



BOYS & GIRLS CLUBS
OF SANTA FE/DEL NORTE

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

2022 Summer 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



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All Program/Membership Fees
Are Non-Refundable

Check Club Site:

<input type="checkbox"/> Zona	<input type="checkbox"/> Las Vegas
<input type="checkbox"/> Valle Vista	<input type="checkbox"/> Santa Cruz
<input type="checkbox"/> Camino de Jacobo	<input type="checkbox"/> Del Norte
<input type="checkbox"/> After School	<input type="checkbox"/> Summer <input type="checkbox"/> Teen

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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: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps			
<input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation			
Child's Labor Force Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not employed			
Child's Household Type: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
<input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s)			
Child's Family Setting: <input type="checkbox"/> County Housing <input type="checkbox"/> Section 8 <input type="checkbox"/> Civic Housing <input type="checkbox"/> 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:** _____