_\_\_ Change in busing\_\_\_**

**No busing needed\_\_\_ Student leaving district\_\_\_ Change of school within district\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Student Name \*Other ID # School Grade** **Sex**  **DOB**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ M F \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ M F \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ M F \_\_\_\_\_\_\_\_

 \*Other ID# refers to the Public School’s Lunch Account #

**Effective Date for Start or Change** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please allow 2 business days for busing changes and contact of parent/guardian and school

­­­­\_\_\_\_\_ Shuttle Pick Up Location (**select one**): High School Administration Bldg “L” and Oak Street Intersection

\_\_\_\_\_ Shuttle Drop Off Location (**select** **one**): High School Administration Bldg “L” and Oak Street Intersection

\_\_\_\_\_ Boys and Girls Club (return to Club for verification of attendance—they will forward to Lamers)

Parent(s) or Guardian **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like notification of busing arrangements via e-mail, please add e-mail address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Copy to Lamers\_\_\_\_**

**Lamers Office Use:**

AM Bus Info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lamers Updated \_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Stop Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver notified \_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

PM Bus Info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Contacted \_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Stop Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Contacted \_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Approved by Lamers \_\_\_\_\_\_\_\_\_\_\_\_ (initial) Shuttle Bus Request 1.7.16

PARENTAL COPY

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