

Contact Information:

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

Email Address: _____

Place of Employment: _____

Relationship to Member/child: _____ Family Size: _____

Is there a family member(s) in (past or present): _____ military _____ reserve _____ National Guard

Family Member: _____ Relationship: _____

Confidential Information:

(Please note that this information is used to assist with gaining solid demographic information of our Club Membership. This data also assists us with grant applications. Your names are not associated with this information.)

Family Income: _____ \$0 to \$21,780 _____ \$21,781 to 29,424 _____ \$29,425 to \$37,068 _____ \$37,069 to \$44,700
_____ \$44,701 to \$52,344 _____ \$52,345 to \$59,988 _____ \$59,989 to \$67,620 _____ \$67,621 to \$75,264

Check services you receive:

- _____ TANF
- _____ LINK
- _____ SSI
- _____ SSDI
- _____ Veteran's Comp
- _____ General Assistance

How did you hear about the Boys and Girls Club? _____

Member Medical Information:

Medications:

Name: _____ Purpose: _____

Name: _____ Purpose: _____

Allergies:

Food: _____

Plants: _____

Other: _____

Medical Concerns:

Can your child swim? _____yes _____no

Physician: _____ Phone: _____

Hospital: _____ Phone: _____

___yes ___no

Parent/Guardian Signature

Date

Transportation (Pride & Jump Members Only)

I give permission for BGCSI to transport my child home or to the Boys and Girls Clubs of Southern Illinois at the end of the PRIDE/JUMP program day. BGCSI will transport using the School District Bus Service.

___yes ___no

Parent/Guardian Signature

Date

Release of Report Cards, State Assessments Test Results and other information from the School District

I give permission for BGCSI to receive my child's report card, grades and other assessment test scores from the school district in order to best assist my child in academic success. I understand that on occasion it will be important to speak to the school personnel regarding academic, behavioral and other information in order to best meet his/her needs in the afterschool program.

___yes ___no

Parent/Guardian Signature

Date

FIELD TRIP PERMISSION

Member Name: _____ **Age:** _____

Occasionally, members of the Boys and Girls Clubs of Southern Illinois are asked to participate in field trips. In order for proper planning, it is necessary to the Club to obtain parental permission. All precautions of safety and every consideration for your child's welfare will be carefully exercised, although the Boys and Girls Clubs of Southern Illinois assumes no liability in connection with these field trips. If you want your child to participate in these trips throughout the membership year, please express that desire by signing your name in the blank provided. **Notification** will be sent prior to each scheduled field trip.

Parent/Guardian Signature

Date: _____

EMERGENCY TREATMENT AUTHORIZATION

I request that my child receive first aid whenever it is deemed necessary. In case of emergency illness or accident involving my child, the Boys and Girls Clubs of Southern Illinois is authorized to proceed with emergency procedures. I give my permission for authorized BGCSI personnel to transport my child **if I cannot be reached** to seek other emergency care if our family physician cannot be reached.

Parent/Guardian Signature

Date

THIS INFORMATION WILL ACCOMPANY YOUTH DEVELOPMENT PROFESSIONALS ON FIELD TRIPS

Emergency Information:

Home Phone Number: _____

Cell Phone Number: _____

Work Number: _____

Emergency Contact – If you are not available:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>	<u>Cell</u>
_____	_____	_____	_____
_____	_____	_____	_____

For administrative use only:

Payment Received: Amount: _____ Cash: _____ Check: _____ Debit/Credit Card: _____

Scholarship: _____

Quicken entry by (initials)/date: _____ / _____



**BOYS & GIRLS CLUBS
OF SOUTHERN ILLINOIS**

Parent Release of Information

As the legal parent/guardian of _____, I authorize the _____ School District and/or the educational institution my child attends to release the following information to the Boys & Girls Clubs of Southern Illinois .

Please initial all areas approved:

- ___ Report Cards
- ___ Progress reports
- ___ Grade point averages
- ___ School attendance
- ___ Detentions and Suspensions
- ___ Grade advancement and graduation information
- ___ Communication between school staff (teacher, principal, social worker, etc) and authorized Boys and Girls Club staff
- ___ Behavioral issues
- ___ Other: _____

Photocopies of this form shall be considered a valid release for all information indicated above. The data collected from the schools is intended for several grant and Boys and Girls Club of America requirements to assist members in achieving academic success and to ensure that we are working closely with families, school and community. Current grants include: Teen REACH, 21st Century, and OJP Mentoring. Other grants:

Parent/Guardian Signature:

Date: _____

The Boys and Girls Clubs of Southern Illinois works closely with parents/guardians and school personnel to provide the best possible environment for the success of the youth. To do this, we do need information that may be important to their success. Please complete the questions below to help us get to know your child/youth more.

What special interests or hobbies does your child have: _____

How does your child get along with others? _____

Does your child have an IEP? _____ Yes _____ No **If yes, what goals can we assist with?**

Does your child (please check all that apply):

Seem happy? Yes No

Does your child have friends? Yes No

Does your child listen well? Yes No

Need help with homework? Yes No

Have behavioral issues at home? Yes No

Need tutoring? Yes No

Seem angry? Yes No

Does your child like school? Yes No

Feel good about him/herself? Yes No

Have any difficulties in school? Yes No

Successful in school? Yes No

If yes to help with homework – what subjects do they need help with most?

If yes to difficulties in school – is it academic, emotional, social or behavioral (please explain)?

If yes needing tutoring – what subjects?

Do you have any concerns for your child that could be addressed by staff and a mentor?

Is your child receiving counseling and/or support for social/emotional issues that could also be supported by a mentor?

Is your child on any medications for social/emotional issues, ADHD, or other behavioral concerns?

Anything else that would help us make his/her experience at the BGCSI successful?