

OFFICE USE ONLY

PLEASE CHECK PROGRAM SIGNED UP FOR

- Before School Program
- After School Program
- Fall, Winter, or Spring Break
- Summer Camp



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

2016-2017
School Year

REGISTRATION PACKET

Grades K-6th

Child's Name _____ Grade: _____ School: _____

Child's Name _____ Grade: _____ School: _____

Child's Name _____ Grade: _____ School: _____

Child's Name _____ Grade: _____ School: _____

The following persons (please include yourself) **have my permission to pick up my child(ren) from the Club:**

1. **Name:** _____

Phone Number: _____

Relationship: _____

2. **Name:** _____

Phone Number: _____

Relationship: _____

3. **Name:** _____

Phone Number: _____

Relationship: _____

4. **Name:** _____

Phone Number: _____

Relationship: _____

5. **Name:** _____

Phone Number: _____

Relationship: _____

EMERGENCY MEDICAL INFORMATION

You have my permission to seek emergency medical treatment for my child(ren) if I cannot be reached.

Parent's Initial _____

SPECIAL NEEDS/CONDITIONS:

Examples: hearing, speech, asthma, emotional, behavioral _____

How did you hear about us (please circle one)?

Friend Internet Other: _____

Returning/existing member

Parent/Guardian Signature _____ **Date** _____



FOR OFFICE USE ONLY

Paid: _____
Van List: _____
Visions: _____
Student Billing: _____

MEMBERSHIP APPLICATION

Membership Number: _____

Child Information

Last Name _____	Street Address _____
First Name _____	Mailing Address _____
MI _____ Suffix (Jr., etc.) _____	City _____
Nickname _____	State _____ Zip _____
Grade _____	Home Phone _____
Gender (circle one) Male Female	School _____
Ethnicity (check one)	Date of Birth _____
<input type="checkbox"/> African-Amer. <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Amer.	
<input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

The following questions apply to SRP-MIC members only and in no way disqualifies acceptance for Boys & Girls Club membership. Are you a member of the SRP-MIC? Yes No If so, which community? Salt River Lehi

EMERGENCY CONTACT INFORMATION

Contact (not guardian) _____	Allergies _____
Relationship to child _____	Medications _____
Contact's Phone # _____	Health Ins. Carrier _____

Parent/Guardian Information

Last Name _____	Last Name _____
First Name _____	First Name _____
MI _____ Suffix (Jr., etc.) _____	MI _____ Suffix (Jr., etc.) _____
Relationship to child _____	Relationship to child _____
Marital Status _____	Marital Status _____
Street Address _____	Street Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Ph# _____	Home Ph# _____
Business Ph# _____	Business Ph# _____
Cell Ph# _____	Cell Ph# _____
Email _____	Email _____
Employer _____	Employer _____
Job Title _____	Job Title _____

Household Information

Annual Household Income (check one)	Active Military	Member Lives With (check one)
<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> Yes	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
<input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> No	<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
<input type="checkbox"/> \$20,000 - \$29,999 <input type="checkbox"/> \$100,000+	Number in household _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> \$30,000 - \$39,999		

I give my permission for emergency medical treatment of my child for illness or accident, if I cannot be contacted. I give full consent to publish all photographs, motion pictures and/or videos for any and all Club related exhibitions, public displays, publications and/or advertising purposes, without limitation or reservation. I also agree no compensation will be paid for any of the aforementioned. I hereby give my permission for my child to become a member of the Boys & Girls Clubs of Greater Scottsdale. I understand that the Club is not responsible for the time or manner in which he/she arrives at or leaves the Club and that he/she may come and go at his/her own volition. If I do not want my child to leave the Club, I recognize that it is my responsibility to communicate that to him/her. The Boys & Girls Clubs and its property are not responsible for personal injury or loss of property.

Parent/Guardian Signature _____ **Witness** _____ **Date** _____



Parent Policies Agreement

Parent Name: _____ Child Name: _____ Child Name: _____

Child Name: _____ Child Name: _____ Child Name: _____

ACKNOWLEDGEMENT/AGREEMENT: Please read and initial each line if you are in agreement. If any item does not meet your approval, please state the reason below on lines provided and bring it to the attention of the Member Billing Specialist, Member Billing Assistant, or Branch Director.

1. _____ I understand that the club is closed on the following holidays: New Year's Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day (or observed on the previous or following days) July 4th, Labor Day, Memorial Day, Veteran's Day, and the Friday before summer starts. From time to time there will be other days closed, which will be posted in advance.
2. _____ The Boys & Girls Clubs of Greater Scottsdale **has my authorization to use photographs,** reproduction, and any sound recording of my child. Such use may include advertising and publicity purposes. (I attest that my child's identity is not under protection furthermore, he/she is not under foster care, court order or protective custody.)
3. _____ I approve the administration of pre/post surveys as well as online evaluation tools to my child while he/she is participating in the Boys & Girls Clubs of Greater Scottsdale program. I understand these results are helpful in evaluating the effectiveness of the program, which the information is strictly confidential, and that copies of the surveys/tools are available to me upon request.
4. _____ I understand that I will be notified should my child become ill or have behavioral issues during the day, and that it will be necessary to make arrangements to have my child leave or be picked up as soon as possible after notification. If my child is exposed to a contagious disease, I agree to notify a full time staff and agree that my child may not be permitted to attend the program. I understand that my child may not be permitted to attend the program until a physician has granted permission in writing.
5. _____ I understand that the Boys & Girls Clubs of Greater Scottsdale reserves the right to suspend or terminate my child's enrollment from the Club if my child exhibits poor behavior. It is my responsibility to meet with the Branch Director or Youth Development Supervisor to discuss any matter of concern on either the Clubs' part or mine.
6. _____ Boys & Girls Club staff members are available to help address questions, concerns or suggestions. Major questions or concerns should be addressed with the Youth Development Supervisor and/or the Branch Director. If time does not permit an immediate discussion, a meeting for review of the situation will be set. However, I understand that anyone who engages in disorderly conduct of any kind such as use of speech/language that is offensive/inappropriate or demonstrates physical/verbal abuse or threat of harm to any staff/volunteer/member, will be subject to removal and possible exclusion from the facility.
7. _____ I understand that the club is not responsible for items brought to the club that are lost or stolen.
8. _____ I acknowledge that as I am the parent/guardian signing the membership form, **I am ultimately responsible for any/all monies due to the club** on behalf of said member. Also, as the signing adult, I am the

only person who will receive financial information and/or statements for this member. **Any information requested by a third party must be obtained by myself and passed on or requested by mail from Human Resources with a court order. No information will be released without a court order.**

- 9. _____ I will read the Boys & Girls Clubs of Greater Scottsdale’s Internet and Information Acceptable Use Policy. I hereby release the Boys & Girls Clubs of Greater Scottsdale, its personnel, and any institution with which it is affiliated, from any and all claims and damages of any nature arising from my child’s use of or inability to use the Club’s system including, but not limited to claims that may arise from unauthorized use of the Club’s system to purchase products or services.
- 10. _____ (Lehi and Red Mountain branches only) I understand that in the event consultation is needed regarding any issues such as anger management, bereavement, family issues, etc., the Lehi and Red Mountain branches will refer members and families to agencies in the Salt River Pima Maricopa Indian Community or other agencies to receive the services needed.

PLEASE INITIAL BELOW THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING POLICIES

Policies can be found at www.bgcs.org under forms or ask the office to see a copy

I have read and understand the “Behavior Policy”

I have read and understand the “Technology Acceptance Use Policy”

If any item does not meet your approval, please state the reason on the lines provided below:

Parent/Guardian Signature _____

Date: _____



Lehi Branch/Red Mountain Branch 2016-2017 Afterschool Transport Permission Form

1. Child's Name _____ Grade _____
2. Child's Name _____ Grade _____
3. Child's Name _____ Grade _____
4. Child's Name _____ Grade _____
5. Child's Name _____ Grade _____

Please initial below acknowledging you have read and understand the following statements:

- _____ I understand that my child must be a member of the Boys & Girls Clubs of Greater Scottsdale-Lehi/Red Mountain Branch in order to participate in Club programs.
- _____ I understand that I must notify the Club by 1:00 p.m. if my child will not be attending the Club.
- _____ I understand that my child must follow the Club rules and guidelines while on the van and at the Club.
- _____ I understand that bus routes are subject to cancellation if the number of kids fall below 8 consecutively for two weeks.
- _____ I understand that my child may be dropped from the program if he/she does not attend for two consecutive weeks without notice given.

LEHI BRANCH SCHOOL TRANSPORT	RED MOUNTAIN BRANCH SCHOOL TRANSPORT
(Check One)	(Check One)
<input type="checkbox"/> Ishikawa Elementary School	<input type="checkbox"/> Whittier Elementary School
<input type="checkbox"/> Kerr Elementary School	<input type="checkbox"/> Whitman Elementary School
<input type="checkbox"/> Vista Grove Preparatory Academy	<input type="checkbox"/> Salt River Elementary School (school drops off)
<input type="checkbox"/> Sequoia Lehi Charter School	<input type="checkbox"/> Noah Webster Schools - Pima (school drops off)
<input type="checkbox"/> Salt River Elem. School (school drops off)	
<input type="checkbox"/> Lehi Elementary School (school drops off)	
<input type="checkbox"/> Noah Webster Schools – Pima (school drops off)	

By signing below, I give permission for my child to be transported from school to the Boys & Girls Clubs of Greater Scottsdale for the Afterschool Program. I agree to the guidelines and rules set by the Boys & Girls Club of Greater Scottsdale.

Parent Name (print)

Parent Signature

Date



Dear Parent/Guardian:

This letter is to ask you for your permission to be able to communicate with your child’s teacher. We will be communicating with teachers and school personnel requesting information on your child’s daily homework patters, grades, standardized testing scores and other information that pertains to their education within the classroom. This will allow for us to strengthen the services offered by the Boys and Girls Clubs of Greater Scottsdale.

In order to bridge the communication between your child’s school and the club we ask you to fill out the attached form. ***Please have form completed and submitted before your child starts school.*** This will allow for the club and your child’s teacher to communicate more effectively and find the best way to support your child’s growth and development.

If you have any questions, on the form or the education programs run at the club, please feel free to contact the Education Coordinator, **Angela DiCicco** at **480-850-4447** or at angela.dicicco@bgcs.org.

- 1. Child’s Name _____ Grade _____ School _____
- 2. Child’s Name _____ Grade _____ School _____
- 3. Child’s Name _____ Grade _____ School _____
- 4. Child’s Name _____ Grade _____ School _____
- 5. Child’s Name _____ Grade _____ School _____

I give permission for the Boys & Girls Clubs of Greater Scottsdale to communicate with my child’s school/teacher on his or her progress on the following:

Please check all that applies:

- Homework Completion/Return
- Grades/Progress Reports
- Attendance
- Standardize Testing Scores
- IEP Information

I give my permission to the Boys and Girls Club of Greater Scottsdale to make copies or request my child’s grades, homework completion, standardized test scores, and other information pertaining to school performance.

Parent Name (print)

Parent Signature

Date



Ages 6-15 Only

SMART Moves Consent Form

Dear Parent/Guardian(s),

The Lehi/Red Mountain Branch is offering Boys & Girls Clubs of America’s nationally recognized **SMART (Skills Mastery and Resistance Training) Moves Program**. The primary goal of **SMART Moves** is to provide young people with the knowledge, skills and self-esteem to help them avoid risky behaviors and situations, including involvement with alcohol, tobacco and other drugs. Within SMART Moves there are three curricula: SMART KIDS (ages 8-9), Start SMART (ages 10-12), and Stay SMART (ages 13-15).

SMART Moves provides:

- Accurate, age-appropriate information about alcohol and other drugs
- Self-awareness activities to develop respect for one’s own body, ability to handle feelings, and healthy habits
- Activities to develop the ability to interact and work in groups
- Practice in decision-making , problem solving and planning ahead
- Practice in refusal techniques, useful for avoiding risky situations, including those involving alcohol, tobacco and other drugs.

In addition, because of grant funding requirements for the **SMART Moves** program, it may be necessary that we administer pre- and post-tests to assess participants’ knowledge and evaluate the success of our program. Naturally, your child’s information will be kept **strictly confidential**.

If you have any questions, suggestions, or concerns about the **SMART Moves** curriculum and how your child will be involved, please contact our Health & LifeSkills Coordinator at 480-947-1798 or (480)850-4453

YES, I give permission for my child to participate in SMART Kids.

Please indicate the age group your child will be a part of:

- SMART KIDS (ages 6-9)
- Start SMART (ages 10-12)**
- Stay SMART (ages 13-15)**

** These programs also include age-appropriate components on physical and emotional development during pre-adolescence and adolescence, such as puberty, sexual myths vs. truths, and resistance to early sexual activity.

NOTE: Your child **must** return this letter in order to participate in the program.

1. Child’s Name: _____ Date of Birth: _____
2. Child’s Name: _____ Date of Birth: _____
3. Child’s Name: _____ Date of Birth: _____
4. Child’s Name: _____ Date of Birth: _____
5. Child’s Name: _____ Date of Birth: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____