the CLUB
TEEN CENTER

Office Use Only	☐ Cash ☐ Check #_____
Rec'd: _____	☐ Copied Initials: _____
Date Ent'd: _____	Site: _____
Staff initials: _____	Comments: _____

2018 ANNUAL MEMBERSHIP FORM

(TO BE COMPLETED BY PARENT OR GUARDIAN)

Type of Membership: New _____ Renewal _____ **Membership fee: $20*** *Expires: December 31, 2018

Note: Child must be in 7th grade and younger than 18 years of age to qualify.

Member Information: *(Please print and complete all questions)*

Member First Name: _____ Middle: _____ Last: _____

Gender: Female _____ Male _____ Birthdate: ____ / ____ / _____ Age _____

Home phone_____

Cell or work phone_____

Ethnicity: *(circle one)* African-American Hispanic Asian Pacific Islander Caucasian Native Amer. Bi-Racial Other

Address: _____City:_____State: _____ Zip: _____

School: _____ Grade: _____ Teacher: _____

Does child receive: _____Free lunch _____ Reduced lunch _____ Fully pays school lunch

List names & ages of siblings living in the household: _____

Mother / Stepmother / Guardian *(circle one)*

Name_____
Home phone_____
Place of work_____
Work or cell phone_____
E-mail _____

Father / Stepfather / Guardian *(circle one)*

Name_____
Home phone_____
Place of work_____
Work or cell phone_____
E-mail _____

Emergency contacts that have permission to pick up child from Club/contact in case of emergency: *(required)*

Name_____Cell _____Relationship to child: _____

Name_____Cell _____Relationship to child: _____

Use separate sheet if necessary

Household Information: *(This information will be treated confidentially and is critical for the Club's grant applications.)*

Child lives with: Both parents_____ Mother_____ Stepmother_____ Father_____ Stepfather_____
Grandparents_____ Foster Parent(s) _____ Other: _____

Number in Household: _____ Number of Siblings: _____

Current Single Parent: Yes_____ No_____ Live in public housing: Yes_____ No_____

Household Income: *(check one)* ___$0-$5,000 ___$5,001-$12,000 ___$12,001-$22,000
___$22,001-$32,000 ___$32,001-$40,000 ___$40,001-$51,000 ___$51,001-$61,000
___$61,001-$68,000 ___$68,001-$75,000 ___$75,001-$82,000 ___$82,001+

Is your child from a military family? Yes _____ No _____
If yes, select any that applies: Army____ Navy____ Air Force ____ Marines ___ National Guard ___ Reserves ___

The Boys & Girls Club of Manhattan is a non-profit organization largely dependent on financial donations for its programming. Add to your membership fee, a donation* to the Club is tax deductible and appreciated. *$_____

Signature of Parent or Guardian _____ **Date** _____

Parent Information: *(Please read, complete and initial every statement and sign below.)*

Member's Name *(Please print)*: _____

1) I hereby approve my son's/daughter's application for membership in the Boys & Girls Club of Manhattan. I will notify the Club of any changes in address & telephone numbers listed on the application. **Initials:** _____

2) I understand that there is a program fee each semester (fall and spring) and it must be paid for member to continue attending. Scholarships are available for anyone who meets the guidelines. **Initials:** _____

3) ☐ I **grant** consent to the Boys & Girls Club of Manhattan for my child to be photographed during Boys & Girls Club activities and for his/her first name to be used for public purposes. Furthermore, I authorize my child's photos and first name to be used for social media purposes including but not limited to Boys & Girls Club of Manhattan Facebook account. **Initials:** _____

☐ I **do not** grant permission for my child's photograph to be used in promotional materials or social media. **Initials:** _____

4) The Boys & Girls Club of Manhattan has developed a partnership with Kansas State University which will enhance K-State students' counseling skills as they work on their Master's in School Counseling. As a component of this effort, individual K-State students may be asked by the Club to work with your child in order to enhance his/her behavior, social and/or academic performance. Individual discussions may be video taped for instructional purposes only and will visually capture only the KSU student. The video will be seen only by the student's professor and other graduate students in order to provide instructional feedback. **The recording will then be professionally destroyed. Sessions are confidential.**

☐ I **grant** permission to allow my child to participate in discussions as stated above. **Initials:** _____

☐ I **do not** grant permission for my child to participate in discussions as stated above. **Initials:** _____

5) ☐ I **grant** consent to the Boys & Girls Club of Manhattan to collect information for my child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. **Initials:** _____

☐ I **do not** grant permission for my child to participate in survey as stated above. **Initials:** _____

6) I understand that the Boys & Girls Club of Manhattan operates as a licensed "School-Age Drop-in Program" by the State of Kansas. According to state regulations, this means that my child may come and go at his/her own volition. **Initials:** _____

Please mark **one** of the options below:

☐ My child is free to come and go at his or her own volition from Club programs and activities. **Initials:** _____

OR

☐ Based on the individual needs of my child, I request that my child **not leave** the Club premises or Club activity without my permission. I or another authorized person will pick up my child from Club programs. **Initials:** _____

7) The Boys & Girls Club of Manhattan is a youth guidance organization, providing a variety of activities supervised by Club staff. I understand that my child must be – at the youngest – 5 years old AND in kindergarten to join, and no older than age 18. **Initials:** _____

8) I understand that I will be subject to a late fee if I am unable to pick up my child at the designated closing time. **Initials:** _____

9) Cell phones, I-Pods, etc, and any other electronic device should be turned off, put away, and secured while at the Club. I will also not hold Boys & Girls Club responsible if any item is lost, stolen, or damaged at the Club. **Initials:** _____

10) I understand that my child's membership standing is based upon his/her ability to obey the rules of the Club, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior without a refund. **Initials:** _____

11) I have received a parent handbook and understand it is my responsibility to read, know, understand, and comply with its policies and any revisions made to it. **Initials:** _____

12) I understand that the Boys & Girls Club of Manhattan works in collaboration with area school districts and universities and that data is shared amongst both parties to ensure programming is meeting grant requirements. **Initials:** _____

HEALTH FORM *(TO BE COMPLETED BY PARENT OR GUARDIAN)*

INSURANCE INFORMATION MUST BE PROVIDED PER KDHE REGULATIONS

First Name: _____ Middle: _____ Last: _____

Gender: Female _____ Male _____ Is child covered by health insurance? Yes _____ No _____

If yes, name of carrier _____

Insurance ID number _____ Group number _____

Physician name: _____ Phone #:_____

Health History:

Does your child have: Asthma _____No _____Yes Convulsions _____No _____Yes
Diabetes _____No _____Yes Other chronic or long-term condition (ex: ADHD) _____No _____Yes
(If so, explain)_____
Medications_____
Does your child have an IEP? _____No _____Yes If yes, explain_____
Would you be willing to share a copy with the Boys & Girls Club staff to assist us in serving your child better? _____No _____Yes Member information will remain strictly confidential and will be used only by the Club and its staff. Strict guidelines are in place to ensure confidentiality, and each party has received appropriate training. At no point will individual student data be publicly released.

Allergic Reactions: *(Please list and explain any reactions to)*

Does your child have a food allergy/intolerance? ___No ___Yes *If yes, please request a Meal Modification Form.*
Drugs/ Medications_____Insects_____
Plants_____Animals_____
Hay Fever_____Others_____
Any restrictions in activities_____

Restrictions While Participating in Club Events:

Special diet or dietary restrictions_____
Special activity restrictions _____
Past history of serious injuries or illnesses_____
_____
Special considerations the Boys & Girls Club staff should know_____

IMPORTANT: *In accordance with regulations, you are required to notify the Boys & Girls Club if your child has been exposed to any communicable diseases in the past six months*.

Parents Authorization: In case of emergency I understand every effort will be made to contact me or the person(s) listed under the Emergency Contact section. In the event I or my contact(s) cannot be reached, I give permission to the Boys & Girls Club of Manhattan to secure proper medical treatment, including hospitalization and any required surgery, for my child. I give permission for my child to participate in the activities of the Boys & Girls Club of Manhattan. I understand that I am responsible for payment of any medical bills created by injury to the member during Club activities. I understand the Club does not provide accident insurance for members and participants and does not accept financial responsibility for expense related to accidents and injuries sustained by members.

_____ _____

Signature of Parent or Guardian **Date**

Please complete information on opposite side.

Dear Parent or Guardian:

Our center has been approved for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses the center for the partial cost of meals. Participation in the CACFP enables us to keep our fees lower as well as serve nutritious meals to children in our program.

The parent/guardian must complete Parts 1 and 4 and one of the following options: *Part 2, Part 3A or Part 3B, to determine the amount of CACFP funds the center will be eligible to receive. This form will be placed in our files and treated as confidential information.* ***Note: no white out or erasure should be used. If there is an error cross through, correct, and initial.***

Part 1 FOR CHILD ENROLLMENT:

- CHILD'S NAME: List the first and last name of all children enrolled at this center.
- DATE OF BIRTH: List each child's date of birth.
- TIMES OF CARE, DAYS OF CARE and MEALS SERVED: List the regular times of care for each child by listing their arrival time and leave time, check each day the child will be in care and check each meal type received while in care.
- ETHNICITY/RACE: Using the codes provided, enter the codes for ethnicity and race.
- FOSTER CHILD: If the child is a foster child (the legal responsibility of a foster care agency or the court), please check the box.

Part 2 FOR A HOUSEHOLD RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):

- Complete Parts 1, 2 and 4 on the reverse side.
- Provide the name and case number for the program from which benefits are received.

Part 3A FOR A HOUSEHOLD EXCEEDING THE INCOME GUIDELINES LISTED ON THE CHART BELOW:

- Complete Parts 1, 3A and 4 on the reverse side.

TO CALCULATE ANNUAL INCOME

Weekly Income X 52 • Every 2 Weeks Income X 26 • Twice a Month Income X 24 • Monthly Income X 12

Household Size:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	Each Add'l Family Member
Annual Income:	$22,311	$30,044	$37,777	$45,510	$53,243	$60,976	$68,709	+ $7,733

Part 3B FOR ALL OTHER HOUSEHOLDS:

- Complete Parts 1, 3B and 4 on the reverse side using the additional information below.
- HOUSEHOLD NAMES: Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- GROSS INCOME BEFORE DEDUCTIONS: Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see list below). Next to the amount of income write how often the income was received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.
  - OTHER INCOME: strike benefits, unemployment compensation, worker's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.
  - FOSTER CHILDREN: List any personal income received by the foster child under Part 3B. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.
  - MILITARY HOUSING BENEFITS: Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.
  - SELF-EMPLOYMENT: Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.
- SOCIAL SECURITY NUMBER: Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

Part 4 SIGNATURE AND CONTACT INFORMATION:

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, address, telephone number, and employer information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

ENROLLMENT & INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS
JULY 1, 2017 THROUGH JUNE 30, 2018

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is a foster child (legal responsibility of a foster care agency or the court), please check the box.

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care						Ethnicity/ Race*		Foster Child
		Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV	Ethnicity	Race	
																			❑
																			❑
																			❑
																			❑

*Ethnicity (select one): H=Hispanic or Latino or N=Not Hispanic or Latino
*Race (select one or more): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or other Pacific Islander

Part 2. HOUSEHOLDS RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR): Complete Parts 1, 2 and 4.

Program Name: _____ Case No. _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on reverse side), check this box ❑

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a FAP, TAF or FDPIR case number: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check If ZERO income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
(Example) Jane Smith	*$200*	*W*	*$150*	*2M*	*$100*	*M*			
1									❑
2									❑
3									❑
4									❑
5									❑
6									❑

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX -_____ If you do not have a Social Security Number, check this box ❑

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Temporary Assistants for Families (TAF) or Food Distribution Program on Indian Reservation (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the CACFP.

Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

_____ _____
Signature of Parent or Guardian Date

_____
Print Name

_____
Address

_____
City State Zip Code

_____
Daytime Telephone

_____
Employer(s)

FOR CENTER USE ONLY

_____ FAP/TAF/FDPIR HOUSEHOLD

_____ Homeless Documentation from school, emergency shelter, or agency

_____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

_____
Sponsor's Determining Signature Date

_____
Sponsor's Confirming Signature Date

HOUSEHOLD CATEGORY:
- ❑ Free
- ❑ Reduced Price
- ❑ Paid

Foster Child – Free Category
List name of foster child(ren):

BOYS & GIRLS CLUB
OF MANHATTAN

Program Fee Chart

2017-2018

Type of Program	K-6th Grade Fees	7th - 12th Grade Fees	Scholarship
Annual Membership (Must have to attend any Club programs)	$30 / member / calendar year (Jan - Dec)	$20 / member / calendar year (Jan - Dec)	N/A
Before- and After-School Programs	$100 / member / semester (Due Aug & Jan)	Included in membership	Available
Family PLUS Program	$20 / family / month or 1 hour Volunteer Time / family (January-May & August-December)	N/A	N/A
Winter Break	$75 / week / member	$75 / week / member (must have a min. of 5 signed up)	N/A
In-Service Days	$15 / day / member	$15 / day / member (must have a min. of 5 signed up)	N/A
Spring Break	$75 / week / member	$75 / week / member (must have a min. of 5 signed up)	N/A
Summer	$80 / week / member	TBD	Available
Teen Night	N/A	Included with membership fee (small field trip fees may apply)	N/A
Late Fees (after 6pm)	$1 / minute / member	$1 / minute / member	N/A
Payment Plans	Our goal is to help your child attend the Club. Please inquire within for payment plans.		

*For questions or concerns contact our office at 785-539-1947 or visit www.bgclubmanhattan.com for more contact info.