



BOYS & GIRLS CLUBS
OF SANTA FE/DEL NORTE

For Office Use Only	
Entered by:	_____
Amt Paid:	_____
New:	_____
Renew:	_____
CYFD:	_____
Housing:	_____
Hardship:	_____

2022-2023 After School Program Membership Application

Member Name: _____ Start Date: _____

Letter of Understanding

The Boys & Girls Club of Santa Fe/Del Norte has an obligation to the community to provide a safe environment for our children and to stand by our motto by being "A Positive Place for Kids". To ensure parents and staff maintain this commitment throughout the year together, we will have several parent meetings. Parents are required to attend at least 75% of these meetings. This is your investment in your child's after school activities. This letter of understanding is intended to clearly explain the parental meeting requirements and the fees for late pickups. Please read it carefully before signing below.

Thank you for your cooperation.

I, _____, the parent of _____, will invest time to attend a minimum of 75% of the mandatory parent/staff meetings, understanding that failure to do so without prior notice to the Unit Director will result in the termination of my child's membership.

I also acknowledge an awareness of the late pick-up policy and understand \$5.00 will be charged for the first five (5) minutes after the pick-up time of 5:30 pm and \$1.00 charged every minute thereafter. For the second late pick-up, the same fees apply and you must attend counseling with BGCSF/DN staff. If a third late pick-up occurs, the same fees apply and CYFD will be notified. If you are going to be late, you must speak to the Unit Director to avoid late fees.

Parent Signature: _____ Date: _____

It is mandatory that every member has a fully completed application. Be sure to fill out every applicable section of the membership application.

Membership Information Form



BOYS & GIRLS CLUBS
OF SANTA FE/DEL NORTE

All Program/Membership Fees
Are Non-Refundable

Check Club Site:

Zona Las Vegas
 Valle Vista Santa Cruz
 Camino de Jacobo Del Norte
 After School Summer Teen

For Office Use Only

Entered by: _____
 Entered on: _____
 Amt Paid: _____
 New: _____
 Renew: _____
 CYFD: _____
 Housing: _____
 Hardship: _____
 Prog. Yr: _____
 Member ID: _____

Contact Information (Please Print)

Member's First Name: _____ Middle Name: _____ Last Name: _____
 Member Lives With: _____ Home Phone No: _____ Cell Phone No: _____
 Home Address: _____
 City: _____ State: _____ Postal Code: _____ Email Address: _____

Demographic

Gender: Female Male Birth Date: ____/____/____ Age: ____
 School: _____ Grade: _____ Communities In School Member: Yes No
 Ethnicity: African American Caucasian Hispanic/Latino
 Native American Asian American Multi-Racial Other
 Family Totals: Sisters Brothers Household
 Member Before? Yes No If yes, name of club(s) attended: _____

Parent/Guardian

Father's First Name:	Father's Last Name:	Father's Work Phone/Ext:
_____	_____	_____
Father's Employer:	Father's Occupation:	Father's Date of Birth:
_____	_____	____/____/____
Mother's First Name:	Mother's Last Name:	Mother's Work Phone/Ext:
_____	_____	_____
Mother's Employer:	Mother's Occupation:	Mother's Date of Birth:
_____	_____	____/____/____
Guardian's First Name:	Guardian's Last Name:	Guardian's Work Phone/Ext.
_____	_____	_____
Guardian's Employer:	Guardian's Occupation:	Guardian's Date of Birth:
_____	_____	____/____/____

THE FOLLOWING MEDICAL/EMERGENCY INFORMATION IS REQUIRED:

Medical Problems/Allergies:	Medications:
_____	_____
Physician:	Physician Phone:
_____	_____
Insurance Company:	Insurance Policy & Number:
_____	_____
BGC staff has my permission to transport my child in the case of an emergency. _____ (please initial)	

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

Annual Income: (Circle One)

\$ 9,999 and under	\$10,000 - \$19,999	\$20,000 - \$29,999	\$30,000 - \$39,999
\$40,000 - \$49,999	\$50,000 - \$59,999	\$60,000 and over	

Check all that apply: SSDI SSI TANF Day Care Voucher Food Stamps
 General Assistance School Lunch Vet. Compensation

Child's Labor Force Status: Employed Not employed

Child's Household Type: Both parents Mother Father Guardian Other
 Grandparent(s) Foster Parent(s)

Child's Family Setting: County Housing Section 8 Civic Housing N/A

MEMBERSHIP: I have read the completed application and the Boys & Girls Clubs of Santa Fe/Del Norte (BGCSF/DN) Member Handbook and understand the rules of the Club and request that my child/ren be admitted into membership. I have explained the rules to my child/ren and we agree that all rules of the Club will be followed.

SUPERVISION POLICY: I understand that once my child/ren is signed out of the program/premises, they are no longer under the supervision of the BGCSF/DN staff.

MEDIA CONSENT: I hereby give permission to BGCSF/DN to utilize photos or videos of my child in Club publicity. I consent to such uses and hereby waive all rights of compensation.

PROGRAM PARTICIPATION & OUTCOMES MEASUREMENT: I give permission for my child to participate in Boys & Girls Club programs such as SMART Moves, One-on-One and Group Mentoring, AIM, and Project Learn, and to be surveyed and interviewed to find out what his/her behaviors, skills and attitudes are in regard to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as his/her experiences at the Club.

TECHNOLOGY: I understand that all BGCSF/DN members are expected to follow all rules and regulations for using the Internet and technology center, including mobile devices like e-readers and tablets, for any activity that involves technology. Rules and guidelines are posted at each site and in the Club computer lab. Failure to abide by the rules and guidelines may result in temporary or permanent loss of access to any technology at the Club.

RELEASE OF SCHOOL INFORMATION: I grant permission for my child's school to release information regarding my child's personal school records including but not limited to free and reduced lunch application, report cards and standardized test scores, absences, disciplinary actions & current health records. I further give permission for my child's school to disclose student records including contact information, class schedule, attendance and grades in connection with his/her participation in Club programs.

ASSURANCE OF CONFIDENTIALITY: The information collected about your child will be kept private and locked in a secure area.

FEES: All Program/Membership Fees are Non-Refundable.

Parent or Guardian Signature

Club Member's Signature

Date



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EMERGENCY/CHILD PICK-UP AUTHORIZATION FORM

Child's Name: _____

Secret Password: _____

Main Pick-Up Person:

Name: _____

Relationship to child: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Additional person who may pick up child:

Name: _____

Relationship to child: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Additional person who may pick up child:

Name: _____

Relationship to child: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE. YOU WILL BE REQUIRED TO PROVIDE A COPY OF OFFICIAL COURT-ISSUED PAPERWORK.

Person NOT AUTHORIZED to pick up child:

Name: _____

Relationship to child: _____

Person NOT AUTHORIZED to pick up child:

Name: _____

Relationship to child: _____

Parent/Guardian Signature: _____ Date: _____