



**BOYS & GIRLS CLUBS**  
OF KENNEBEC VALLEY

Sandra M. Prescott Clubhouse

# 2023 Summer Teen Center Form

Please check week(s) that your child **IS** attending:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> June 26-30 | <input type="checkbox"/> July 24-28       |
| <input type="checkbox"/> July 3-7   | <input type="checkbox"/> July 31-August 4 |
| <input type="checkbox"/> July 10-14 | <input type="checkbox"/> August 7-11      |
| <input type="checkbox"/> July 17-21 | <input type="checkbox"/> August 14-18     |

All weeks are final after June 16<sup>th</sup>. Payment is expected for weeks that are checked even if your child does not attend.

## MEMBERS INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Transgender  Non-Binary  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Name of School: \_\_\_\_\_ Grade Fall 23' \_\_\_\_\_ Teacher/Team: \_\_\_\_\_

IS THIS CHILD A SWIMMER? YES NO If Yes, what level: Beginner Intermediate Advance

### THE INFORMATION BELOW IS USED FOR GRANTS & BGCKV FUNDING

How many people are in Household? \_\_\_\_\_ State Programs: \_\_\_\_\_ Household Income: \_\_\_\_\_ Participant Lives with: \_\_\_\_\_

Is Member US Citizen?	Race-Nationality:	<input type="checkbox"/> SSDI	<input type="checkbox"/> Under \$30,000	<input type="checkbox"/> Mother ONLY
<input type="checkbox"/> YES	<input type="checkbox"/> African-American	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> \$30,001-\$40,000	<input type="checkbox"/> Father ONLY
<input type="checkbox"/> NO	<input type="checkbox"/> Native American	<input type="checkbox"/> SSI	<input type="checkbox"/> \$40,001-\$50,000	<input type="checkbox"/> Both Parents
	<input type="checkbox"/> Asian	<input type="checkbox"/> TANF	<input type="checkbox"/> \$50,001-\$60,000	<input type="checkbox"/> Shared/Joint Custody
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Free School Lunch	<input type="checkbox"/> \$60,001-\$70,000	<input type="checkbox"/> Parent/Step Parents
	<input type="checkbox"/> White	<input type="checkbox"/> Reduced School Lunch	<input type="checkbox"/> \$70,001-\$80,000	<input type="checkbox"/> Other Relatives
	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Day Care Voucher	<input type="checkbox"/> \$80,001-\$90,000	<input type="checkbox"/> Foster Care
			<input type="checkbox"/> \$90,001 +	<input type="checkbox"/> Grandparent

## PARENT/GUARDIAN'S INFORMATION: Please Print

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Same Address as Member: Yes or No If No, address: \_\_\_\_\_ City / Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Have you ever been Active Military? Y / N If Yes Branch \_\_\_\_\_ Year Active \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Same Address as Member: Yes or No If No, address: \_\_\_\_\_ City / Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Have you ever been Active Military? Y / N If Yes Branch \_\_\_\_\_ Year Active \_\_\_\_\_

## EMERGENCY CONTACTS/PICK UP LIST

This is someone who can assume temporary care of your child if we cannot reach you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Allergies: Please List Medications: Please List  
 FOOD: \_\_\_\_\_  AT HOME: \_\_\_\_\_  
 MEDICATIONS: \_\_\_\_\_  AT THE CLUB: \_\_\_\_\_  
 ENVIROMENT: \_\_\_\_\_ Reason for Medication? \_\_\_\_\_  
 Does this child receive any services? (OT, PT, Case Management etc.) If Yes, what? \_\_\_\_\_

# RELEASE INFORMATION

## MEDICAL TREATMENT

\_\_\_\_\_ I give permission to the Boys & Girls Clubs of Kennebec Valley to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. That includes emergency transportation.

## SURVEYS AND QUESTIONNAIRES

\_\_\_\_\_ I, the parent/guardian of the minor child listed on this application, give permission for the Boys & Girls Clubs of Kennebec Valley to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kits surveys or other survey instruments.

## SCHOOL INFORMATION

\_\_\_\_\_ I give my permission to the Boys & Girls Clubs of Kennebec Valley and my child's School to exchange information (such as standard test scores, grades, MEDMSID'S and Free/Reduced status) regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Clubs and in life. This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Clubs of Kennebec Valley in writing.

## EQUIPMENT USAGE

\_\_\_\_\_ My child has permission to use any/all age appropriate equipment while they are attending the Boys & Girls Clubs of Kennebec Valley.

## MISCELLANEOUS

\_\_\_\_\_ I understand the Boys & Girls Clubs of Kennebec Valley is not responsible for lost or stolen items.

\_\_\_\_\_ I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs of Kennebec Valley and its activities.

\_\_\_\_\_ I give the Boys & Girls Clubs of Kennebec Valley permission to take my child on scheduled field trips such as or including swimming and or wading activities.

\_\_\_\_\_ I have read this form and completed it to my full potential. I have also read and understand the Boys & Girls Clubs of Kennebec Valley program handbook.

\_\_\_\_\_ I understand that all BGCKV programs are powered by Project Learn a BGCA program. Project Learn reinforces the academic enrichment and school engagement of young people during the time they spend at the Club.

## PAYMENT POLICY

\_\_\_\_\_ As stated in our handbook **all payments are due by 9:00 am every Friday to the Gardiner Clubhouse**. This payment is for the upcoming week of service. Payments are processed on Friday.

- ✓ Payments are done ONLY ACH Debit Authorization. ACH returned non-sufficient funds (NSF) will be charged a \$25.00 fee.
- ✓ Thank you for adhering to this policy. We appreciate your understanding of the need for payments to be made in full and on time.

## COMPUTER USE- TEEN CENTER ONLY

\_\_\_\_\_ I have read the computer use policy which is located in the handbook. I agreed to let my Teen Center child use the wireless internet at the Club for social and school purposes.

## OPEN DOOR - TEEN CENTER ONLY

\_\_\_\_\_ I understand that all Teen Center members will be **Open Door**. Our open door policy states members may arrive and depart from the Club on their own; however, child must sign in and out. The Club will not be responsible once the child has signed out. This is a temporary change

I, parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Kennebec Valley, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organization such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organizations either at or away from the Club.

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

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

ALL FORMS NEED TO BE RETURNED TO THE CLUB WITH 1<sup>ST</sup> WEEK PAYMENT TO COMPLETE MEMBER REGISTRATION