



**BOYS & GIRLS CLUB
OF BANGOR**
**Afterschool Program Registration
2020-2021**

This box is for office use only

DATE RECEIVED: NEW ___ RENEWAL ___
MEMBERSHIP ID#:
START DATE: EXPIRATION DATE:
REGISTRATION FEE (\$5) PAID:
PARENT ORIENTATION DATE:

CHILD INFORMATION

Child's Name (First, Middle Initial, Last):		Date of Birth:						
Address:		Phone:						
Ethnicity: <table border="0" style="width: 100%;"> <tr> <td><input type="radio"/> African American or Black</td> <td><input type="radio"/> American Indian/ Alaska Native</td> <td><input type="radio"/> Asian</td> </tr> <tr> <td><input type="radio"/> Hispanic/ Latino</td> <td><input type="radio"/> Native Hawaiian/ Other Pacific Islander</td> <td><input type="radio"/> White/ Caucasian</td> </tr> </table>			<input type="radio"/> African American or Black	<input type="radio"/> American Indian/ Alaska Native	<input type="radio"/> Asian	<input type="radio"/> Hispanic/ Latino	<input type="radio"/> Native Hawaiian/ Other Pacific Islander	<input type="radio"/> White/ Caucasian
<input type="radio"/> African American or Black	<input type="radio"/> American Indian/ Alaska Native	<input type="radio"/> Asian						
<input type="radio"/> Hispanic/ Latino	<input type="radio"/> Native Hawaiian/ Other Pacific Islander	<input type="radio"/> White/ Caucasian						
School:	Grade:	Age: Age:						
Lives with (check all that apply):								
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Both <input type="radio"/> Foster Family <input type="radio"/> Other								
Is either parent in the Military/National Guard? <input type="radio"/> Yes <input type="radio"/> No								
Is child a US Citizen? <input type="radio"/> Yes <input type="radio"/> No								
How did you hear about the club?								
<input type="radio"/> School <input type="radio"/> Housing <input type="radio"/> Flyer <input type="radio"/> Website/Facebook <input type="radio"/> Friend <input type="radio"/> Other:								
Will you be able to transport your child to and from club after school? Drop off at 3-3:15pm, pick up between 5-5:15pm.								
<input type="radio"/> Yes <input type="radio"/> No								

PARENT INFORMATION

Parent/Legal Guardian Name:	Relation to Member:	Phone:
Street Address:	Email Address:	
Employed by (or School Attending):	Work/School Phone:	
2 nd Parent/Legal Guardian Name:	Relation to Member:	Phone:
Street Address:	Email Address:	
Employed by (or School Attending):	Work/School Phone:	

EMERGENCY CONTACTS / AUTHORIZED PICK-UP

In addition to the parents (listed above), I give permission for the following people to pick my child up from the club. I will notify the club in writing regarding any changes to this list.

Name – Other than Parent(s):	Relation to Child:	Phone:
Name – Other than Parent(s):	Relation to Child:	Phone:

HOUSEHOLD INFORMATION

The following information is necessary for our records and for the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is appreciated.

Please check next to the range that best describes your annual family income (before taxes):

Family Size

Annual Income

2 members

\$16,850 or less

\$28,100 or less

\$44,950 or less

\$44,951 or more

3 members

\$20,780 or less

\$31,600 or less

\$50,550 or less

\$50,551 or more

4 members

\$25,100 or less

\$35,100 or less

\$56,150 or less

\$56,151 or more

5 members

\$29,420 or less

\$37,950 or less

\$60,650 or less

\$60,651 or more

6 members

\$33,740 or less

\$40,750 or less

\$65,150 or less

\$65,151 or more

7 members

\$38,060 or less

\$43,550 or less

\$69,650 or less

\$69,651 or more

8 members

\$42,380 or less

\$46,350 or less

\$74,150 or less

\$74,151 or more

*August 2018- HUD Guidelines

Check all programs that apply:

- | | | | | |
|-------------------------------|---|--|---|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> SSDI | <input type="checkbox"/> SSI | <input type="checkbox"/> Child Care Voucher | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> WIC | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Veterans Comp | <input type="checkbox"/> Section 8
<input type="checkbox"/> Public Housing | <input type="checkbox"/> Free/Reduced School Lunch |

ACADEMIC INFORMATION

How is your child attending school this year?

- Remote
- Hybrid
- In person

If hybrid, what days will your student be attending school? _____

Teacher's Name:

Is your child receiving any special services at school?

Yes

No

If yes, please check all that apply:

- | | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Title 1 | <input type="checkbox"/> Cognitive Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Emotional/Behavioral Disability | | <input type="checkbox"/> Other: |

Has your child ever been retained (held back)?

Yes

No

Have there been any truancy (absences) issues?

Yes

No

Which of the following best describes your child's reading?

Below Grade Level

At Grade Level

Above Grade Level

Are you satisfied with your child's grades?

Yes

No

What homework/subject areas would you like to see your child receive help with during the afterschool program?

Any other comments on your child's development:

HEALTH INFORMATION

Any ongoing health concerns? (i.e. asthma, diabetes, etc.)

Yes No

If yes, please describe:

Any allergies?

Yes No

If yes, please describe:

Any history of hospitalizations, significant injuries, or surgery?

Yes No

If yes, please describe:

Any medications currently taken on a regular basis?

Yes No

If yes, please list:

Any dietary restrictions?

Yes No

If yes, please describe:

Any activity restrictions?

Yes No

If yes, please describe:

Any other special considerations:

BEHAVIORAL HEALTH INFORMATION

Any behavioral or emotional needs staff should be aware of?

Yes No

If yes, please describe:

Does your child receive support from a behavioral health professional (BHP) during school hours?

Yes No

Any other special considerations:

EMERGENCY CONSENT

By signing below, you are indicating that the Boys & Girls Club of Bangor staff may administer basic first aid to your child. This may include, but is not limited to, band aids, topical ointments (i.e. Neosporin), and sunscreen.

In the event of an emergency, the Boys & Girls Club of Bangor staff will make every effort to contact me or the person(s) listed as emergency contacts; however, I authorize them to call 911 first when deemed necessary. In the event I or my contact(s) cannot be reached, I give permission to the Boys & Girls Club of Bangor to secure proper medical treatment, including transportation, and medical care for my child. I give permission for my child to participate in the activities of the Boys & Girls Club of Bangor. 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 expenses related to accidents and injuries sustained by members.

For emergency medical treatment, my preferred hospital is: _____

Signature of Parent or Guardian

Date

RELEASE/POLICY INFORMATION

Please initial each box to indicate your understanding and authorization of the following:

Covid-19 Policy: Any children with any symptoms of COVID-19, including cough, fever, sore throat, fatigue, are prohibited from attending camp until their symptoms have 100% subsided. Children must be fever-free without the use of fever-reducing medication for at least 72 hours before returning to camp. If your child has been tested for COVID-19, they may not attend Club while awaiting test results and, if positive, obtain a physician's note prior to returning. If anyone in the child's immediate family or household tests positive, the child may not return until meeting CDC criteria to discontinue home isolation.

Release of Liability: I hereby give my consent and approval for my child's participation in the Boys & Girls Club of Bangor. I hereby assume all of the risks and hazards incidental to the conduct of said activity in so far as it relates to my child. I hereby release, absolve, indemnify, and hold harmless, Boys & Girls Club of Bangor, its employees, and volunteers from any damage and/or liability arising out of or in connection with the participation in said activity. In the event of injury to my child, I assume responsibility therefore, and hereby, waive any and all claims for damages or loss against the Boys & Girls Club of Bangor and its employees and volunteers.

Attendance policy: By initialing this box, I realize that my child will only attend The Boys and Girls Club on days they are physically present in school.

Photos: By initialing this box, I give the Boys & Girls Club of Bangor permission to use photos or videos taken of my child for public relations purposes. These photos may be used in local newspapers, brochures, on our website, Facebook and other social media, television, or any other types of publications.

Transportation: By initialing this box, I recognize that I am responsible for dropping off and picking up my child from the Boys and Girls Club.

Field Trip & Activity: The Boys & Girls Club occasionally takes field trips by bus/van to various destinations throughout the community. By initialing the box below, I give permission for my child to take part in field trips and excursions under proper supervision. It is my understanding that I will be notified when such trips are planned and participation will be subject to member's ability to follow club guidelines and demonstrate safe and responsible behavior.

School Records: In an effort to measure program outcomes, we keep track of student demographics, free and reduced lunch status, attendance records, academic progress, and activity participation. All information collected will be restricted and used solely for serving student needs and program evaluation purposes.

By initialing this box, I agree to an exchange of information between the Boys & Girls Club staff and school personnel whenever it would be beneficial to my child; I also authorize the Bangor School Department to release data pertaining to (student's name): _____, including district assessment scores, to the Boys & Girls Club of Bangor, in order to track overall student progress for program evaluation purposes.

AGREEMENTS

- ✓ I agree to keep the club updated on any changes of information on this enrollment form.
- ✓ I agree to participate in an Orientation Session at the Club at which time the program and policies will be explained.
- ✓ I agree to work with Club staff to assist them in providing the most positive experience for my child.

I am hereby enrolling my child _____ in the Boys & Girls Club of Bangor.

Parent/Guardian Signature

Date

