



2020-21 School Year Program Application

CLUB USE ONLY:

CIRCLE ONE: NEW / RENEWAL

ORIENTATION: Date: ___/___/___

Staff Int: ___

MEMB/SCH YR FEE: Fee Assistance approved ___FR ___RED ___SPEC Fee amount approved: \$___

Amount paid: \$___ MOP: Cash Ck # ___ CC Pymt Plan (form attached) Staff Int: ___ Date Pd: ___/___/___

DATA ENTRY: Date entered: ___/___/___ Staff Int: ___ Membership # ___

CLUB SITE INFORMATION

**Programming may change or be cancelled with little or no notice due to COVID-19.

<p>After School Program ONLY:</p> <input type="checkbox"/> Sheboygan Falls (1 st - 8 th grade) <input type="checkbox"/> Lake Country Academy (1 st - 8 th grade) <input type="checkbox"/> Club at the Y (TEENS 6 th - 12 th grade)	<p>Before & After School Program:</p> Longfellow Elem (K-5 th grade) <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Both Cooper Elem (K-5 th grade) <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Both Jefferson Elem (K-5 th grade) <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Both
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MEMBER INFORMATION

Child Full Name: _____ Birthdate: _____ Age: _____

Primary Home Address: _____

City: _____ State: _____ Zip: _____

Gender: Male
 Female
 Other

Race: Black White Asian Native American Multi-Racial Other

Ethnicity: Hispanic Non-Hispanic

Who does the child live with?

- Both Parents Joint Custody Foster Family Mom Only Dad Only
- Mom & _____ Dad & _____ Other: _____

Does the child have access to reliable internet service in the home? Yes No

SCHOOL INFORMATION

2020-21 School Year Grade: _____ School: _____

Primary Teacher Name: _____

School Lunch Program: Check one FREE REDUCED NEITHER

Does your child have an Individual Education Plan (IEP) or 504 Plan? YES NO

MEDICAL INFORMATION

Check all that apply

- ADHD/ADD ANXIETY ODD DEPRESSION AUTISM HEARING IMPAIRMENT SEIZURES
- ASTHMA DIABETES OTHER: _____
- ALLERGIES List all allergies _____ Does your child have an Epi Pen? YES NO
- MEDICATIONS List all medications _____

PARENT/GUARDIAN INFORMATION: All parents/guardians listed are allowed to pick-up the child(ren) named above unless access is prohibited or restricted by a court order (provided to Club).

PRIMARY PARENT/GUARDIAN:

Full name: _____ Relationship to Member: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____ Secondary Phone: _____ Type: _____

Email: _____

Employer: _____ Position: _____

Household Income: _____ Number in Household: _____

\$0-\$24,999 \$25,000-\$29,999 \$30,000-\$34,999 \$35,000-\$34,999 \$40,000-\$44,999

\$45,000-\$49,999 \$50,000-\$54,999 \$55,000-\$59,999 \$60,000 or more

OTHER PARENT/GUARDIAN:

Full name: _____ Relationship to Member: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____ Secondary Phone: _____ Type: _____

Email: _____

Employer: _____ Position: _____

MILITARY INVOLVEMENT:

Is/Was either parent/guardian in the Armed Forces: YES NO Branch: _____

EMERGENCY CONTACT/AUTHORIZED PICK UP: *Must be someone OTHER THAN PARENT/GUARDIAN*

Name: _____ Relationship to Member: _____

Primary Phone: _____ Type: _____

Name: _____ Relationship to Member: _____

Primary Phone: _____ Type: _____

YOUTH ONLY: Option for Authorized Pick-up

You can choose to require that your child only be allowed to leave the Club under the supervision of individuals you have authorized by selecting 'yes' to the authorized pick up option. I understand that if authorized pick up is selected, only contacts listed on this application or the Authorized Pick Up form, will be allowed to pick up your child from the Club. These contacts will be verified at time of pick up.

YES I am selecting authorized pick up.

NO I am opting-out of authorized pick up.

PROGRAM FEE ASSISTANCE

I am applying for fee assistance for school year program. YES NO

If accepted into the program, a copy of your Free/Reduced Lunch Approval letter from the School District must be provided.

*Explain Special Circumstances (provide important information regarding any sudden income loss or financial hardship):

POLICY & WAIVER INFORMATION: PLEASE READ CAREFULLY

OPEN DOOR POLICY: I understand the Boys & Girls Clubs of Sheboygan County has an “open door policy”. It is my responsibility as the parent/guardian to instruct my child as to whether or not he/she may leave the Club.

SCHOOL YEAR ORIENTATION: **REQUIRED**

I understand I am REQUIRED to attend school year orientation BEFORE my child(ren) can attend the program. I understand it is my responsibility to attend one of the scheduled orientations available. I understand that I will be responsible for following additional requirements for the program, listed in the Parent Handout, which will be reviewed at orientation.

PROGRAM COMMUNICATIONS: The Boys & Girls Clubs of Sheboygan County uses the Remind app to communicate important messages about the program. I agree to receive these text message/email notifications.

MEDICAL EMERGENCY: In the event of an emergency, I understand that every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the Boys & Girls Club staff to secure proper treatment for my child.

LIABILITY: I understand that the Boys & Girls Clubs of Sheboygan County is not responsible or liable in any way in the event of harm or injury occurring to my child. It is agreed that I will hold the Boys & Girls Clubs of Sheboygan County harmless for the actions of my children or the action of other children that result in the harm of others or damage to property, including activities outside of the Club.

PHOTO/VIDEOS: I give consent for photographs, videos, artwork and/or like materials, in which my child may appear, to be used in any promotional materials the Boys & Girls Club may care to use them. I understand it is my responsibility to inform the director, in writing, if my child cannot be in photographs, videos, artwork, and/or like materials.

LATE PICK-UP POLICY: I understand my child cannot be left at the Boys & Girls Club earlier than the Club’s established hours of operation and my child must leave the Club’s property or be picked up at or before closing time. I understand that I will be charged a fee for late pick up. I understand that if my child(ren) remains at the Club and the Club does not receive any communication within 30 minutes after closing, the police will be contacted.

TRAVEL: I authorize my child to participate in walking field trips, under proper staff supervision, within the local city limits. No additional permission slips will be required for walking trips.

PROGRAM PARTICIPATION: I understand that my child will be participating in activities scheduled for his/her group and that participation is required. I understand my child's participation is based on his/her ability to follow expectations of the Club and to respect staff, property and other Club members. Membership may be suspended or terminated at any time for misbehavior without a refund of fees.

SURVEY: I authorize the Club to survey my child throughout the year for the purpose of assessing program effectiveness. I understand that my child's responses will remain confidential. Included in, but not limited to these surveys are: NYOI survey, individual program surveys (SMART Moves, SMART Girls, Passport to Manhood, etc.)

TECHNOLOGY: As a member of the Boys & Girls Club, your child will have access to the internet and electronic devices designed for educational and enrichment programming. Precautions have been taken to maintain a safe electronic presence here at the Club, however it is impossible for the Boys & Girls Club to restrict access to all controversial materials. I will not hold the Boys & Girls Club responsible for unintentional exposure to such material while on the internet. I understand that my child is expected to follow all technology expectations of the Club, as listed in the parent handbook. I accept full responsibility for all intentional harm caused by my child to computer resources of the Boys & Girls Clubs of Sheboygan County or any other affected parties.

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. 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 federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of Sheboygan County has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Club could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

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I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I hereby certify that all above information is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the Boys & Girls Clubs of Sheboygan County of any change of information.

Parent/Guardian Signature

Date Signed