



BOYS & GIRLS CLUBS
OF SOUTHERN ILLINOIS

MEMBERSHIP APPLICATION

Boys and Girls Clubs of Southern Illinois
250 N. Springer Street
PO Box 3092
Carbondale, IL 62902

P: 618-457-8877 F: 618-457-7939

Member ID#: _____
Data Entered: _____
Initials: _____
Parent Orientation: _____
ISBE: _____

Confidentiality: All confidential information requested is for our records and for funding purposes. The answers you provide will be kept confidential. Your cooperation in providing this information is both appreciated and necessary.

Site Information (Please Check one) **Main Site** **High School** **Lewis**
 CMS **Rebound**

Member Information (Please Print) **Date:** _____

Name: _____
First **Middle Init.** **Last**

Home Address: _____
Street/PO Box

City/State/Zip code

Contact Information:

Home Phone: _____ **Cell Phone:** _____ (parent)
DOB: ____/____/____ **Gender:** ____ Male ____ Female **Nickname:** _____
Ethnicity: ____ African American ____ Caucasian ____ Hispanic/Latino ____ Pacific Islander
____ Multiracial ____ American Indian ____ Other
School: _____ **Grade:** _____

Parent/Guardian/Head of Household Information: (Please Print)

Name: _____ (primary contact)
First **Last**

First **Last** (other parent/guardian)

Home Address: _____
Street/PO Box

City/State/Zip code

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: _____

Insurance: _____ Policy Number: _____

ADMINISTRATION OF MEDICATION

I understand that the Club will **NOT** administer medication to my child. BGCSI personnel cannot administer aspirin, Tylenol, cough medicine, prescription medication, decongestant, etc.

Parent/Guardian Signature: _____ Date: _____

Pick up Authorization:

All members must be signed out by the parent/guardian or identified and authorized person. Please indicate below who is authorized to sign out your child.

1. _____
Name (First and last) Phone Number (s) Relationship to Child
2. _____
Name (First and last) Phone Number (s) Relationship to Child
3. _____
Name (First and last) Phone Number (s) Relationship to Child

Members that are 13 years old and older can sign themselves out of the club with signed parent permission. If your child is 13 or older and you would like for them to have permission to walk home please sign the release below.

I, parent/guardian of _____ give permission for him/her to walk home from the Boys and Girls Clubs of Southern Illinois

Signature of parent/guardian: _____ **Date:** _____

PARENT/GUARDIAN PERMISSIONS

Publication of Member Work/Pictures

I understand the BGCSI may wish to publish examples of member projects, photographs of members, and other work on the internet. I also understand that at times the BGCSI may be visited by local news media who are interested in the members' projects or events taking place at the Club.

___yes ___no _____
Parent/Guardian Signature Date

Consent to Participate in Research/Surveys

I give permission for my child to participate in survey and research interviews with the understanding that their identity and any information collected will be kept strictly confidential. I understand that the purpose of these surveys is to help our Club meet the needs of members, and to be able to report its effectiveness and progress to the funding sources and other agencies. Additionally, through the strong partnership with Southern Illinois University at Carbondale, I understand that my child may be asked to participate in a research study to further benefit the youth of our community.

___yes ___no _____
Parent/Guardian Signature Date

Photo Permission Release

I give permission for BGCSI to use photographic, video and/or audio productions of my child for the purpose of Public Relations, Promotions, and Advertisement of the BGCSI and its programs and activities. I expect no compensation for any such use of the images and reproductions that may be used for these purposes.

___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 West 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 PARCC and SAT test scores from Carbondale Elementary School District #95 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 you 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 THE STAFF LEADERS ON EACH FIELD TRIP**

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:

Membership \$20.00/yr for Kg-8th grade:

Full Year: _____ 2019

Scholarship: _____ amount

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

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



**BOYS & GIRLS CLUBS
OF SOUTHERN ILLINOIS**

**Parent Release of
Information
2019-2020**

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: _____

Brittany Swims, Director of Operations, BGCSI

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. In order to do this we do need information that may be important to this success. Please complete the questions below in order 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? _____