



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

MEMBERSHIP APPLICATION

LAST NAME
MEMBER #
BRANCH
PROGRAMS

CHILD INFORMATION

LAST NAME		FIRST NAME		MI	SUFFIX (Jr., etc.)
NICKNAME		GENDER	ETHNICITY <input type="checkbox"/> African-Amer. <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Amer. <input type="checkbox"/> Asia/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
STREET ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS			HOME PHONE		
GRADE	SCHOOL		DATE OF BIRTH	NUMBER IN HOUSEHOLD	
SRPMIC MEMBERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH COMMUNITY? <input type="checkbox"/> SALT RIVER <input type="checkbox"/> LEHI					

EMERGENCY INFORMATION

EMERGENCY CONTACT (NOT GUARDIAN)		PHONE NUMBER	RELATIONSHIP TO CHILD
ALLERGIES	HEALTH INS. CARRIER	MEDICATIONS	

PARENT / GUARDIAN INFORMATION

LAST NAME			LAST NAME		
FIRST NAME	MI	SUFFIX (Jr., etc.)	FIRST NAME	MI	SUFFIX (Jr., etc.)
RELATIONSHIP TO THE CHILD	MARITAL STATUS		RELATIONSHIP TO THE CHILD	MARITAL STATUS	
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	
EMAIL			EMAIL		
EMPLOYER			EMPLOYER		
JOB TITLE			JOB TITLE		

HOUSEHOLD INFORMATION

ANNUAL HOUSEHOLD INCOME (Check One)	<input type="checkbox"/> \$30,000 - \$39,999	ACTIVE MILITARY
<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> YES <input type="checkbox"/> NO MILITARY BRANCH:
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$50,000 - \$99,999	CHILD LIVES WITH
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$100,000 +	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP PARENT
PARTICIPATION/QUALIFICATION FOR ASSISTANCE PROGRAMS		<input type="checkbox"/> OTHER:
<input type="checkbox"/> SSDI	<input type="checkbox"/> VETERAN COMPENSATION	SINGLE PARENT HOUSEHOLD
<input type="checkbox"/> SSI	<input type="checkbox"/> DAYCARE VOUCHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TANF/AFDC	<input type="checkbox"/> SCHOOL LUNCH PROGRAM	FOSTER CARE
<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> FREE (OR REDUCED) SCHOOL LUNCH PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby give my permission for my child to become a member of Boys & Girls Clubs of Greater Scottsdale. 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 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 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. I also understand that reentry is not allowed once my child leaves. The Boys & Girls Clubs and its property are not responsible for personal injury or loss of property.

PARENT/GUARDIAN SIGNATURE	WITNESS	DATE
START DATE	EXP. DATE	REVISED APRIL 2018



SUMMER 2019

Grades 1st - 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.

Name
Phone Number
Relationship To Child

Name
Phone Number
Relationship To Child

Name
Phone Number
Relationship To Child

Name
Phone Number
Relationship To Child

EMERGENCY MEDICAL INFORMATION

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

PARENT/GUARDIAN INITIAL _____

SPECIAL CONDITIONS/NEEDS

Please describe any conditions/needs you child may have such as hearing, speech, asthma, emotional behavior, etc.

1) CHILD'S NAME & CONDITIONS/NEEDS

2) CHILD'S NAME & CONDITIONS/NEEDS

3) CHILD'S NAME & CONDITIONS/NEEDS

4) CHILD'S NAME & CONDITIONS/NEEDS



PARENT / GUARDIAN

OFFICE USE ONLY		
<input type="checkbox"/> AFTER SCHOOL	<input type="checkbox"/> BEFORE SCHOOL	<input type="checkbox"/> BOTH
<input type="checkbox"/> WINTER BREAK	<input type="checkbox"/> FALL BREAK	<input type="checkbox"/> SPRING BREAK

I have read and agreed to Boys & Girls Clubs of Greater Scottsdale's Parent/Guardian Handbook & Policies. I understand what is expected of my child and myself while he/she attends the Club. I agree to explain these expectations to my child. Please initial the boxes below.

I understand that the Club is closed on the following holidays: Labor Day, Veteran's Day, Thanksgiving Day & the day after, Christmas Eve & Christmas Day, New Year's Day, Presidents Day, Thursday & Friday before the start of Summer, Memorial Day, Independence Day, Last Day of Summer, Staff Training Days (Sept 13 & 14). On occasion the Club may have additional closure days. Parent/Guardian will be notified two weeks prior to closure.

Technology Policy (I have read and agree)

Behavior Policy (I have read and agree)

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 court order of protective custody.)

I approve the administration of pre/post surveys as well as on-line evaluation tools to my child while he/she is participating in 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.

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. I am aware that any information requested by a third party must be obtained by myself and passed on or requested in writing from the Branch Director and signed by the parent requesting the records.

(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.

(Vestar Branch Only) My child has permission to use the rock wall as part of the available sports, fitness and recreation programming. The climbing wall measures 10 ft. high and 30 ft. wide. Sturdy climbing mats are placed on the floor beneath the wall. Proper shoes must be worn to access the rock wall.

PARENT/GUARDIAN PRINTED NAME		DATE
PARENT/GUARDIAN SIGNATURE		DATE
CHILD'S NAME	CHILD'S NAME	
CHILD'S NAME	CHILD'S NAME	

PLEASE RETURN SIGNED AGREEMENT WITH PAPERWORK



SUMMER CAMP 2019

Water Play & Swimming Permission Slip

Parent/Guardian signature is required. It will indicate that you have granted permission for your child to go swimming and to receive any necessary medical treatment in an emergency situation.

The Club **DOES NOT** provide swimming lessons. Your child must be able to swim without a life jacket or flotation device to participate.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Please select the weeks your child is allowed to go Water Play or swimming by initialing each line:



(Grades K-2)

(Kiddy Pools, Water blasters, Sprinklers, Slip & Slide, beach balls, & Music)

Monday 9:15am – 10:30am

-Week 2 (Monday June 3rd) _____

-Week 3 (Monday June 10th) _____

-Week 4 (Monday June 17th) _____

-Week 5 (Monday June 24th) _____

-Week 6 (Monday July 1st) _____

-Week 7 (Monday July 8th) _____

-Week 8 (Monday July 15th) _____

-Week 9 (Monday July 22nd) _____



(Grades 3rd – 6th)

Swim Days @ the Pool

Fridays 1:00pm – 2:30pm

-Week 2 (Monday June 3rd) _____

-Week 3 (Monday June 10th) _____

-Week 4 (Monday June 17th) _____

-Week 5 (Monday June 24th) _____

-Week 6 (Monday July 1st) _____

-Week 7 (Monday July 8th) _____

-Week 8 (Monday July 15th) _____

-Week 9 (Monday July 22nd) _____

Each child must bring the following items: Gym bag/back pack marked with their name, swimsuit, sandals, sunscreen & towel.

NOTE: Boys & Girls Club is NOT responsible for lost or stolen items, or for sunscreen application.

Youth Field Trip Sign Up & Fees – Summer 2019

SRPMIC:	\$10 Per field trip
General Public:	Included with weekly Summer Program Fee

My Child, _____,

May attend the Boys & Girl Club of Greater Scottsdale Lehi Branch field trip(s) that are indicated below parent signature. This permission slip is valid for these field trip(s) only. Dates, times, and location are subject to change. Members may **NOT** be dropped off or picked up from any field trip. They may only attend the field trip if they are signed up and **PAID** for that week of Summer Camp.

Field Trip Dates	Grades	Location	Times	Initial
Week 2				
June 4 th (Tues)	1 st , 2 nd & 3 rd	Harkins: Aladdin	12pm – 5pm	
June 6 th (Thurs)	4 th , 5 th & 6 th	Harkins: Aladdin	12pm – 5pm	
Week 3				
June 11 th (Tues)	1 st , 2 nd & 3 rd	Harkins: Secret Life of Pets 2	12pm – 5pm	
June 13 th (Thurs)	4 th , 5 th & 6 th	Harkins: Secret Life of Pets 2	12pm – 5pm	
Week 4				
June 18 th (Tues)	1 st , 2 nd & 3 rd	Pangaea	12pm – 5pm	
June 20 th (Thurs)	4 th , 5 th & 6 th	MLB Diamondbacks Game	12pm – 5pm	
Week 5				
June 25 th (Tues)	1 st , 2 nd & 3 rd	Harkins: Toy Story 4	12pm – 5pm	
June 27 th (Thurs)	4 th , 5 th & 6 th	Harkins: Toy Story 4	12pm – 5pm	
Week 6				
July 2 nd (Tues)	All Ages	Jakes Unlimited	12pm – 5pm	
July 4 th (Thurs)	CLUB CLOSED			
Week 7				
July 9 th (Tues)	1 st , 2 nd & 3 rd	Odysea	12pm – 5pm	
July 11 th (Thurs)	4 th , 5 th & 6 th	Odysea	12pm – 5pm	
Week 8				
July 16 th (Tues)	1 st , 2 nd & 3 rd	Urban Jungle	12pm – 5pm	
July 18 th (Thurs)	4 th , 5 th & 6 th	Gravity Extreme Zone	12pm – 5pm	
Week 9				
July 23 rd (Tues)	1 st , 2 nd & 3 rd	Harkins: Lion King	12pm – 5pm	
July 25 th (Thurs)	4 th , 5 th & 6 th	Harkins: Lion King	12pm – 5pm	

- I give permission for my child to attend the initialed field trips above.
- I understand that all payments are **NON-REFUNDABLE** and **NON-TRANSFERRABLE**. INITIALS: _____
- I authorize any medical attention for my child shall it become necessary.
- I understand that field trips, dates and times are subject to change.
- I have read and understand the above explanation of field trip policies and fees.

Parent Signature: _____ Date: _____



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

Thank you for your interest in BGCS financial assistance. We offer financial assistance to individuals and families who are not able to pay full fees to Boys & Girls Clubs of Greater Scottsdale.

To apply for financial assistance, please bring all the following information to the the Branch Director of the branch your child will be attending.

1. Completed financial assistance application.
2. A copy of your 2018 federal income tax return. If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to IRS.gov for other information.
3. **Two most recent paycheck stubs or letter** from your employer **verifying your employment** and stating your annual salary. If you are **unemployed, draw social security or a full-time student**, please **provide a summary** of your unemployment benefits, SSI **paper-work, or financial aid benefits and student schedule.**

Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.

Applicants must be submitted with all required **documentation**. Incomplete applications cannot be processed. All financial assistance is **distributed** on a case-by-case, first-come, first-**served** basis.

Please do not register for programs before you submit your financial assistance. We will register your child(ren) as we process your application.

You will receive an email within two weeks regarding your qualification and next steps.

We look forward to serving you.



FINANCIAL ASSISTANCE APPLICATION

DATE RECEIVED	
FRONT DESK INITIALS	
ALL DOCUMENTS ATTACHED	

We appreciate your interest in attending and participating in our Club. Boys & Girls Clubs of Greater Scottsdale tries to make our programs and membership available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

_____ I understand that without a completed application and proper attachments my application will not be processed.
(initial here)

PRIMARY ADULT APPLICANT

LAST NAME	FIRST NAME	<input type="radio"/> NEW APPLICANT	<input type="radio"/> RENEWAL	DATE
STREET ADDRESS	CITY	STATE	ZIP	
BIRTH DATE	GENDER	OCCUPATION	EMPLOYER	
PHONE NUMBER <input type="radio"/> MOBILE <input type="radio"/> HOME	PHONENUMBER <input type="radio"/> MOBILE <input type="radio"/> HOME	EMAIL ADDRESS		LENGTH OF EMPLOYMENT

SECOND ADULT APPLICANT

LAST NAME	FIRST NAME	<input type="radio"/> NEW APPLICANT	<input type="radio"/> RENEWAL	DATE
STREET ADDRESS	CITY	STATE	ZIP	
BIRTH DATE	GENDER	OCCUPATION	EMPLOYER	
PHONE NUMBER <input type="radio"/> MOBILE <input type="radio"/> HOME	PHONENUMBER <input type="radio"/> MOBILE <input type="radio"/> HOME	EMAIL ADDRESS		LENGTH OF EMPLOYMENT

SPOUSE AND DEPENDANTS LIVING AT HOME

Tax Forms must reflect those that are listed below

NAME (MARK BOX TO INDICATE ANY CHILDREN YOU WANT TO BE ENROLLED)	EMPLOYER/SCHOOL	BIRTH DATE	GENDER	RELATIONSHIP
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

SINGLE-PARENT HOUSEHOLD
 YES NO

NUMBER OF CHILDREN ENROLLED _____



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

ITEMIZE YOUR GROSS & ANNUAL INCOME

Documentation is required

	YOUR INCOME \$	SPOUSE/PARTNER'S INCOME \$	OTHER INCOME \$
SALARY, WAGES AND TIPS			
UNEMPLOYMENT/COMPENSATION			
SOCIAL SECURITY COMPENSATION			
CHILD SUPPORT			
AID FOR DEPENDENT CHILDREN			
FOOD STAMPS			
401(k) RETIREMENT			
ALIMONY			
SCHOOL LOAN INCOME			
HOUSING ALLOWANCE			
OTHER			
TOTALS			
TOTAL ANNUAL INCOME			

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 & 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in above annual salary line items

I do not file a federal Tax return based on federal government income guidelines.

Applications received without the above documentation attached will be returned unprocessed.

Please indicate which form you submitted by checking one of the boxes below:

- Current year's Federal Tax Return (Form 1040 pages 1 & 2 only; or 1040EZ)
- Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
- Copies of any supporting documentation listed in above annual salary line items

I certify that this information is true and complete to the best of my knowledge. I grant permission to Boys & Girls Clubs of Greater Scottsdale to verify this information. I agree to notify Boys & Girls Clubs of Greater Scottsdale if my financial status should change.

Signature

Date