



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

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



# REGISTRATION

## Grades K - 6th

OFFICE USE ONLY

AFTER SCHOOL  BEFORE SCHOOL  BOTH

WINTER BREAK  FALL BREAK  SPRING BREAK

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

**EMERGENCY MEDICAL INFORMATION**

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

PARENT/GUARDIAN INITIAL
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2.

NAME
PHONE NUMBER
RELATIONSHIP

**SPECIAL CONDITIONS/NEEDS**

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

3.

NAME
PHONE NUMBER
RELATIONSHIP

CHILD'S NAME & CONDITIONS/NEEDS
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CHILD'S NAME & CONDITIONS/NEEDS
---------------------------------

CHILD'S NAME & CONDITIONS/NEEDS
---------------------------------

4.

NAME
PHONE NUMBER
RELATIONSHIP

CHILD'S NAME & CONDITIONS/NEEDS
---------------------------------

CHILD'S NAME & CONDITIONS/NEEDS
---------------------------------

5.

NAME
PHONE NUMBER
RELATIONSHIP

HOW DID YOU HEAR ABOUT US?
<input type="checkbox"/> FRIEND <input type="checkbox"/> INTERNET
<input type="checkbox"/> RETURNING/EXISTING MEMBER
<input type="checkbox"/> OTHER:



# PARENT / GUARDIAN AGREEMENT

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**



## Lehi Branch School Program Registration Form

Member's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ (initial) I understand that payments are due on the 1st of each month for the upcoming month. If payment is not received before the 1st of the month a \$15 late fee will be added to each member's account

\_\_\_\_\_ (initial) if I need to change or cancel the program my child is enrolled in, a 10 day written notice is required. If notice is not received I will be responsible for that month's tuition. Cancellations must be made in the office or by email at [lehi@bgcs.org](mailto:lehi@bgcs.org)

\_\_\_\_\_ (initial) Fall break, Winter break, and Spring Break Camp are an additional charge and require registration.

### Closed Dates

Labor Day: 9/3

Staff Training 9/13- 9/14

Veteran's Day: 11/12

Thanksgiving & the day after: 11/22 -11/23

Christmas: 12/24-12/25

New Year's Day: 12/31-1/1/19

Presidents Day 2/18/19

Staff Training: 5/23 & 5/24/19

Memorial Day 5/27/19

**Cost**  
ASP: 1<sup>st</sup> Child \$190 / 2<sup>nd</sup> Child \$175

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



All Ages

2018-2019 Afterschool Transport Permission Form
Lehi Branch

- 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 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.

Table with 2 columns: School Name and Selection. Header: LEHI BRANCH SCHOOL TRANSPORT. Sub-header: (Check One). Rows include: Ishikawa Elementary School, Kerr Elementary School (school drops off), Vista Grove Preparatory Academy, Sequoia Lehi Charter School, Salt River Elem. School (school drops off), Lehi Elementary School (school drops off), 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



**All Ages**

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 patterns, 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 Branch Supervisor, **John-Paul Saspe** at 480-850-4453 or at [john-paul.saspe@bgcs.org](mailto:john-paul.saspe@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



**Native American Youth**

**7 - 11 years old**

**On The T.R.A.I.L. (Together Raising Awareness for Indian Life)  
To Diabetes Prevention  
Parent/Guardian Notice and Permission Form**

Your child is invited to participate in the On the T.R.A.I.L. (Together Raising Awareness for Indian Life) to Diabetes Prevention program. This program is designed to provide youth with the tools and knowledge to prevent type 2 diabetes through healthy eating and physical activity. T.R.A.I.L. is the first diabetes prevention program developed for Boys & Girls Clubs on Native lands.

This program will:

- Discuss health topics in a way your child can understand.
- Encourage healthy behaviors that will help your child stay healthy, active, and prevent type 2 diabetes.

As part of the program the Club will administer a pre- and post-test to test your child's knowledge and attitude about nutrition, physical activity, and type 2 diabetes. Basic information will also be collected about your child and shared with the Indian Health Service (IHS), National Congress of American Indians (NCAI), and FirstPic, Inc. *Your child's name will not be used and personal information will be kept confidential.*

\_\_\_ **YES, I give permission for my child to participate in the T.R.A.I.L. program.**

**Optional Activity:** As part of the physical activity portion of the T.R.A.I.L. program, your child is invited to participate in Physical Activity Challenges. The challenges will measure strength and endurance periodically throughout the program. Strength will be measure through the standing long jump and endurance will be measured through the 20 meter (22 yard) shuttle run. Data collected from these challenges will also be shared with the IHS, NCAI, and FirstPic, Inc. Your child's name and personal information will be kept confidential. **Children with medical conditions that prevent strenuous activity such as jumping and/or running should not participate.**

**Note:** Your child may still participate in the T.R.A.I.L. program regardless of participation in the Physical Activity Challenges.

\_\_\_ **Yes, I give my child permission to participate in the Physical Activity Challenges.**

If you have any questions, please call the Boys & Girls Club offices at [480 850 4453].

**Note:** Your child must return this letter in order to participate in the 2018-2019 T.R.A.I.L. program.

Child's Name (please print): \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Circle: Male Female

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



All Ages

SMART Moves Consent Form

Dear Parent/Guardian(s),

The Lehi 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: \_\_\_\_\_



# America Reads

Boys & Girls Club: Lehi



Please Print: (Be sure to complete all spaces, please)

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip Code

In the event of an emergency and the Parent/Guardian is not available, please contact:

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

Please list any allergies, illnesses, and/or dietary concerns for your child: \_\_\_\_\_

What would you like to see our tutors work on with your child (reading, spelling, etc.)? \_\_\_\_\_

PHOTO/VIDEO PERMISSION: (please check one box)

- I give permission for my child's picture and/or video to be used for America Reads promotional purposes (including our website, brochure, article, newspapers, or TV).
- I do not give permission for my child's picture and/or video to be used for America Reads promotional purposes.

AMERICA READS PROGRAM POLICES AND PROCEDURES: (please initial and sign where indicated)

I give permission for my child to be enrolled in the America Reads after school-tutoring program at the Boys & Girls Club: Lehi. I understand that the program takes place Tuesday and Thursday from 3:30-4:30 or 4:30-5:25. I also understand that if my child needs emergency medical treatment and neither the Parent/Guardian nor Emergency Contact is available at the above numbers, I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.

I have read and understand the following program policies: (please initial each box)

Behavior Policy	
Absence Policy	
Personal Belongings Policy	

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



### **Tuition Assistance Program**

The Boys & Girls Clubs of Greater Scottsdale offers a tuition assistance program for families who qualify. Financial assistance is based primarily on household income and the number of individuals in the household (as is most common in assistance programs) using a scale based on federal income guidelines. Documentation must be provided to complete the application process. The Request for Tuition Assistance form has the list of need documents. Incomplete applications will not be accepted.

Completed applications must be returned to the Member Billing Specialist. Upon receipt of all the necessary documents, the Branch Director will review the application and determine eligibility. The review process may take up to one week.

Applications for tuition assistance must be completed for each individual program (Before and After School, Summer Camp, Break Camps) during the calendar year.

If tuition assistance is granted, we kindly ask that families do the following to remain in good standing:

- Encourage Member regular attendance (3 or more days per week) in our programs
- Payments for any monthly fees must be paid on-time and account must be current
- Parent attendance at orientations, parent classes or other meetings as offered
- Family attendance at our Family Special Events
- Consider volunteering in programs, if available
- Support for the Tax Credit Drive

Please feel free to contact your Member Billing Specialist with any additional questions.

**OFFICE USE ONLY**

Branch: \_\_\_\_\_

Program: \_\_\_\_\_

Approved or Denied \_\_\_\_\_

Scholarship %: \_\_\_\_\_

Parent %: \_\_\_\_\_



**REQUEST FOR TUITION ASSISTANCE**

This form must be completed for each program (ASP, Break Camps) regardless of calendar year. Please return to the Member Billing Specialist with all the necessary documentation. The review process takes approximately one week.

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**DOCUMENTATION**

You must attach the following documentation :

- Copy of two (2) most recent paycheck stubs (for each working adult member of household)
- Federal Income Tax Form
- W2 Form
- Copy of any payments made to you (alimony, child support, unemployment)
- Divorce papers if applicable
- Copy of Rental Agreement, Lease or Mortgage Statement

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**INCOME INFORMATION**

Household Income: _____	Child Support: _____
Gov't Assisted Housing: _____	Food Stamps: _____
Social Security: _____	Unemployment: _____
Worker's Comp: _____	Disability Insurance: _____

**FAMILY INFORMATION**

No. of children in household: \_\_\_\_\_ No. of adults in household: \_\_\_\_\_  
(Under 18 )

Reason for assistance: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_