Membership Application

***Please contact your local Club to schedule your required “New Member Orientation” prior to attending.***

<table>
<thead>
<tr>
<th>Club</th>
<th>Address</th>
<th>Phone Number</th>
<th>Membership Fee/Year</th>
<th>Household Membership Fee/Year</th>
<th>Weekly Fee during Summer Programming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chippewa Falls Center</td>
<td>21 E. Grand Avenue, Chippewa Falls, WI 54729</td>
<td>(715) 726-2065</td>
<td>$15</td>
<td>$30</td>
<td>$75/Week during Summer Programming</td>
</tr>
<tr>
<td>Lunda Center</td>
<td>405 State Highway 54, Black River Falls, WI 54615</td>
<td>(715) 284-4005</td>
<td>$15</td>
<td>$30</td>
<td>$75/Week during Summer Programming</td>
</tr>
<tr>
<td>Lee &amp; Mary Markquart Center</td>
<td>1005 Oxford Avenue, Eau Claire, WI 54703</td>
<td>(715) 855-0081</td>
<td>$15</td>
<td>$30</td>
<td>$75/Week during Summer Programming</td>
</tr>
<tr>
<td>Menomonie Center</td>
<td>River Heights Elementary School, Menomonie, WI 54751</td>
<td>(715) 233-2540</td>
<td>$15</td>
<td>$30</td>
<td>$75/Week during Summer Programming</td>
</tr>
</tbody>
</table>

Please complete this Application in blue or black ink. Thank you.

Member First Name___________________Middle Name____________________Last Name____________________________

Member Birth Date___________________________________Gender_______________________________________________

Ethnicity

☐ Caucasian    ☐ African American    ☐ American Indian    ☐ Asian-Asian Pacific
☐ Hispanic-Latino    ☐ Multi-Ethnic    ☐ Other:________________________

Members PRIMARY Address______________________________City_______________________State_______Zip_________

Member Email Address_____________________________________________________________________________________

*Email will be used to inform member of upcoming Club events! *E-Mail is NOT required!


Eligible for Reduced/Free Lunch? ☐ Yes ☐ No

Is your child receiving any special services at school? ☐ Yes ☐ No

☐ Speech  ☐ English Language Learner  ☐ Title I  ☐ Cognitive disability
☐ Learning disability  ☐ Emotional/behavioral disability  ☐ Other interventions:________________________

Has your child ever been retained (held back)? ☐ Yes ☐ No

Have there been truancy issues? ☐ Yes ☐ No  Specify________________________________________________________

What are your child’s grades?___________________________________________________________________________________________

Are you satisfied with your child’s grades? ☐ Yes ☐ No

What homework would you like to see your child work on during the afterschool program?__________________________________________

Member Information

Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Speech ☐ English Language Learner ☐ Title I ☐ Cognitive disability

☐ Learning disability ☐ Emotional/behavioral disability ☐ Other interventions:________________________

Specify________________________________________________________
First Name__________________________Last Name____________________________Gender_________________

☐ Parent  ☐ Grandparent  ☐ Guardian  ☐ Other Relationship__________________________

Address_____________________________City_____________________State______________Zip______________

Phone Number_____________________________ Work Phone Number:____________________________

(Circle One) Home Cell

Place of Employment:____________________________

Email Address____________________________________________________________

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First Name_________________________Last Name___________________________Gender__________________

☑ Parent  ☐ Grandparent  ☐ Guardian  ☐ Other Relationship__________________________

Address_____________________________City_____________________State______________Zip______________

Phone Number_____________________________ Work Phone Number:____________________________

(Circle One) Home Cell

Place of Employment:____________________________

Email Address____________________________________________________________

☐ Call in Case of Emergency  ☐ Authorized to Pick Up Member  ☐ NOT Authorized to Pick Up Member

☐ This contact may also make any changes to the account as they see fit

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First Name__________________________Last Name____________________________Gender_________________

Phone Number_____________________________ Relationship to Member____________________________

(Circle One) Home Cell Work

☐ Call in Case of Emergency  ☐ Authorized to Pick Up Member  ☐ NOT Authorized to Pick Up Member

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First Name__________________________Last Name____________________________Gender_________________

Phone Number_____________________________ Relationship to Member____________________________

(Circle One) Home Cell

☐ Call in Case of Emergency  ☐ Authorized to Pick Up Member  ☐ NOT Authorized to Pick Up Mem-

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**Please attach additional contacts on a separate piece of paper**
Does your child have any allergies? Please explain below and be as detailed as possible.

_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

What was the date of your child’s last Well Child Visit/Physical? (well child visit is a scheduled appointment with your healthcare provider when your child is NOT sick.) Month/Year ____________________________

Are you child’s immunizations up to date?  ☐ Yes  ☐ No

Is your child receiving counseling?  ☐ Yes  ☐ No

Is there any family stress at this time?  ☐ Yes  ☐ No  (Specify)

Are there any drug/alcohol related concerns in the family?  ☐ Yes  ☐ No  (Specify)

Are there any legal issues, past or present, with the child or other family members that we need to be aware of?  ☐ Yes  ☐ No  (Specify)

Do you feel your child is being bullied or is bullying others at school?  ☐ Yes  ☐ No

If yes, what has been done about it?

Income information is confidential. In order for this application to be complete, income must be reported to Club for reporting purposes.
MEMBERSHIP RELEASE FORM

PLEASE READ EACH STATEMENT & SIGN AND DATE THE BOTTOM OF THIS FORM

LIABILITY:
I understand that Boys & Girls Clubs of the Greater Chippewa Valley is not responsible or liable in any way in the event of harm or injury occurring to my child. It is agreed that I will hold Boys & Girls Clubs of the Greater Chippewa Valley harmless for the actions of my children or the action of other children that result in the harm of others or damage to property, including activities outside of the Club.

I authorize the Boys & Girls Clubs of the Greater Chippewa Valley to seek medical attention for my child should the need arise.

TRANSPORTATION:
I am giving permission for my child to be transported in the Boys & Girls Club van from school and/or to/from any fieldtrips relating to program activities that are held during regular program hours.

PHOTO/VIDEOS:
I am giving consent for photographs, videos and/or like materials, in which my son/daughter may appear, to be used in any promotional materials the Boys & Girls Clubs of the Greater Chippewa Valley may care to use them.

RELEASE OF ACADEMIC INFORMATION:
I am giving permission for the school my son/daughter attends to share attendance information, quarter and semester grades, suspension information, standardized test information, and any other information that relates to classroom performance, and behavior, with the staff of the Boys & Girls Club. This information will be used only by the staff in aggregated data reports and will not be used in any way that could identify an individual student.

COMPUTER LAB USE POLICY:
I understand and will abide by the Computer Lab Use Policy of the Boys & Girls Clubs of the Greater Chippewa Valley as stated in the Parent Handbook. If I commit any violation, I will respect the decision of the Boys & Girls Club staff as to the consequences of my actions.

As the parent/guardian, I DO NOT GIVE PERMISSION for my child to use the computer resources at the Boys & Girls Clubs of the Greater Chippewa Valley.

I have read the Computer Lab Use Policy of the Boys & Girls Clubs of the Greater Chippewa Valley as stated in the Parent Handbook. I understand that access is designed for educational and entertainment purposes and precautions have been taken to eliminate controversial material. I also recognize, however, that it is impossible for the Boys & Girls Club to restrict access to all controversial materials. I will not hold the Boys & Girls Club responsible for unintentional exposure to such material while on the internet. Further, I accept full responsibility for all intentional harm caused by my child to computer resources of the Boys & Girls Clubs of the Greater Chippewa Valley or any other affected parties.

AUTHORIZATION TO LEAVE THE CLUB:
My child has my permission to check him/herself out of the Club and leave unescorted

As the parent/guardian, I DO NOT GIVE PERMISSION for my child to leave the Boys & Girls Club unescorted

I understand that I must provide verbal or written consent for my child to leave the Boys & Girls Clubs of the Greater Chippewa Valley unescorted if I do not agree to the above statement. I understand that my child my not re-enter the Club after leaving. If my child has an appointment and I request he/she returns to the Club I will seek approval from Club staff

I have read all of the above information and agree to the terms set forth by the Boys & Girls Clubs of the Greater Chippewa Valley.

MEMBER: I will try to be safe, legal, reasonable, respectful, and responsible while at the Club or participating in Club activities.

PARENT & MEMBER: I have read and agree to abide by all items in the Parent Member Handbook. By signing below you verify all information given in this application is accurate to the best of your knowledge.

MEMBER SIGNATURE: ___________ DATE: ___________

PARENT/GUARDIAN SIGNATURE: ___________ DATE: ___________
PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _______________________ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

______________________________
(Signature of Parent/Guardian)

______________________________
(Printed name of Parent/Guardian)

Date__________________

For Office Use Only

Member Status

□ Guest
□ New
□ Renewing

Vision ID


Data Entry

Rec’d
Entered
Staff:

□ Paid  Cash  Check  M.O.#
□ Scholarship  Amount

Orientation Date: _________  Orientation Complete  □

Orientation Time: _________