



BOYS & GIRLS CLUBS
OF CENTRAL IOWA

21st CCLC Summer Programming

Harding Middle School
203 E. Euclid Ave.
Des Moines, IA 50313
(515) 242-7925

Administrative Office • (515) 242-7925 • FAX (515) 242-8531
1421 Walker St., Des Moines, IA 50316

For office use only

Date Received: _____

Entered by: _____

Form of Payment

\$_____, CCA _____
ck_____ ck#_____

SUMMER 2019 MEMBERSHIP APPLICATION

Summer Club Hours: 8:00 a.m. - 2:00 p.m.

Summer programming at our 21st CCLC middle school locations is provided free of charge

Confidentiality: ALL information requested is required for our records and for the funding of Boys & Girls Clubs of Central Iowa (BGCCI). The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

PLEASE PRINT ALL INFORMATION

Student ID # _____

MEMBER INFORMATION

Name _____ Nickname _____
First Middle Last

Date of Birth _____ Gender ☐ M ☐ F School _____ Grade Completed 18-19 School Year _____

Address _____ City _____ Zip Code _____

Home Phone _____ Can Swim? ☐ Yes ☐ No E-Mail _____

☐ New Club Member ☐ Returning Club Member Site Previously Registered _____

Ethnicity

- ☐ Black/African-American
- ☐ White/Caucasian
- ☐ Hispanic/Latino
- ☐ Asian
- ☐ American Indian
- ☐ Pacific Islander/Hawaiian
- ☐ Two or More Races
- ☐ Other _____

Household Type

- ☐ Family
- ☐ Family Foster Care
- ☐ Group Home/Residential
- ☐ Ind. Living Foster Care
- ☐ Kinship Care/Extended Family
- ☐ Other _____

Family Setting

- ☐ Two Parent Home
- ☐ Single Parent Home
- ☐ Parent and Stepparent
- ☐ Other Family Member(s)
- ☐ Foster Parent(s)
- ☐ Grandparent(s)
- ☐ Other _____

MEMBER HEALTH/MEDICAL INFORMATION (any known medical issues in the past 5 years)

Breathing Problems

- ___ Asthma
- ___ Reactive Airway
- ___ Other Problems

Heart Problems

- ___ Heart Murmur
- ___ Heart Surgery
- ___ Other Problems

Neurological Problems

- ___ Frequent Headaches
- ___ Dizziness
- ___ Fainting
- ___ Seizure
- ___ ADHD/ADD

Eating Problem

- ___ Stomach Problems/Ulcer
- ___ Bowel Problems
- ___ Special Diet at School

Gland Problems

- ___ Diabetes
- ___ Thyroid
- ___ Kidney

Orthopedic

- ___ Broken Bones
- ___ Orthopedic Braces
- ___ Other Problems

My child is free of any communicable or infectious disease, and is able to participate in Boys & Girls Club programs

☐ Yes ☐ No

My child's immunization record is on file with the Harding School nurse or has been provided to BGCCI ☐ Yes ☐ No

Doctor Ordered Special Needs:

___ Glasses/Contacts ___ Hearing Aids ___ Seat Close to Instruction ___ Liberal Bathroom Privileges ___ Physical Limits

Allergies:

(Food/Medicine/Environmental/Animals) _____

Illnesses, operations, or accidents your child has had in the past five years: _____

Emotional, social, or other conditions that might affect your child's performance: _____

Current Medications: _____

DOCTOR INFORMATION (Required):

Doctor Name: _____ Phone Number: _____

Address: _____ Hospital of Preference: _____

Insurance Company: _____ Insurance Policy Information: _____

DENTIST INFORMATION (Required):

Dentist: _____ Phone Number: _____

Address: _____ Insurance Company: _____

HEAD OF HOUSEHOLD**Parent/Guardian #1 Name** _____ Gender ☐ M ☐ FAddress _____ City _____ Zip Code _____ Type ☐ Home ☐ Other _____Phone #1 _____ ☐ C ☐ W ☐ H Phone #2 _____ ☐ C ☐ W ☐ H

E-Mail Address (For Closures and Club Communications) _____

Primary Employer _____ Job Title _____

Military Branch _____ ☐ Active Duty ☐ Discharged ☐ National Guard ☐ Reserve ☐ Retired**Parent/Guardian #2 Name** _____ Gender ☐ M ☐ FAddress _____ City _____ Zip Code _____ Type ☐ Home ☐ Other _____Phone #1 _____ ☐ C ☐ W ☐ H Phone #2 _____ ☐ C ☐ W ☐ H

E-Mail Address (For Closures and Club Communications) _____

Primary Employer _____ Job Title _____

Military Branch _____ ☐ Active Duty ☐ Discharged ☐ National Guard ☐ Reserve ☐ Retired**BGCCI is required to collect the following information about your child. All information will be kept confidential. Please check item(s) from each group below.****Family Annual Income**

- ☐ Less than \$10,000
☐ \$10,000 - \$14,999
☐ \$15,000 - \$24,999
☐ \$25,000 - \$34,999
☐ \$35,000 - \$49,999
☐ \$50,000 - \$74,999
☐ \$75,000 - \$99,999
☐ \$100,000 and higher

Number in Household: _____**Do you qualify for free or reduced lunch?**

- ☐ Yes
☐ No

Expected Means of Transportation at the end of Club:☐ Parent/Guardian ☐ School/Dart Bus (12+ only) ☐ Walk (12+ only) ☐ Other _____

Please read the following statements, and sign below in authorization. If you have any questions or concerns, please speak with Club staff.

I authorize the Boys & Girls Clubs of Central Iowa to act on my behalf in case my youth is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of the club staff shall make a diligent effort to first notify me of the situation and ascertain what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such action as their judgment dictates. I further agree that, neither the Boys & Girls Clubs of Central Iowa, nor any person associated with them, has any responsibility of any kind to me or my youth from any claims arising from any accident, injury or illness, which my youth may suffer as the result of any such health care or medical treatment. I understand that the Boys & Girls Clubs of Central Iowa is not authorized to distribute medication or provide medical services.

Additionally, I authorize the Boys & Girls Clubs of Central Iowa to transport my youth in Club vehicles to any field trips within the regularly scheduled Club hours. I understand that only field trips or activities that function outside of regularly scheduled hours will require my permission. When in the course of regular Club programming, I authorize the Boys & Girls Clubs of Central Iowa to photograph in Club publications and/or media presentations. If applicable, I authorize members of the media to photograph or tape my youth engaging in Club activities or special events.

I also authorize the Boys & Girls Clubs of Central Iowa and/or contracted researchers of the Boys & Girls Clubs of Central Iowa, to involve my youth in outcome measurement/evaluation of Club programs. I understand that any data of information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant. Additionally, I authorize my youth to use the Boys & Girls Clubs of Central Iowa Network and Internet Services. I also authorize the Boys & Girls Clubs of Central Iowa to enforce any and all guidelines set forth in the responsible computer use guidelines. I have the right to obtain a copy of these guidelines at my request.

I further certify that failure to abide by Club guidelines and behavioral expectations will result in the member's immediate dismissal from Club activities, and the member will be sent home at the expense of the student and his/her parent/guardian without refund of any Club, program, or membership fees. All Club fees should be understood as non-refundable.

My child(ren) and I understand and agree to the Boys & Girls Clubs of Central Iowa Member/Parent Handbook and agree to abide by the policies set forth in this document, including the safe passage and discipline policies. I understand that by signing this document I have received a Member/Parent Handbook. I understand that this signed sheet will be placed in my child's membership file and will serve as a single record that can be accessed for proof of agreement to the policies set for in the Member/Parent Handbook.

Parent/Guardian Signature	Date
----------------------------------	-------------

FIRST AID FORM

I hereby authorize Boys & Girls Clubs of Central Iowa employees to administer the following first aid to my child, _____ as needed. The following list includes, but is not limited to, items often used for non-emergency care:

- | | |
|--|--------------------|
| • Bandages/ gauze | • Vaseline |
| • First aid antiseptic or antibiotic ointment | • Sunscreen |
| • Lotion | • Ice pack |

Parent/Guardian Signature	Date
----------------------------------	-------------

Please list ALL persons, including parents/ guardians, 12 years or older who are authorized to pick up your child from Club. List individuals in the order you'd like them contacted in case of emergency. For the safety of your child(ren), only the individuals listed below will be allowed to pick up member from Club. We require photo identification from any person authorized below to pick up members from our Club sites.

1.	<hr/>			
	First Name	Last Name	Relationship to Member	Phone Number
2.	<hr/>			
	First Name	Last Name	Relationship to Member	Phone Number
3.	<hr/>			
	First Name	Last Name	Relationship to Member	Phone Number
4.	<hr/>			
	First Name	Last Name	Relationship to Member	Phone Number
5.	<hr/>			
	First Name	Last Name	Relationship to Member	Phone Number
6.	<hr/>			
	First Name	Last Name	Relationship to Member	Phone Number

Please list any person(s) NOT authorized to pick up your child from Club.

1.	<hr/>		
	First Name	Last Name	Relationship to Member
2.	<hr/>		
	First Name	Last Name	Relationship to Member
3.	<hr/>		
	First Name	Last Name	Relationship to Member
4.	<hr/>		
	First Name	Last Name	Relationship to Member

PARENT/GUARDIAN LATE POLICY

Boys & Girls Clubs of Central Iowa is honored to provide services for your child. We ask that you please respect our hours of operation and pick up policy.

Harding Summer Hours of Operation:

Monday-Friday (June 5th – August 9th)

- Regular Club Hours: 8:00 a.m. - 2:00 p.m.

BGCCI will be closed Thursday, July 4th and Friday, July 5th.

If a child is not picked up within an half an hour of the stated closing time the Boys & Girls Clubs of Central Iowa has been instructed to call Children's Protective Services. If a child continues to be present past the closing hour, Boys & Girls Clubs of Central Iowa reserves the right to terminate enrollment in the program.

In the case of an emergency, please contact the Club immediately.

Parent/Guardian Signature	Date
----------------------------------	-------------

FEEDING THE FUTURE PROGRAM

The Feeding the Future program supplies Club members and their families with nutritious, child-friendly, self-serve food designed to supplement a family for the weekend. We also periodically include personal hygiene products. The following are examples of items that may be included in Feeding the Future bags: cereal, granola bars, peanut butter, packaged fruit and vegetables, simple entrees such as macaroni & cheese, raviolis and other nutritional snack items. Personal care items may include deodorant, soap, shampoo, dental care, and feminine hygiene products. Bags will be provided weekly on Fridays.

Do any family members have diabetes: ☐ Yes ☐ No If yes, how many? _____
 Food allergies in household (check any that apply): ☐ Peanut/Other Nut _____ ☐ Wheat ☐ Dairy
☐ Other Allergy or dietary restrictions – please specify here: _____

AGREEMENT

☐ I would like my family to participate in this program and I agree to the following terms:
 Boys & Girls Clubs of Central Iowa will attempt to provide items in accordance with your dietary requests, however, Boys & Girls Clubs of Central Iowa cannot be held liable for any accident, injury, or illness resulting from participation and in the Feeding the Future program. Parent/Guardians should examine all items for suitability prior to eating or using.

Parent/Guardian Signature	Date
----------------------------------	-------------

Therapy Dog Form

As a member of the Boys & Girls Clubs of Central Iowa (BGCCI), your child will have the opportunity to meet and interact with BGCCI's future therapy dog, Graycie. Graycie is currently a one year old, Blue Great Dane. By summer of 2019, she will be a fully-trained and skilled therapy dog.

In addition to signing below, please indicate (by checking the appropriate box), whether your child is allergic to dogs or other animals. In the interest of your child's safety, if your child is allergic, we cannot offer participation in activities with Graycie.

My child is allergic to dogs or other animals: ☐

My child is not allergic to dogs or other animals: ☐

___ I DO give my child permission to participate in all activities with Graycie.

___ I **DO NOT** give my child permission to participate in any activities with Graycie.

Parent/Guardian Signature	Date
----------------------------------	-------------



Iowa Department of Human Services

The Emergency Food Assistance Program (TEFAP) Eligibility

Name	Number of people in your household
Full physical address	

The table below shows eligible gross income guidelines (before taxes) per family size. If your household income is at or below the income listed for the number of people in your household, you are eligible.

TEFAP Income Guidelines Effective July 1, 2018 – June 30, 2019

House- hold Size	1	2	3	4	5	6	7	8	For each additional household member add:
Yearly Income	22,459	30,451	38,443	46,435	54,427	62,419	70,411	78,403	+7,992
Monthly Income	1,872	2,538	3,204	3,870	4,536	5,202	5,868	6,534	+666
Weekly	432	586	740	893	1,047	1,201	1,355	1,508	+154

You are also eligible to receive food from TEFAP if your household participates in at least one of the following programs. Please check the box next to the program(s) you receive benefits from:

☐ Food Assistance (SNAP)

☐ Free or Reduced Lunches

Please read the following statement carefully. If you agree, please sign and date the form:

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in Iowa. This certification form is being completed in connection with the receipt of federal assistance. I understand that once I sign this form, I am assumed to be eligible for future distributions. I understand I am required to report to the pantry if my income increases over the income amount listed for my household.

Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the state for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.

I understand the USDA nondiscrimination statement is provided on the back of this form and a copy is available upon my request.

--	--



**ACKNOWLEDGEMENT AND AUTHORIZATION TO
RELEASE AND EXCHANGE CONFIDENTIAL STUDENT INFORMATION**

Des Moines Public Schools partners with organizations to address the needs and/or to support the success of students and families. In order to do so effectively, Des Moines Public Schools and organizations need to be able to exchange information.

Des Moines Public Schools and organizations must have written permission from the parent/guardian of the student to release and exchange any information from the student record or other confidential information in regards to a specific student.

This document authorizes both the Des Moines Public Schools and

Boys & Girls Clubs of Central Iowa

Organization Name (hereinafter called "organization") to release and exchange information about:

Student Name, Date of Birth, DMPS Student ID Number

Information is being released or exchanged to:

- Refer student to organization for information or services
- Ensure that the student is receiving services
- Collaborate on a plan to serve the student and family
- Evaluate the effectiveness of the program or service

This information may include personally identifiable student information, information from the student's education record, information shared by the student or family that is otherwise considered confidential but needs to be shared to address the needs and/or to support the success of the student or family.

Des Moines Public Schools and the organization agree to keep information exchanged confidential and will not re-disclose information without written consent.

By signing this document, I acknowledge that I have read and understand that I am authorizing Des Moines Public Schools and the organization to release and exchange information that may be considered confidential under state and federal law.

Parent or Guardian Name (please print)

Date

Parent or Guardian Signature