



BOYS & GIRLS CLUBS OF NORTH GEORGIA

PICKENS COUNTY

GILMER COUNTY

ADMIN USE ONLY

23-24 School Year Program

Date Received: / /

IE Docs? Yes No IE? Yes No

Immunization Record: Y N

Membership Fee Paid: \$

Notes:

Transportation Fee: \$

BGC Bus/Walk Form: Yes No

Mo. Activity Fee Amt.: \$

Registration Complete? Y N

**Including Forms & Fees*

CLUB MEMBERSHIP APPLICATION 2023 - 2024 MEMBERSHIP YEAR

_____ # _____
Club Member Name & Club Number

CLUB INFORMATION

Pickens County

Boys & Girls Club at Roper Park & THE CLUB Youth Center
101 Freedom Way • Jasper, GA 30143 • 706-253-CLUB(2582) ext. 1

Gilmer County

George Link Jr. Boys & Girls Club
945 Progress Road • Ellijay, GA 30540 • 706-276-CLUB(2582)

SCHOOL YEAR MEMBERSHIP

Valid
August 2023 -
May 2024

Boys & Girls Clubs of North Georgia Regional Office

PO Box 649 • Jasper, GA 30143 • 706-253-CLUB(2582) ext. 2
www.bgcng.org • Facebook: NorthGABoysandGirlsClubs

***Submit your child's Immunization Records and Income Eligibility Documents to complete the application.**

****Submit check stubs from the latest 4 weeks of income and 2022 W2 forms for every person who contributes to your household income. Proof of income is required for all members.**

***Additional forms to be completed upon registration if utilizing transportation provided by BGCNG and/or if your child receives free or reduced lunch at school.

****Youth in Foster Care - Guardian must submit DFCS Form #177 with application (receive from case worker)



BOYS & GIRLS CLUBS OF NORTH GEORGIA

2023-2024 MEMBERSHIP APPLICATION

Circle One Pickens County Roper Park Club Gilmer County George Link, Jr.		STAFF USE ONLY		Club #	
		SYP 23-24 DOR: _____		Teen? Y N	
		Medical/Allergies Alert? Yes No		Internet? Y N	
		Member may leave on own? Yes No		Photo? Y N	
		Foster Care? Yes No		S-Moves? Y N	
		Form 177 on File? Yes No		ACD-AR? Y N	
Other: _____					

Youth Information Renewal? Yes No Club member for: Less than 1 year 1-2 Years 2 or More Years	First Name: _____	MI: _____	Last Name: _____		2023-2024 School Year Grade School
	Race/Ethnicity:	Address: _____			
	White/Caucasian Black/African American Hawaiian/Pacific Islander Hispanic/Latino Bi-Racial Multi-Racial Native American Asian Other: _____	City: _____			
	County/State/Zip: _____				
	Sex Male Female	Does your child receive free or reduced lunch at school? No Reduced Free			
	Date of Birth / /	T-Shirt Size YS YM YL AS AM AL			
	Home Phone #: _____				

Parent/ Guardian Information	Name: _____		Name: _____	
	Relationship: _____		Relationship: _____	
	Home #: _____		Home #: _____	
	Work #: _____		Work #: _____	
	Mobile #: _____		Mobile #: _____	
	Employer/Occupation: _____		Employer/Occupation: _____	
	Email Address: _____		Email Address: _____	

Emergency Contact	Name: _____		Name: _____	
	Relationship: _____		Relationship: _____	
	Home #: _____	Work #: _____	Home #: _____	Work #: _____
	Mobile #: _____		Mobile #: _____	
	Other Adults/Family Members Authorized To Sign-Out Your Child - Must Have Proper Identification			
	Name/Relationship: _____		Name/Relationship: _____	

Is your child permitted to leave the BGC premises without a staff member, parent/guardian, or authorized adult? Yes No

If yes, please write your printed name here: _____ and the sign here: _____

As an affiliate of Boys & Girls Clubs of America we have been asked to share Club member registration and program participation information. Names will not be used, only Club membership numbers. Please initial here: _____ This is not an option: _____

Household Information *All information is required and needed for grant reporting purposes and will remain strictly confidential	*Single Parent Household? Yes No *Is this new member a foster child? No Yes (we need DFCS Form #177) *Who does your child live with? Mom Dad Step Parent Grand Parent Other: _____ *Number of Persons in Family Unit (# in household): # *Gross Annual Household Income (before taxes, etc.): \$	Medical Does member have any special medical conditions? Yes No ADD/ADHD: Yes No Asthma: Yes No Diabetes: Yes No Emotional/Behavior disorder: Yes No Epilepsy / Seizure disorder: Yes No Gastrointestinal disorder: Yes No Other (List below): Yes No
	Does member have any allergies? Yes No If yes, list here: _____ _____ _____ _____	

Is this member a child of Military personnel not living on a Military Base? Yes No Status: Guard Reserve Active

If yes, please circle one: Marine Corps Air Force Army Navy Coast Guard National Guard Duty Station: _____

*I understand that all fees are non-refundable. This includes membership, summer, transportation and activity fees (if applicable).

**For your tax purposes, please save the receipts you receive from us throughout the year. Our Federal Tax ID # is 20-2957153.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

Creating the Best Club Experience

Boys & Girls Clubs of North Georgia - Member Assessment Permission Form

Your child's opinions are important and we want them to have the best experience at the Club! Our Clubs can only get better if we hear from our members. We invite your child to participate in BGCNG's outcome assessments that focus on academic success, healthy lifestyles, character & leadership, and their opinions about this Club. To provide the children of this community with the most effective and fun programs requires us to periodically ask members about their life and their experiences in the club. The information we gather will be used to help Club staff better understand Club members and the programs that will best promote their overall success as students and as successful adults.

By initialing below, you indicate that you are the parent or guardian of the person named in this membership application and that you give your consent to and give authorization for your child to participate in Member Assessments used by the Boys & Girls Clubs of North Georgia, Department of Human Services and their subsidiaries, and affiliates. These assessments may include your household information, your child's grades, demographics and/or survey information:

_____ **I give permission for my child to participate in Member Assessments.**

_____ **I DO NOT give permission for my child to participate in Member Assessments**

The assessments will be administered 2-3 times over the school year in supervised groups at the Club. These assessments with Club members include, but are not limited to: confidential surveys on the outcome areas, reading and math assessments, and physical fitness assessments. We also collect demographic information and school report cards through the membership process. We hope you will allow your child to participate. As you consider doing so, we want you to know several things about BGCNG's assessments and about your rights as a parent or guardian:

- ◆ Your son/daughter's participation in the assessments is entirely voluntary. You must give your permission for her or him to participate. Your son or daughter must also agree to participate. If you do not give your permission, or if he/she decides not to participate, there will be no penalty or consequences for anyone involved.

- ◆ The purpose of the assessments is to satisfy reporting requirements to our community partners, to better understand positive youth development, and to create better programs—the information is not used for any other purpose. There are no right or wrong answers in the outcome surveys (questions are about feelings, opinions, and experiences).

- ◆ There are no known discomforts or hazards associated with participation—only assessments & surveys are involved.

- ◆ Copies of the assessments are available if you would like to review any of the questions being asked. To do so you must inform the Club Director of your Club.

All information from the assessments is kept confidential to the full extent allowed by law. The completed electronic surveys will remain secured within our membership database accessible only to BGCNG's Management team. No other children or adult staff at this Club or anywhere else will know what answers your child provides. All the findings will be combined, summarized and reported in group form so that it will be impossible to identify individual people. A summary of the findings will be made available to parents by request.

If you have any questions, please contact the *Boys & Girls Clubs of North Georgia Regional Office* : 706-253-2582 ext.2

Bright From The Start 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/Guardian Signature:**_____ **Date:**_____

Media Permission Form (Indicate by checkmark OR initial)

RE: Use of Name, Photograph, Video and Identity in Connection with Advertising and/or Promotion of the organization

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of North Georgia, Department of Human Services and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, videos, works of art and identity in various BGCNG website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.

_____ **I give my child Media Permission.**

_____ **I DO NOT give my child Media Permission.**

School Data Release Form (Indicate by checkmark OR initial)

The Boys & Girls Clubs of North Georgia (BGCNG) will maintain all member files and records in a confidential and secure manner. In order to better serve members, BGCNG may file a formal data request with your child's school district. If approved, BGCNG will share with the school district the names of members who attend the Clubs in that school district. This data request would grant BGCNG access to members' existing academic data (e.g. grades, school attendance, or standardized testing results). BGCNG would use this data for three purposes: (a) identify members' academic needs; (b) evaluate the effectiveness of BGCNG programming; (c) tailor programming and services to better meet members' academic needs. Please indicate whether you authorize BGCNG to include your child in this school data release.

Note: Files for all programs funded in whole or in part by the Georgia Department of Human Services are available for monitoring and subject to audit by the Georgia Department of Human Services. Communication of member information to persons or agencies other than listed above will require written approval of the member's parent.

_____ **I give permission to the BGCNG to request academic information from my child's school district.**

_____ **I DO NOT give permission to BGCNG to request academic information from my child's school district.**

General Travel Permission Form (Indicate by checkmark OR initial)

By signing below, the parent(s) of the youth agree that the Boys & Girls Clubs of North Georgia, the Department of Human Services, nor any of their representatives shall be held liable for any accidents or misfortunes while in route to, or returning from any Boys & Girls Club outings during the After School/Summer Program. This includes outings in which members travel by foot off the Club property with Club staff for normal programming time (i.e. community parks, playgrounds and/or gyms, etc.)

The Boys & Girls Clubs of North Georgia must have this permit signed by the parent(s) before the youth is allowed to travel with the Club during any outings during the After School/Summer Program.

This form only gives permission for youth to travel with the Boys & Girls Clubs of North Georgia. A parent's signature must be on a sign-up sheet for each field trip before the youth will be allowed to attend that field trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first come, first served basis.

_____ **I give my child General Travel Permission.**

_____ **I DO NOT give my child General Travel Permission.**

USDA Snack Program: BGCNG participates in the USDA snack program. USDA is an equal opportunity provider and employer.

Print Child's Name:_____ **Parent/Guardian's Signature:**_____ **Date:**_____

Expiration date for usage of this application is 5/31/24

Application Page 4 of 14

ATTENDANCE POLICY

School-Year Program Attendance: If you register your child for the After-School program and he/she is transported to the Club by a bus provided by the school system, BGCNG bus/van, or county bus service, he/she is expected to attend, on average, at least four times per week. This includes active participation in the Club program every day and not picked up immediately upon arrival to the Club. There are "many" families who need the Boys & Girls Club everyday after school and simply stated---if you register your child and she/he does not attend and participate regularly, s/he is taking the space of a child who needs us. Your child's space on the bus will then be offered to a child on the waiting list but know that your child can still attend the program---but the parent/guardian will need to provide transportation. Please know that we understand the occasional sickness, etc. Please keep us informed.

Summer Enrichment Program: When registering your child for the summer program and paying the program fees, you are reserving a space for your child for the designated session(s). We will not place another child in your child's space during an extended absence. We will, however, cancel your child's membership if a **partial or full scholarship** was awarded to attend. Any program fees paid will not be refunded. Again, there are "many" families who need us.

SCHOOL-YEAR PROGRAM MEMBERSHIP, TRANSPORTATION & ACTIVITY FEES

We are excited that you selected the Boys & Girls Club for your child's after-school care. Moreover, we are happy that we've been able to keep our school year membership fee at the low rate of \$50 per child. **This has been no easy task as it costs well over \$2,000 to serve each child for the school year.** We have found it necessary to institute an annual transportation fee (if applicable) and a nominal monthly activity fee (fees based on a sliding scale). Our team of volunteers will work to raise the additional funding to support your child's participation in the program. The membership and transportation fees, along with the 1st month activity fee, is due upon registration. You can make a one-time activity fee payment for the school-year or pay by the 1st program day of each month.

CLUB OPERATIONS HOURS AND END OF DAY PICK-UP

Club Operation Hours: The Club closes at 6:00 p.m. for the school-year program and 5:45pm for summer programming (unless otherwise noted at the Club Unit). Youth must be picked up no later than the designated pick-up time. Please do not request special exceptions for your child. A late fee will be imposed if you are late on repeated occasions---we have to pay our staff to stay over. *Repeated late arrivals can and will result in your child's membership being revoked. Thanks in advance for adhering to this policy. Please note the posted notices/handouts for changes in regular Club operation hours. Teen programming hours vary per Club---see posted notices.

End of Day Youth Pick-Up: Please come inside the building to receive and sign-out your child. We request that youth are not asked to wait by the front doors to "look-out" for parents/guardians and/or to stand in the parking lot. Please do not call in to the Club requesting Club staff to send your child out to you. Also, we ask that you complete your personal cell phone calls before entering the facility. We're counting on parents/guardians to review notices and have continual contact with Club Staff.

INCLEMENT WEATHER POLICY

(1) If schools close early due to inclement weather, or any other unplanned reason, the Club will be closed. Please be sure to discuss alternate plans with your child's school administration and have it documented on file. This will help the school administrators facilitate a smooth early dismissal process. **We cannot guarantee that our staff can travel and/or arrive earlier than on schedule; therefore, this policy is in effect for ALL early closings. **If your child rides the bus to the Club after school, you may be required to have your child picked up directly from school due to the re-routing of buses in the afternoon.*

(2) Should weather forecasts indicate deteriorating conditions as the school day comes to a close and the buses have left the school, Club Kids should be picked up no later than 4:15 p.m. You will be notified via robo call if this situation arises. If you fail to receive a notification from the Club, please try to always pick up your child early to ensure the safety of all:-)

MEMBERS NEEDING SPECIAL CARE --- Please inform Club staff if your child needs special assistance to participate in a mid to large group recreation setting. We will make every attempt to accommodate your child; however, we are unable to provide one-on-one supervision and assistance on a continual basis. Parents/guardians are welcome to come and play!

PICKENS BUS TRANSPORTATION --- On occasion one of our buses may not be operable and it could be determined close to the time PCS dismisses students. If this situation occurs, we will contact you and your child's school to have him/her attend the after-school care program. You will be notified by robo call and/or email. A situation like this is beyond our control so we ask that you pay for your child's after-school care fees if asked to do so by us or your child's school. The BGC staff will make every attempt to help at your child's school and to bring his/her snack. We hope to continue this extra service of transporting youth to the Club via BGC bus but we need your help and understanding as well.

Parent/Guardian Name:_____ **Parent/Guardian Signature:**_____

Transportation of youth by BGC staff and/or volunteers is NOT permitted at any time!

Discipline: I understand that my child must adhere to all Boys & Girls Club rules and directions, both verbal and written. In the event of repeated negative behaviors, I understand that my child's membership can and will be revoked; therefore she/he will no longer be able to participate in Club programs and activities. I understand that my child's membership fee, school year activity fees and/or summer fees will not be refunded.

POWER HOUR Homework Club: Members are encouraged to complete homework & school assignments before participating in recreation programs and activities. If you prefer to do homework with your child, please inform us upon registration --- in writing. We ask our youth daily if they have homework---help us encourage them to let us know!

Foul language (including name calling and swearing), disrespect to staff, and stealing will not be tolerated.

Phone Usage: All youth should have pre-arranged transportation home before arrival to the Club. Club phones are to be used for emergencies **ONLY**. Elementary-age youth should not bring a cell phone to the Club (if s/he has one, it must be left in their personal book bag at all times). If a middle school Club member has a cell phone, it may be used during designated times if permission is granted by the parent/guardian and with the following understanding: (1) The Club and Staff will not be responsible for conversations my child has or texts my child sends while using their device. (2) The Club and Staff will not be responsible for any websites my child visits while using their device. (3) Club Kids sharing what is deemed inappropriate video / texting with other Club Kids will result in my child losing the privilege to use the device during Club hours. (4) The Club and Staff will not be responsible for damage or loss of their device. (5) The device may only be used during certain times and in specific areas of the Club to be set aside for their use. Using the phone in an undesignated area or time will mean the Club Member loses possession of the phone until the end of the day. (6) Expectations and rules for cell phone usage will be reviewed with my child by Club Staff so they know their responsibility in being allowed to have this privilege.

Personal Items: Youth should not bring personal "play" items to the Club. We are not responsible for lost or stolen items, so please do not allow your child to bring them. All book bags, jackets, umbrellas, etc. should be clearly labeled.

Bikes/Scooters/Skateboards: If your child rides a bike, scooter or skateboard to the Club, it must be secured outside. Youth may not bring these items inside. Please note that we are not responsible for lost or stolen property (even if secured properly outdoors). Hover boards should be left at home as well.

Absolutely no fighting or horseplay. At no time may a member hit another --- in anger or "just playing"--- Walk Away!

Parent Volunteers: We invite you to come out and play, however, if you plan to spend more than an ½ hour, per week, the BGCNG Volunteer Application will need to be completed and approved. Since you will have contact with children other than your own, this includes a background investigation. *I am confident you will understand this policy as it pertains to the safety of your child as well.

Social Media Platforms: "Like" our Facebook pages; however, Club members should not request staff as friends---this includes teenage staff as well. This includes any and all social media platforms that youth can connect with staff outside of the Club.

This Facility is a Drug-Free Zone! Absolutely NO drugs (including smoking by parents) on the premises.

No personal relationships are permitted between any BGCNG representatives and youth outside of regular programming at the Club. If there is a conflict with this rule, be sure to inform your Club Director. Please do not request staff (teens and adults) to babysit or to participate in family outings, etc. School sponsored activities are an exception to this rule.

Open Door Policy - Safe Passage Policy

Open-Door Policy: Please keep in mind that that we have an "Open-Door Policy"...meaning, it is the parent/guardian's responsibility to inform the staff, **and child**, that s/he should remain on the Club premises until received by an authorized person. We will strongly encourage the child to stay in the Club and on BGC property, although we are not legally responsible to do so. We will not physically restrain a child who insists on leaving the facility. An attempt to contact the parent/guardian will be made in the event that a Club member decides to leave the premises without permission. Please keep in mind that Boys & Girls Clubs of North Georgia, Inc. provides an after-school education & recreation experience for your child, **not a daycare and/or babysitting service**. If you give your child permission to go to and from the Club at his/her leisure, please note that once a member leaves for the first time, s/he may not re-enter.

We are not responsible for ANY child that leaves the Club without prior permission from a BGCNG staff member.

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

MEDICAL POLICY

Boys & Girls Club of North Georgia will use the following guidelines for the medical care and needs of our Club members. For the safety of all children, staff, and volunteers, we ask that parents keep all sick children home.

- Staff members may not administer prescription and/or over the counter medications unless in an emergency situation. A parent/guardian must make arrangements to administer any and all medications. Special authorization forms are available for EpiPens that may be required.
- A current immunization form should be provided and on file at the Club.
- Should a child become sick at the Club, the parent will be called and asked to make arrangements to have the child picked up. We will do our best to isolate them from other children.
- Children are not permitted to carry any medicine on their person, in their backpacks or lunch bags. Asthma inhalers are allowed to be carried by the child, but please inform the staff if you choose to do so. Epi Pens should be provided for a child and maintained at the Club for use during all activities, especially those outdoors.
- If your child has a contagious disease you are required to notify the Club Director.
 - Strep throat
 - Child must be on an antibiotic for 24 hours before returning and feel well enough to eat, drink, and participate fully in all activities.
 - Head lice
 - Child may return when nits (eggs) can no longer be found by staff.
 - Pink eye
 - A child may return to Club activities after he/she has been on antibiotics for 24 hours or he/she is accompanied by a doctor's note stating a non-contagious condition (such as a blocked tear duct).
 - Undiagnosed rash
 - Ringworm
 - Child may return after one treatment as long as lesions can be covered by clothing or bandage for one day.
- Because a fever may indicate other health concerns a child should be fever-free, without the use of fever-reducing medicine, for twenty-four hours before returning to the Club. Upon return, child must be able to participate in all activities including outdoor recreation.

The staff will take the necessary steps if your child requires emergency care. These steps are:

1. Attempt to contact the parent or guardian.
2. Attempt to contact any emergency contacts you listed on your forms.
3. If we cannot contact you, or in a life-threatening situation, an ambulance will be called, and the child will be transported to the hospital in the company of a staff member.

Members Needing Special Care: Please inform Club staff if your child needs special assistance to participate in a mid to large group recreation setting. We will make every attempt to accommodate your child, however, we are unable to provide one-on-one supervision and assistance on a continual basis.

Parents/guardians are welcome to come and play!

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

MEDICAL RELEASE

Please note that staff members cannot administer prescription and/or over-the-counter medications unless in an emergency situation. A parent/guardian must make arrangements to administer any and all medications.

Youth **MAY NOT** self-administer **ANY** medications **NOR** have on their person at **ANY** time.

First Name:	MI:	Last Name:
Does your child have health insurance coverage? Yes No		If yes, list name of insurance provider:
Does your child have any allergies? Yes No		If yes, please list them:
If your child has food allergies, you must send in snacks on a daily/weekly basis (we will store your child's snacks).		
Does your child have any other medical conditions (disabilities, infections, viruses, etc.)? Yes No		If yes, please list them:
Is your child currently taking any medications (prescribed or non-prescribed)? Yes No		If yes, please list them:
In the event of emergency and first aid is required on-site, may we administer Benadryl and/or Neosporin? Yes No		If yes, please circle one or both..... Benadryl then initial in the box. Neosporin <input type="checkbox"/>

Please be sure to notify Club Staff if any of the above changes...thanks!

It is recommended that all parents/guardians donate first aid supplies, including but not limited to Benadryl & Neosporin, if you would like for us to administer these medications in the event of emergency. Not required - just recommended*

In the event of an emergency and a parent/guardian can't be reached, Club staff will make an attempt to get in touch with the emergency contacts as listed on the membership application.

Please be sure to notify Club staff if any of your emergency contacts change

By signing below, I certify the above information is true to the best of my knowledge. I authorize Boys & Girls Clubs of North Georgia (BGCNG) to contact me if my child is injured and/or harmed in any way. I also authorize BGCNG to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless the Department of Human Resources and Boys & Girls Clubs of North Georgia from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

I HAVE REVIEWED THE MEDICAL POLICY AND RELEASE AS STATED IN THIS APPLICATION.

Legal Name of Parent/Guardian

Parent/Guardian Signature

Date

COMPUTER CENTER AND INTERNET USAGE

****CLUB MEMBERS ARE RESPONSIBLE FOR THEIR CONDUCT AND ACTIVITIES****

Youth must have written parent/guardian permission to use the internet.

Absolutely NO downloads of any kind without prior permission from staff.

Please do not print any materials unless approved by a staff member.

Absolutely NO food, drinks, candy, or gum in the computer centers.

Always remember that you are responsible for what you do online.

Members should not change any of the control panel settings.

Never agree to meet in person with anyone you meet online.

Never give out personal information over the Internet.

USE GOOD JUDGEMENT. THE FOLLOWING ARE RESTRICTED SITES FOR ALL OF THE BGCNG COMPUTERS

Any website that asks for user information before accessing the site.

All pornography sites to include all sexually suggestive material.

Any site with chat capability - regardless of content.

All drug websites containing production information.

Instant Messaging Sites and Personal Email

Music sites or sites that contain any lyrics

Any and All Social Networking Sites

No Facebook, Instagram, Twitter, etc.

Any and All "hate" sites.

****Members who intentionally access these sites will have their internet privileges revoked.***



**I DO give permission for my
child to use the Internet.**

Club Member Name

Club Member Signature

Parent/Guardian Name

Parent/Guardian Signature



**I DO NOT give permission for
my child to use the Internet.**

Club Member Name

Club Member Signature

Parent/Guardian Name

Parent/Guardian Signature

CELL PHONE USAGE

Elementary-age youth should not bring a cell phone to the Club (if she/he has one, it must be left in their personal book bag at all times). If a middle school Club member has a cell phone, it may be used during designated times if permission is granted by the parent/guardian and with the following understanding:

- (1) The Club and Staff will not be responsible for conversations my child has or texts my child sends while using their device. (2) The Club and Staff will not be responsible for any websites my child visits while using their device. (3) Club Kids sharing what is deemed inappropriate video / texting with other Club Kids will result in my child losing the privilege to use the device during Club hours. (4) The Club and Staff will not be responsible for damage or loss of their device. (5) The device may only be used during certain times and in specific areas of the Club to be set aside for their use. Using the phone in an undesignated area or time will mean the Club Member loses possession of the phone until the end of the day. (6) Expectations and rules for cell phone usage will be reviewed with my child by Club Staff so they know their responsibility in being allowed to have this privilege. **This is the permission form.**



**I DO give permission for my
child to use his/her cell phone.**

Club Member Name

Club Member Signature

Parent/Guardian Name

Parent/Guardian Signature



**I DO NOT give permission for
my child to use his/her cell phone.**

Club Member Name

Club Member Signature

Parent/Guardian Name

Parent/Guardian Signature

**High School Members - It is your responsibility to use your devices
according to your parent/guardian's guidelines.**



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

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

Boys & Girls Clubs of North Georgia, and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting 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 out of school services 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 Section 3 and Section 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.

DFCS Out of School Services Family Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$13,590.00	\$40,770.00	\$3,398
2	\$18,310.00	\$54,930.00	\$4,578
3	\$23,030.00	\$69,090.00	\$5,758
4	\$27,750.00	\$83,250.00	\$6,938
5	\$32,470.00	\$97,410.00	\$8,118
6	\$37,190.00	\$111,570.00	\$9,298
7	\$41,910.00	\$125,730.00	\$10,478
8	\$46,630.00	\$139,890.00	\$11,658
Each additional person, add	\$4,720	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) 2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 87 FR 3315, Page 3315-3316, Document Number: 2022-01166)

** 300 % of the federal poverty level in effect January 12, 2022.

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					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	<i>SELF</i>				

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. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

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 DFCS Out of School Services Provider:

Total Income: \$ _____ **Per:** Week ☐ Every 2 Weeks ☐ Twice monthly ☐ Monthly

Household Size: _____

Annual Income Conversion: Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1

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

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

Authorized Program Staff Signature

Title

Date

** See Appendix B for income verification proof sources

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;
- Employer's 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 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 retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Peach Care:** 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 listing 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 DFCS Out of School Services.