



BOYS & GIRLS CLUBS
OF PALM BEACH COUNTY

Membership Information Form

OFFICE USE ONLY			
Member #:	_____		Paid:
<input type="checkbox"/> New	<input type="checkbox"/> Renewing	<input type="checkbox"/> 2018-2019	<input type="checkbox"/> Sports Outreach
		<input type="checkbox"/> Summer 2019	<input type="checkbox"/> Outreach
Member's Name:		_____	
		Last Name	First Name

- Please check:
- | | |
|--|---|
| <input type="checkbox"/> Boca Raton | <input type="checkbox"/> Florence De George |
| <input type="checkbox"/> Marjorie S. Fisher | <input type="checkbox"/> Max M. Fisher |
| <input type="checkbox"/> Neil S. Hirsch Family | <input type="checkbox"/> Naoma Donnelley Haggin |
| <input type="checkbox"/> Glades (Name of the Glades Club): _____ | |

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with asterisks (*).

Parent/Guardian - Head of Household (Please Print)*:

First Name*: Last Name*:

HOH Home Address *:

Street Address

Apt/PO Box

City

State

Zip

Phone Number*: () -

Phone Type: Home Work _____

Phone Number: () -

Phone Type: Home Work _____

Phone Number: () -

Phone Type: Home Work _____

Email Address:

Home Work _____

Employer:

Job Title:

Occupation:

Military Branch:

Status:

Start Date:

End Date:

Household Type*:

<input type="checkbox"/> Group Home	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other	<input type="checkbox"/> Own
<input type="checkbox"/> Public Housing	<input type="checkbox"/> Rent	<input type="checkbox"/> Subsidized Housing	

Family Setting*:

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Non-Relatives	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Other	<input type="checkbox"/> Shared Custody	<input type="checkbox"/> State Custody	<input type="checkbox"/> Parent & Step-Parent

Family Income*(please check one):

<input type="checkbox"/> 0-11,999	<input type="checkbox"/> 16-19,999	<input type="checkbox"/> 30-39,999	<input type="checkbox"/> 50-59,999	<input type="checkbox"/> 70-79,999
<input type="checkbox"/> 12-15,999	<input type="checkbox"/> 20-29,999	<input type="checkbox"/> 40-49,999	<input type="checkbox"/> 60-69,999	<input type="checkbox"/> 80,000+

Check all that apply*:

<input type="checkbox"/> Military Family	<input type="checkbox"/> TANF	<input type="checkbox"/> General Assistance	<input type="checkbox"/> SSI
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSDI	<input type="checkbox"/> Other Government Assistance

Family Size*: **Referring Organization:**

Parent/Guardian 2 (Please Print):

First Name*: **Last Name*:**

Address*: Address is the same as the Head of Household.

Street Address

Apt/PO Box

City

State

Zip

Phone Number*: () -

Phone Type: Home Work _____

Phone Number: () -

Phone Type: Home Work _____

Phone Number: () -

Phone Type: Home Work _____

Email Address:

Home Work _____

Employer: **Job Title:** **Occupation:**

Military Branch: **Status:** **Start Date:** **End Date:**

Member Information (Please Print)

First Name*: **Last Name*:** **Middle Initial:**

Membership Type*:

Annual Membership Summer Membership Sports Outreach Outreach (Ex. Youth Organization)

Address 1*(Primary): Address is the same as the Head of Household.

Street Address

Apt/PO Box

City

State

Zip

Address 2 (If applicable):

Street Address

Apt/PO Box

City

State Zip

Phone Number: () - **Phone Type:** Home Work _____

Email Address: Home Work _____

Ethnicity*:

<input type="checkbox"/> Asian	<input type="checkbox"/> Bi/Multiracial	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White-Hispanic
<input type="checkbox"/> White Non-Hispanic		

Gender*: Female Male **Date of Birth*:** / / **Age*:**

Nick Name:

School Lunch Program (Receives Free or Reduced Lunch)*: Yes No **Can Swim:**

Authorized Password:

School Name*:

Grade Level*: **Student ID*:**

Physician: **Physician Phone:** () -

Medications:

Medical Problems:

Hospital:

Disabilities:

Primary Language*:

Pick Up Information (Please Print):

Two people authorized to pick up member (Must be 18 years old or older.)

First Name: <input type="text"/>	Last Name: <input type="text"/>
(<input type="text"/>) - <input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
<input type="checkbox"/> Acquaintance <input type="checkbox"/> _____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Lives with Member

First Name: <input type="text"/>	Last Name: <input type="text"/>
(<input type="text"/>) - <input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
<input type="checkbox"/> Acquaintance <input type="checkbox"/> _____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Lives with Member

Custody of Child* (Physical custody is the right to live with a child and legal custody is the right to make decisions that pertain to the life of the child. The parents may receive joint custody, or one parent may receive sole custody.):

<input type="checkbox"/> Legal Shared	<input type="checkbox"/> Legal Sole (Mother)	<input type="checkbox"/> Legal Sole (Father)	<input type="checkbox"/> Legal Sole (Other)
<input type="checkbox"/> Physical Shared	<input type="checkbox"/> Physical Sole (Father)	<input type="checkbox"/> Physical Sole (Mother)	<input type="checkbox"/> Physical Sole (Other)
<input type="checkbox"/> Not Applicable			

Please answer the following questions*.

Does the member have siblings? Yes No

Does the member live with the siblings? Yes No

How many siblings are attending BGC?

Please mark only one answer for the following questions*.

Transport from Club: Parent Walk

Transport to Club: Parent Walk Bus

Transport to School: Parent Walk Bus

A copy of the member's last report card was attached. *(This is needed for funding.)*

I have read the completed application, understand the rules of the Boys & Girls Clubs of Palm Beach County and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs of Palm Beach County will not be responsible for any accident to the boy/girl while on the Club(s) premises or while engaged in any activities away from the Club(s). I give my consent for photography, in which my son/daughter may appear, to be used in any way the Boys & Girls Clubs of Palm Beach County may care to use them.

Parent/Guardian Signature Member Signature Date



2018-2019 Membership Application Part 2

Please check: Marjorie S. Fisher Neil S. Hirsch Family Max M. Fisher
 Naoma Donnelley Haggin Florence De George Boca Raton
 Glades (Name of the Glades Club): _____

CLUB MEMBER(S): _____
First Name Last Name Date of Birth

PARENT/GUARDIAN _____
First Name Last Name

PICK UP AUTHORIZATION **ALL PEOPLE AUTHORIZED TO PICK UP CHILD(REN) MUST BE OVER THE AGE OF 18******

These people are authorized to pick up my child(ren):

Name: _____ Relationship: _____

Phone Number: _____ Home Mobile Work

Name: _____ Relationship: _____

Phone Number: _____ Home Mobile Work

Name: _____ Relationship: _____

Phone Number: _____ Home Mobile Work

If you have court documentation regarding who is or is not allowed to pick up your child(ren), please submit a copy of to the Boys & Girls Clubs of Palm Beach County, Inc.

Parent/Guardian Signature: _____
Signature Date

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that my child is injured or needs medical care while at the Boys & Girls Clubs of Palm Beach County, Inc. or on a field trip and I/we cannot be reached, I/We authorize the Boys & Girls Clubs of Palm Beach County, Inc. to obtain medical and/or hospital care on an emergency basis and I/we will be financially responsible for such care.

Parent/Guardian Signature: _____
Signature Date

POLICIES/RULES/REGULATION ACKNOWLEDGEMENT

By signing below, I verify that I have received a copy of the Boys & Girls Clubs policies/rules/regulations listed below and understand that I am responsible for reading the policies/rules/regulations. I understand that my child(ren) must follow the policies/rules/regulation. I understand that any violations of these or any other Club policy, practice or procedure will subject my child(ren) to disciplinary action up to and including expulsion from the Club. I also understand that the policies/rules/regulations may be modified at any time.

I understand that I must attend a mandatory meeting to review these policies/rules/regulations, practices and procedures in order for my child(ren) to attend the Club. I understand if I do not attend the mandatory meeting scheduled by the Club my child(ren) will not be part of the Summer Camp Program. If I have any questions regarding the content or interpretation of these policies/rules/regulations, I will bring them to the immediate attention of the Club Director.

Parent/Guardian Signature: _____
Signature Date

PHOTOGRAPH & VIDEO PERMISSION

I hereby grant the Boys & Girls Clubs of Palm Beach County, Inc., its subsidiaries, successors, assignees and licensees the absolute right and permission to copyright, use, publish and distribute any and all photographs and videos in which my child(ren), named at the top of this form, may be included for editorial, advertising, art broadcast or promotion, without restriction.

Parent/Guardian Signature: _____
Signature Date

I DO NOT want my child(ren) to be included for editorial, advertising, art broadcast or promotion.

Parent/Guardian Signature: _____
Signature Date

PARTICIPATION WAIVER

I/We, the parents of the child(ren) referenced at the top of this form understand that Boys & Girls of Palm Beach County, Inc. ("Club") makes available organized athletic, recreational and educational activities for its members. I/We understand that there are always dangers and risks connected with participation in such activities (particularly contact sports) and as Parent(s)/Guardian(s) if the member(s) named at the top of this form, I/we hereby give my /our approval of his/her participation in all activities of the Club. I/We understand that the Club consents to his/her participation only upon the condition of my/our acceptance of responsibility for any and all such risks and dangers (including any risks associated with transportation to or from the Club or any Club activity) and I/we do hereby release, indemnify and hold harmless Boys & Girls Clubs of Palm Beach County, Inc., the organizers, sponsors, supervisors, and staff of all its' activities, from any and all liability in release and hold harmless from any person transporting him/her to or from any Club activities. I/WE UNDERSTAND THAT BOYS & GIRLS CLUBS OF PALM BEACH COUNTY, INC. HAS YEARLY MEMBERSHIP FEE. SINCE MEMBERS ARE IMMEDIATELY PROCESSED FOR INSURANCE, MEMBERSHIP FEES ARE NON-REFUNDABLE.

I/WE UNDERSTAND A LATE FEE OF \$5.00 FOR THE FIRST 5 MINUTES), AND THEN \$1.00 FOR EACH MINUTE WILL BE CHARDGED FOR ANY MEMBER LEFT AFTER THE CLUB CLOSES (PER CHILD). This must be paid before a member can return to the Club.

Membership Cards: Boys & Girls Clubs of Palm Beach County, Inc. uses a membership tracking system that requires each member to scan in when arriving and scan out when leaving the Club. This is important to measure program impact safety. Your child(ren) MUST bring his/her membership card to the Club daily. Failure to do so will result in your child's privilege to use certain services (transportation services and participating in activities) revoked. Not bringing your membership card could also lead to termination of membership.

Boys & Girls Clubs of Palm Beach County, Inc. operates under an open door policy, allowing members to come and go as they desire. You and your child must cooperate with the Club staff if you wish to help is ensure your child's safety. Your cooperation is appreciated to help us ensure the safety of our members.

Parent/Guardian Signature: _____
Signature Date

OFFICE USE ONLY
Application Processed By: _____
Date Processed: _____



AUTHORIZATION TO LEAVE THE CLUB
(VALID FOR NON-CUSTODIAL CLUB MEMBERS 13 YEARS AND OLDER)

Please check: Marjorie S. Fisher Neil S. Hirsch Family Max M. Fisher
 Naoma Donnelley Haggin Florence De George Boca Raton
 Glades (Name of the Glades Club): _____

CLUB MEMBER(S):

_____	_____	_____	<input type="checkbox"/> 13 years old or older
First Name	Last Name	Date of Birth	
_____	_____	_____	<input type="checkbox"/> 13 years old or older
First Name	Last Name	Date of Birth	
_____	_____	_____	<input type="checkbox"/> 13 years old or older
First Name	Last Name	Date of Birth	
_____	_____	_____	<input type="checkbox"/> 13 years old or older
First Name	Last Name	Date of Birth	

The Club member(s) referenced above has/have my permission, as the parent/guardian, to leave Boys & Girls Club of Palm Beach County, Inc. ("Club") to go home by walking, driving or using public transportation.

I **GIVE** permission for the Club to allow my older child(ren) (13 years old or older) to leave the Club and escort his/her brother(s) or sister(s) listed below home.

_____	_____	_____
First Name	Last Name	Date of Birth
_____	_____	_____
First Name	Last Name	Date of Birth
_____	_____	_____
First Name	Last Name	Date of Birth

I **DO NOT GIVE** permission for the Club to allow my older child(ren) (13 years old or older) to leave the Club and escort his/her brother(s) or sister(s) listed below home. I understand that by marking this box my children 6 to 12 years of age are only allowed to leave the club with the parent(s)/guardian(s) and other authorized person(s) referenced on the application or the **Pick-up Authorization Form**.

My child(ren) understand that he/she/they MAY NOT LEAVE the Club unless I call or they call home to verify that I am home.

By signing this form, I understand that Boys & Girls Clubs of Palm Beach County, Inc. ("Club") will not be responsible for my child(ren) once they leave the Club. I also understand, the Boys & Girls Clubs of Palm Beach County, Inc. ("Club") will not permit any Club member to walk in the dark.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Boys & Girls Clubs of Palm Beach County

Computer Use Agreement

2018-2019



Boys & Girls Clubs of Palm Beach County (BGCPBC) branch locations are equipped with computers for use by its members. In order for a member to use the computer facilities, a signed Computer Agreement must be on file. Please review the following rules regarding the use of the computers and Internet with your child, sign the agreement below and return it to your local Boys & Girls Club location.

Computer Use Rules

- Do not damage, destroy, disassemble or otherwise interfere with the proper operation of the computers or the computer accessories.
- Be polite. Do not write or send abusive messages.
- Use appropriate language. Do not swear, or use vulgar language.
- Do not reveal your or other users' personal address or telephone numbers.
- Do not communicate any credit card numbers, bank account numbers, or any other financial information.
- Do not transmit obscene material. Sending or receiving offensive messages or pictures from any source will result in immediate suspension of computer privileges.
- Do not download anything without permission from the club staff.
- Do not use computers for personal profit, for sectarian religious activities, to harass others, to create viruses, to conduct illegal activities, or to gain access to any other computer system illegally.

Failure to uphold these agreements could result in a warning, suspension or revocation of the member's computer privileges, as well as, disciplinary procedures deemed necessary by the Boys & Girls Clubs of Palm Beach County staff.

Please check all that apply, sign below and return this form to your local Boys & Girls Club after reviewing it with your child.

- I give permission for my child to use the computers at BGCPBC.
- I DO NOT give permission for my child to use the computers at BGCPBC.

- I give permission for my child to use the Internet at BGCPBC.
- I DO NOT give my permission for my child to use the Internet at BGCPBC.

I have spoken with my child about the importance of following the Computer Use Rules. My child understands and agrees to the rules presented. I understand that my child is responsible for what he/she does online and is expected to abide by the aforementioned rules.

Member Name (PLEASE PRINT)

Parent Name (PLEASE PRINT)

Parent/Guardian Signature

Date

Receipt and Acceptance of Parent Handbook

I understand that my child(ren) and I are expected to follow the policies/rules/regulations . I also understand that any violations of these or any other Club policy, practice or procedure will subject my child(ren) to disciplinary action up to and including expulsion from the Club.

If I have any questions regarding the content or interpretation of these policies/rules/regulations, I will bring them to the immediate attention of the Club Director.

Parent/Step-Parent/Guardian Signature

Date

Parent/Step-Parent/Guardian Print Name

Child(ren) Names *(Please Print)*:



Release or Transfer of Student Information 2018-2019

Student Name (*last, first, middle*): _____

Student's Birth Date: _____ Grade: _____

School: _____ Student #: _____

Parent/Legal Guardian Name _____

Agency requesting records:

Boys & Girls Clubs of Palm Beach County

800 Northpoint Pkwy., Suite 204
West Palm Beach FL 33407

President & CEO
561-683-3287

Information requested (*educational*)

Student's ID#, grade level, FCAT/FSA scores, report cards, SRI/Lexile scores, F.A.I.R. Scores, diagnostic scores, end of course exam results, school attendance, discipline referrals, and promotion/retention.

The student information will be used to monitor student progress and access the impact of our Out-of-School programs. Information will be included in reports to Florida Department of Education and the program evaluator. All information will be kept confidential.

I authorize The **School District of Palm Beach County** to release educational records of the above named student. This release does not expire unless an expiration date is specified.

Signature of Parent/Legal Guardian

Date

Signature of Student if 18 years of Age or Older

Date

If your child attends one the following schools please complete the following page.

Bear Lakes Middle

Belle Glade Elementary

Benoist Farms Elementary

Canal Point Elementary

Carver Community Middle

Dr. Mary McLeod Bethune Elementary

Eagle Arts Academy

Glade View Elementary

Glades Central High

Gove Elementary

Grassy Waters Elementary

Grove Park Elementary

Howell L. Watkins Middle

Jeaga Middle

John F. Kennedy Middle

Hope-Centennial Elementary

Lake Shore Middle

Lincoln Elementary

Northboro Elementary

Northmore Elementary

Orchard View Elementary

Pioneer Park Elementary

Roosevelt Elementary

Roosevelt Middle

Rosenwald Elementary

Seminole Trails Elementary

Washington Elementary

West Riviera Elementary

Westward Elementary

Wynnebrook Elementary



21st Century Community Learning Centers
Student Enrollment Information
 2018-2019 School Year
 Boys & Girls Clubs of Palm Beach County



IMPORTANT: Please complete all information below. The information collected is held in confidence and will only be used for statistical data on the overall 21st CCLC program.

Which Club does your student attend? (circle one)				
Max M. Fisher	Florence De George	Canal Point Elem.	Neil S. Hirsch	Boca Raton
Marjorie S. Fisher	Rosenwald Elem.	Gove Elem.	Naoma Donnelley Haggin	Teen Center
Belle Glade Elem.	Pioneer Park Elem.	Glade View Elem.		

Student Information													
Student's Name:						Age:							
School:						Grade: (Circle one)	K	1 st	2 nd	3 rd	4 th	5 th	6 th
BGC Number:							7 th	8 th	9 th	10 th	11 th	12 th	
PBCSD Student Number:						Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female				
Racial/Ethnic Group:	<input type="checkbox"/> Black/African American		<input type="checkbox"/> White-Caucasian		<input type="checkbox"/> White-Hispanic		<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian/ Pacific Islander				
	<input type="checkbox"/> Other:												
Limited English Proficiency: (LEP/ESOL)	<input type="checkbox"/> N	<input type="checkbox"/> Yes (please list):											
Special Needs/Disability:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please list):											
My student has free or reduced lunch?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Single Parent Household?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Male single parent <input type="checkbox"/> Female single parent <input type="checkbox"/> Shared							

Adult Family Member Contact Information			
Adult Family Member Name:			Email:
Phone Number:			
Adult Family Member Name:			Email:
Phone Number:			

By enrolling your student and signing this document, you are stating that you understand that FULL participation in this program is required.

Adult Family Member Signature: _____ Date: _____