



BOYS & GIRLS CLUBS
OF NORTHWEST GEORGIA

Membership Application Packet

DATE APPLICATION RETURNED
(FOR INTERNAL USE ONLY)

DATE RETURNED INITIALS

Great Futures Start Here!

REQUIREMENTS FOR MEMBERSHIP APPLICATION APPROVALS

- ✓ This application packet must be completed and hand-delivered to the Boys & Girls Club membership clerk at the Club your child plans to attend. If you have questions about this application, please contact the membership clerk or the Club director at that particular Club. A list of our Clubs, their locations and contact information can be found on the following page.

- ✓ You will receive notification of your child's start date from his or her Club within five business days after this completed application is received by the Boys & Girls Club membership clerk.

- ✓ If this packet is not filled out **completely**, it will be returned to you as incomplete. If this packet is returned to you, you must complete and re-submit it to the membership clerk for approval.

For the purposes of promoting equal opportunity for all applicants, Boys & Girls Clubs of Northwest Georgia operates on a first come, first serve basis, and grants membership to applicants according to the outlined procedures of the membership process. All applications for membership are accepted. However, active membership for a current semester period may not be immediately available at the time the application is submitted. Should an applicant request a certain Club site that does not have any availability, the applicant's child can attend an alternate Club site (with transportation provided by the parent if not provided by the Boys & Girls Clubs), or the member can be placed on a waiting list for the requested Club site.

Once a child becomes a member of the Boys & Girls Clubs of Northwest Georgia, they are considered a lifetime member even if the individual does not continue to attend any of the Boys & Girls Clubs of America.

The Boys & Girls Clubs of Northwest Georgia provides a USDA approved daily meal to all club members. *USDA is an equal opportunity provider and employer.*



BOYS & GIRLS CLUBS
OF NORTHWEST GEORGIA

MEMBERSHIP APPLICATION SUBMISSION POLICY

All applications must be hand-delivered to the membership clerk or Unit Director **at the Club you want your child to attend** between 1 p.m. and 6 p.m., Monday through Friday. **Please call the Club prior to dropping off your application to ensure the membership clerk or Unit Director is available.** Club leadership and phone numbers can be found below. The membership clerk at that Club can assist you with any questions or concerns that you may have.

For more information, please visit www.bgcnwga.org or contact the Boys & Girls Club nearest you or the Boys & Girls Clubs of Northwest Georgia administrative office:

Boys & Girls Clubs of Northwest Georgia
Administrative Office
211 East Main Street
Rome, GA 30161
Phone: (706) 234-8591
Fax: (706) 234-1640

BOYS & GIRLS CLUB LOCATIONS

For questions about this application, please contact the Boys & Girls Club you want your child to attend between 1 p.m. and 6 p.m., Monday through Friday. Completed applications must be **hand-delivered to the membership clerk or Unit Director at the Club you want your child to attend.**

South Rome Club and
Teen Center
211 East Main Street
Rome, GA 30161
706-234-4565
Director:
Mr. Ishmael Woods

West Rome Club
100 Gadson Street
Rome, GA 30165
706-234-0594
Director:
Mrs. Jaleesa Foster

Cedartown Club
321 East Queen Street
Cedartown, GA 30125
770-749-0869
Director:
Mrs. April Sams
**Certified BGC Trainer*



BOYS & GIRLS CLUBS
OF NORTHWEST GEORGIA

MEMBERSHIP APPLICATION

Club Name: _____

Child's Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: M F Ethnicity: _____ DOB: _____

Student ID (found on report card): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Parent/Guardian E-mail: _____

Would you like to receive our bi-monthly e-newsletter to stay informed about Club activities? YES NO

School Information:

Current Teacher: _____

School: _____ Grade: _____ Free or Reduced Lunch: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Treatment by Doctor/Hospital: Yes No Medicaid: Yes No

Does your family have health and/or accident insurance: Yes No

Insurance Carrier: _____

Policy #: _____ Group #: _____

Date Health Info Received: _____

Serious Health Problems: Yes No If Yes, explain: _____

Medications: Yes No If Yes, explain: _____

Date Medical Info Received: _____

Shots:	Hepatitis	MMR	HIB	Polio	DTP Shot	Chicken Pox
1 st Shot	_____	_____	_____	_____	_____	_____
2 nd Shot	_____	_____	_____	_____	_____	_____
3 rd Shot	_____	_____	_____	_____	_____	_____
4 th Shot	_____	_____	_____	_____	_____	_____
5 th Shot	_____	_____	_____	_____	_____	_____

General:

Birth City: _____ Birth State/Country: _____

YOU MUST INCLUDE A COPY OF THE MEMBER'S BIRTH CERTIFICATE WITH THIS APPLICATION.

COPY OF BIRTH CERTIFICATE INCLUDED: YES NO

MEMBERSHIP APPLICATION – CONTACT & PICK-UP LIST
Boys & Girls Clubs of Northwest Georgia

Member's Name: _____

PRIMARY CONTACT	SECONDARY CONTACT
Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pickup Member: _____ Name: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____

Household:**NOTE: This information is collected for Grant writing purposes ONLY**Member lives with: Mom Step Mom Dad Step Dad Grandparent Other: _____

Housing Development: _____

Annual	\$0 - \$5000	\$30,001 - \$35,000	\$60,001 - \$65,000
Income	\$5001 - \$10,000	\$35,001 - \$40,000	\$65,001 - \$70,000
Level:	\$10,001 - \$15,000	\$40,001 - \$45,000	\$70,001 - \$75,000
	\$15,001 - \$20,000	\$45,001 - \$50,000	\$75,001 - \$80,000
	\$20,001 - \$25,000	\$50,001 - \$55,000	\$80,001 - \$85,000
	\$25,001 - \$30,000	\$55,001 - \$60,000	\$85,001 - \$90,000+

Number of people in the Household: _____

Is any member of the Household 65 years old or older: Yes NoIs any member of the Household currently in the military or a veteran: Yes NoIs any member of the Household disabled: Yes NoCurrent Head of Household: Female MaleCurrent Single Parent: Yes No**Physical characteristics of the child:**

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Does the child belong to other groups: Boys Scouts or Girl Scouts School Club YMCA or YWCA Church Group Other: _____Reason(s) for joining: Fun Learning Sports Other: _____**Disclaimer:**

I _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Northwest Georgia. I hereby release the GA Alliance of Boys & Girls Clubs, DHS, and the Boys & Girls Clubs of Northwest Georgia, its Directors, employees, associates, and contributors from liability from any injury, loss, or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. My signature indicates that I completely understand the above statement.

Parent/Guardian's Signature: _____ Member's Signature: _____

FOR OFFICE USE ONLY

Membership #: _____

Entry Date: _____

Expiration Date: _____

Status: _____

Type: _____

New/Renewal Member: _____

Processed by: _____

Boys & Girls Clubs of Northwest Georgia
DFCS PCS Out of School Services Registration Form

SECTION I: CHILD'S PERSONAL INFORMATION

A. Legal Last Name	B. Legal First Name	C. Legal Middle Name
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D. Date of Birth (MM/DD/YYYY) ____/____/_____ E. Age _____

F. Gender Male Female Other _____

G. Home Address			
H. P.O. Box/Apt #			
I. City	J. State	K. Zip Code	
L. Home Phone Number			
M. Alternate Phone Number			

SECTION II: CHILD'S SCHOOL INFORMATION

A. Grade Level (upcoming school term)	
B. School Attending	

C. Is the student an ESOL* student: Yes No *English as a second language

SECTION III: CHILD'S DEMOGRAPHIC INFORMATION

A. Ethnicity	<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Hawaiian Native/Pacific Islander
	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Alaska Native/American Indian
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Other - Specify: _____	

B. Is the student a special needs student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the child's special need(s): _____ _____	

SECTION IV: CHILD'S HOUSEHOLD INFORMATION**A. Participant Lives With:**

<input type="checkbox"/>	One parent	<input type="checkbox"/>	Group Home
<input type="checkbox"/>	Both parents	<input type="checkbox"/>	Grandparents
<input type="checkbox"/>	Guardian/Caregiver	<input type="checkbox"/>	Other
<input type="checkbox"/>	Foster Home		

B. How many people are in your household?**SECTION V: PARENT/GUARDIAN DECLARATORY STATEMENT**

I (print name) _____ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in Out of School Services.

Parent or Guardian Signature

Date



Georgia Division of Family and Children Services
Out of School Services
Youth Participation Eligibility Form

Page 1 of 3 - DFCS Out of School Services Program Eligibility Form

Boys & Girls Clubs of Northwest Georgia and The Georgia Division of Family and Children Services (DFCS) is partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth benefit from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): _____ / _____ / _____

Is the youth named above in Foster Care within the state of Georgia Yes No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
- B. Is the youth applicant a Georgia resident? Yes No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)? Yes No
 - _____ Youth applicant is between the age of 5 and 17 years old; **OR**
 - _____ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post-secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
 - _____ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Supplemental Nutrition Assistance Program (SNAP) (<i>also known as Food Stamps</i>)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Medicaid or Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Reduced or free lunch program at school – <i>Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.</i>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Peachcare for Kids	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program, and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided, and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4, and Section 5 for eligibility determination. Verification for items listed in Sections 3 and 4 must be provided, and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered **NO** to **ALL** of the questions in **Section 2**, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DFCS Out of School Services Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Program Annual Household Income Guidelines **	DFCS Out of School Services Program Monthly Household Income Guidelines
1	\$15,650.00	\$46,950.00	\$3,912.50
2	\$21,150.00	\$63,450.00	\$5,287.50
3	\$26,650.00	\$79,950.00	\$6,662.50
4	\$32,150.00	\$96,450.00	\$8,037.50
5	\$37,650.00	\$112,950.00	\$10,787.50
6	\$43,150.00	\$129,450.00	\$12,162.50
7	\$48,650.00	\$145,950.00	\$13,537.50
8	\$54,150.00	\$162,450.00	\$14,912.50
Each additional person, add	\$5,500	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: FR Vol. 90 No. 11, Page 5917-5918, Document Number: 2025-01218) ** 300 % of the federal poverty level in effect January 17, 2025.

Family Unit Size* _____**Gross Household Yearly Income \$** _____ **Gross Household Monthly Income \$** _____

*See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income

Gross Monthly Income is income before taxes and deductions.

Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	SELF				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – *This section must be completed in its entirety.*

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

Parent/Caregiver/Guardian Printed Name _____

Date _____

Parent/Caregiver/Guardian Signature _____

Date _____

Official Use Only Section for DFCSS Out of School Services/Summer Service Provider:

Total Income: \$ _____ **Per:** Week Every 2 Weeks Twice monthly Monthly **Household Size:** _____
Annual Income Conversion: First, get the average of paystubs received by adding up paystubs, then dividing by the number of paystubs received. Next, multiply by the conversion below, depending on how often they are paid:
Weekly x 43333, Every 2 Weeks x 21666, Twice Monthly x 2, Monthly x 1. Lastly, multiply by 12 to obtain the converted Annual Income.

Total Converted Annual Income: \$ _____ (Round to the nearest whole number)

By signing below, I certify that the information presented within this form was reviewed, verified, and confirmed** and meets the DFCSS Out of School Services Program Eligibility rules and guidelines indicated within this form. I also certify that this form will be kept in the youth participant's file in a

Authorized Program Staff Signature _____ Title _____ Date _____

****See Appendix B for income verification proof sources**

Updated 10/2025

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling (whole, half, or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained, and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employers issued, signed, and dated documentation;
- Personal income ledger or tablet (e.g., self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in the January–March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff, such as the eligibility CM, and/or;
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary -- Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income -- (regular and ongoing payments -- if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income -- (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income -- benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony -- (regular and ongoing payments)
- Child Support -- (regular and ongoing payments)
- Farm Allotment -- payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income -- (regular and ongoing payments)
- Rental Income -- (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through a retirement plan

**Appendix C: Acceptable Verification of Benefits or Services

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and PeachCare:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the Out of School Services Program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration
- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a list of students receiving free or reduced lunch, granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide, or district-wide free lunch does not qualify as an acceptable point of eligibility for the DFCS Out of School Services



MEMBERSHIP IDENTIFICATION POLICY AND PICK-UP POLICY

SECTION I: AUTHORIZED PICK-UP LIST

All parents, guardians and/or authorized persons who pick up any member that attends any of the Boys & Girls Clubs of Northwest Georgia Club site(s) must have their photograph/image entered into the membership tracking system along with the photo of the child/member in order for the membership clerk to verify that you are an authorized person (parent, legal guardian or otherwise), who can pick up that member(s) from the Boys & Girls Clubs of Northwest Georgia Club site. If the authorized person does **not** have their image/photo placed in the membership tracking system along with the photo/image of their child/member, then that individual must bring a photo identification card (i.e. State of Georgia Driver's License) at pick up, **each and every day** that they pick up a member from a Boys & Girls Clubs of Northwest Georgia Club site.

If a person other than the parent or legal guardian attempts to pick up any member from the Boys & Girls Clubs of Northwest Georgia Club Site, they must be listed as an authorized person in the membership tracking system to pick up that member. If that person is **not** listed as an authorized person for pick up, then authorization must be obtained via phone confirmation from the parent or legal guardian of the member **BEFORE** the member will be released to that individual. The individual must also present a photo identification card (i.e. State of Florida Driver's License) to verify they are indeed who they state they are.

SECTION II: MEMBERSHIP IDENTIFICATION POLICY

- I. **TRANSPORTATION:** All members will be issued a membership card for identification purposes. All members must carry their membership card **each and every day** in order to be transported from their school to any Boys & Girls Clubs of Northwest Georgia Club site via the Boys & Girls Clubs of Northwest Georgia bus/van.
- II. **CLUB ENTRY:** All members must carry their membership card **each and every day** they attend the Club. If your child **does not have his or her membership card**, you will be notified to do one of the following:
 - a. Bring the child's membership card and/or
 - b. Pick up the child immediately from the Club and/or
 - c. Pay a \$3 replacement fee. The \$3 fee will be assessed to the parent or guardian and must be paid at pick-up/check-out in order for the child to be granted membership into the Club on the following day.
- III. If your child has **NOT** been issued a membership card, please notify the membership clerk at your child's Club.
- IV. If your child has **lost** their membership card, please notify the membership clerk at the child's Club immediately. Membership cards can be replaced for a fee of \$3.

Disclaimer: I have read and understand the policy as it currently stands and is written within these pages. I understand that policy is subject to change without prior notification and is at the discretion of the Boys & Girls Clubs of Northwest Georgia. However, to effectively communicate any policy shifts that affect any applicant/member, the Boys & Girls Clubs of Northwest Georgia will issue verbal and/or written notification to the parent and/or legal guardian concerning the shift in policy where it concerns the applicant/member. I agree that the applicant and parent and/or legal guardian will be prepared to have their image/photograph taken and entered into the Boys & Girls Clubs of Northwest Georgia Membership Tracking System for use only for the aforementioned purposes and none other, upon request by the membership clerk of the Boys & Girls Clubs of Northwest Georgia. I also understand that periodically, an update of photographs/images may be requested by the Boys & Girls Clubs of Northwest Georgia for all individuals listed in the Boys & Girls Clubs of Northwest Georgia Membership Tracking System. I further understand that this information is being requested for the purpose of the security policy of the members of the Boys & Girls Clubs of Northwest Georgia and is not intended to be used for any other purpose.

Parent's Signature

Date



TRANSPORTATION POLICY & RELEASE FORM

SECTION I: TRANSPORTATION POLICY

Only Boys & Girls Club members with a signed release form and in good financial standing will be transported from their school to any Boys & Girls Clubs of Northwest Georgia Club site.

SECTION II: RELEASE FORM

NOTICE OF RELEASE TO: Boys & Girls Clubs of Northwest Georgia, Inc. and to the School Official(s) of the Boys & Girls Clubs of Northwest Georgia Member

Northwest Georgia, Inc. to transport my child _____ from this

school, _____ to their Boys & Girls Clubs of Northwest Georgia Site.
MEMBER'S SCHOOL NAME

Disclaimer:

I have read and understand the policy as it currently stands and is written within these pages. I understand that policy is subject to change without prior notification and is at the discretion of the Boys & Girls Clubs of Northwest Georgia. However, to effectively communicate any policy shifts that affect any applicant/member, the Boys & Girls Clubs of Northwest Georgia will issue verbal and/or written notification to the parent and/or legal guardian concerning the shift in policy where it concerns the applicant/member. I further understand that it is not the responsibility of the Boys & Girls Clubs of Northwest Georgia to transport any non-member, non-active member, or member who is not in good financial standing from their school site to any Boys & Girls Clubs of Northwest Georgia site. If the member is not currently approved to attend the Boys & Girls Clubs for any reason, I understand that the member will not be released to the Boys & Girls Clubs of Northwest Georgia by their school, nor will they be transported to any Boys & Girls Clubs of Northwest Georgia Club site.

Parent's Signature

Date



PERMISSION TO WALK HOME FROM THE CLUB

SECTION I: PERMISSION TO WALK HOME FROM THE CLUB SITE DAILY

Note: You only need to complete this section if your child is at least 12 years old and you want your child to walk home from the Club at the end of each day.

My child, _____, has my permission to walk home from the Boys & Girls Clubs of Northwest Georgia at the end of the program day each and every day they attend the Club. I understand that by signing and submitting this release to the Boys & Girls Clubs of Northwest Georgia that my child can check out at the end of the Club program each day at 6 p.m., and walk to their destination without any hindrance from any Boys & Girls Clubs of Northwest Georgia Club staff. Furthermore, I understand that by signing and submitting this release to allow my child to walk home from the Club site, the Boys & Girls Clubs of Northwest Georgia is not responsible for where my child goes once they leave the Club.

I understand that if I would like my child to leave at any time before the end of program hours, I must provide a **written notice**, identifying the **date and time** my child is to leave the Club site. I also understand that if my child brings a note to request that they leave the Club site at an earlier time that is not authorized by their parent/legal guardian, my child will be subject to **suspension/expulsion** from the Boys & Girls Clubs of Northwest Georgia until further notice.

Parent/Guardian Signature: _____ Date: _____

SECTION II: PICK-UP POLICY

All Boys & Girls Club members must be picked up and signed out from the Club every day. The only exception is if my child is at least 12 years old AND I have signed the section above permitting my child to sign out on their own and walk home. **I understand that I must pick up my child from the Club by 6 p.m. or a late fee will be assessed.** There will be a five minute grace period until 6:05 p.m. After the grace period, there will be a \$1.00 per minute late fee assessed. I also understand that if I personally do not plan to pick up my child from the Club, the appointed person must be an authorized individual on the Boys & Girls Clubs contact and pick-up list or the Club will not release the child from the Club.

Parent/Guardian Signature: _____ Date: _____



BOYS & GIRLS CLUBS
OF NORTHWEST GEORGIA

PARENTAL CONSENT FORM FOR RELEASE OF ALL SCHOOL RECORDS

The Boys and Girls Clubs of Northwest Georgia strives to provide each member with academic support in their various academic subjects. The objective is to reinforce regular day school topics in our afterschool program to strengthen the member's ability to perform in the classroom. Ultimately, the goal is to have all members able to meet and/or exceed state academic standards. To ensure that we are addressing the academic needs of each member, we need your permission to access your child's academic records that will include report cards, CRCT scores, disciplinary records and any other record of progress that the School District maintains concerning your child. Please read the following consent statement and sign below.

Acknowledgment and Release Section:

This Parental Consent Form acknowledges my permission to allow the School District specified below, or the school to which my child is attending, to mutually share information about my child with the Boys & Girls Clubs of Northwest Georgia for the purposes of creating individualized academic plans and tracking school progress and performance that will be used to enhance my child's performance in school. I also understand that all information shared between the School District specified below, or my child's school and the Boys & Girls Clubs of Northwest Georgia will be kept **strictly confidential** and **will not be used for any other reason**.

Member Information Section:

Name of School District (School County): _____

Name of Student Member: _____

Student ID Number (located on the student report card): _____

Date of Birth: _____ Race: _____ Gender: M or F

Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Other) _____

School Attending: _____

Current Grade Level: _____

This consent shall remain in effect until revoked in writing by me.

Parent Signature: _____

Date: _____

For Staff Reference:

- 1 copy to be issued to the County School District Student Records Information Office
- 1 copy to be issued to the member's school guidance office/guidance counselor
- Original kept at the local Boys & Girls Clubs of Northwest Georgia Club site that member attends

**Georgia Division of Family & Children Services
Prevention and Community Support
Out of School Services**

Parental Permission for Photo Release

Page 1 of 2

Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) Prevention and Community Support (PCS) to take and use photographs of your child and other Out of School Services staff. When we tell others the story about DFCS PCS Out of School Services, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in DFCS PCS Out of School Services.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions regarding the Photo Release Form, please contact DFCS PCS Out of School Services at gadfcs.prevention@dhs.ga.gov.

**Georgia Division of Family & Children Services
Prevention and Community Support
Out of School Services**

**Photo/Video
Release Agreement**

Page 2 of 2

Floyd County, Georgia

School/Organization Name: Boys & Girls Clubs of Northwest Georgia

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information, and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5. I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Telephone _____

Photo Description: Participation in DFCS funded Out of School Services activities.

Children Participating in Program:

Name _____ Age _____

Parent/Guardian Signature _____ Date _____

Photographer or producer or witness: _____



INTERNET USER AGREEMENT & PARENT PERMISSION

USER AGREEMENT

1. I will not give out personal information such as my address, telephone number, parent's work address/telephone number or the name and location of my school.
2. I will tell the Education Center Staff person right away if I come across any information that makes me feel uncomfortable or is inappropriate.
3. I will never agree to get together with someone I met online.
4. I will never send a person my picture or anything else personal.
5. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell the Education Center Staff person right away so that they can contact the service provider.
6. I will not give out my internet password to anyone (even my best friends) other than my parents.
7. I will be a good online citizen and not do anything that hurts other people or is against the law.

PARENT PERMISSION

Please check only one:

My child can use the internet while at the Club as outlined in the rules of appropriate use.

I would prefer that my child NOT use the internet while at the Club.

As a user of the Club computer network, my child and I agree to comply with the above stated rules and use the network in a constructive manner. In addition, I understand that all precautions will be taken to ensure my child is protected from inadvertently connecting to an inappropriate site. In the event that an incident does occur, my child will report the incident immediately to the technology instructor.

Member Name: _____

Member Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



SOCIAL EMOTIONAL WELLNESS SUPPORT & PARENT PERMISSION

The Boys & Girls Clubs of Northwest Georgia strives to provide social emotional wellness support services for our youth and families who may be in need. This service is provided free of charge to all Club members, so no additional fees are applied to membership to utilize these services.

SOCIAL EMOTIONAL WELLNESS SUPPORT SERVICES

Youth and families who wish to seek services offered through the Emotional Wellness Program at the Boys & Girls Clubs of Northwest Georgia may receive the following services:

- Social Support Services: The Emotional Wellness Program will assess the needs of youth and families and will provide them with one-on-one case management to provide connections to community resources, parental education and support, and provide external referrals for family needs.
- Emotional Wellness Support Services: The Emotional Wellness Program will work to provide emotional wellness support to youth both individually and in small group settings as needed by providing youth with social emotional learning skill development and engaging youth in Boys & Girls Clubs social emotional wellness programming.

Youth and families may receive one or both services provided by the Emotional Wellness Program.

CONFIDENTIALITY

All personal information gathered by Emotional Wellness Program staff will remain confidential, unless:

- It has been subpoenaed by a court or authorized by law.
- Failure to do so would place the member, yourself, or another person at serious risk.
- Your prior approval has been obtained.

By signing below, you are stating that you have read, understand, and agree to this Emotional Wellness Program Consent Form and the conditions stated.

Member Name: _____

Member Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



BOYS & GIRLS CLUBS
OF NORTHWEST GEORGIA

CODE OF CONDUCT

- Members must ALWAYS follow the instructions of the Staff. Failure to do so will result in suitable consequences.
- Members must be respectful to the staff and other members.
- *NO* one under the influence of alcohol or drugs will be allowed in the Club or at any Club activities. We enforce a *ZERO* tolerance policy.
- Weapons or look-a-like weapons will *NOT* be allowed on Club property or at any Club activity. We enforce a *ZERO* tolerance policy.
- *NO* gang representation allowed in the Club.
- Anyone who does not attend school cannot come to the Club that day.
- Anyone suspended from the Club must report to the staff member who suspended them before they are allowed to re-enter. Anyone who is continually suspended from the Club must report to the Unit/Program Director(s) and may be permanently banned from the Club.
- There will be no fighting, wrestling, or bullying. Please keep your hands to yourself at all times.
- Everyone is expected to use proper language. Improper language will not be allowed in or around the Club.
- There will be *NO* wild playing, screaming, or yelling in or around the Club.
- Gambling of any kind is not allowed.
- Please do not run anywhere except for in the designated areas.
- Do not play in the restrooms. Boys are not allowed in the girls' restroom and girls are not allowed in the boys' restroom.
- All games are played under the "I'm next" system.
- There will be *NO* eating or drinking anywhere in the Club except in the designated area.
- Phone calls are not allowed for any reason. Parents are free to call at any time.
- Do not sit or stand on tables, desks or pool tables.
- Please do not hang on net or rim in the gym area.
- Shoes *MUST* be worn at *ALL* times. Sandals and flip-flops are not acceptable footwear.
- Member must have a membership card to enter the Club or Club transportation. *No entry will be granted without a membership card and a completed application.* If you leave your card at the Club, you must pay \$1.00 in order to get it back. If you lose your card, you must buy a new one for \$3.00.
- You must not leave ANY PROGRAM AREA OR THE FACILITY without a Staff member.
- Leave personal belongings at home. The Club will *NOT* be responsible if they are lost or damaged.
- All Club members *by closing time* or face Club fines- \$1.00/minute late.
- All members are expected to present themselves with dignity, wash and dress neatly, as well as clean up his or her surroundings. The Director reserves the right to contact a parent/guardian in the event that a child is dressed inappropriately.

As a member of the Boys & Girls Club I promise to follow the Code of Conduct. If I break the rules of this code I understand that I will face the consequences for my actions.

Member Signature: _____

I promise to support my child in following the Club's Code of Conduct. I understand that violation of the code will result in: time-out, loss of privileges, suspension and/or loss of membership.

Parent Signature: _____



Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date



PARENT ORIENTATION ACKNOWLEDGEMENT

Member's Name: _____

Date: _____

I, _____ (name of parent/guardian) have:

- Completed my child's membership application and all necessary forms
- Attended orientation & reviewed ***Orientation Handbook***
- Taken a tour of the Club (*optional*)

Parent/Guardian's Signature: _____