



**OFFICE USE ONLY**

Orientation Complete? Yes or No  
 Date of Orientation: \_\_\_\_\_

# HOUSEHOLD APPLICATION

**HEAD OF HOUSEHOLD INFORMATION (parent/caregiver)**

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**OTHER PARENT/CAREGIVER INFORMATION**

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Number in Household: \_\_\_\_\_

**HOUSEHOLD:**

- Both Parents
- Mom Only
- Dad Only
- Mom + step parent
- Dad + step parent
- Foster parents
- Grandparent(s)
- Guardian(s)
- Other: \_\_\_\_\_

**PROGRAMS:**

- TANF
- Day Care Voucher
- SSDI
- SSI
- WIC
- Food Stamps
- Free/Reduced School Lunch
- General Assistance
- Veterans Compensation

**ANNUAL INCOME**

- \$0-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,000
- \$50,000 & over

**CLUB INFORMATION:**

I am signing my child(ren) up for the following Club(s) - you may choose more than 1:

Seidman - 139 Crofton St SE     Steil - 235 Straight Ave NW     Paul I. Phillips - 726 Madison Ave SE

**MEMBER INFORMATION**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**I grant Boys & Girls Clubs of Grand Rapids Youth Commonwealth permission to:**

- Use pictures/video of my child
- Allow my child to walk home
- Take my child on field trips
- Administer Surveys to my child

Medical Conditions: \_\_\_ Yes \_\_\_ No **If yes:** \_\_\_\_\_

Any known allergies: \_\_\_ Yes \_\_\_ No **If yes:** \_\_\_\_\_

Behavioral Needs: \_\_\_ Yes \_\_\_ No **If yes:** \_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No **If yes:** \_\_\_\_\_

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Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

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Behavioral Needs: \_\_\_ Yes \_\_\_ No **If yes:** \_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No **If yes:** \_\_\_\_\_

## EMERGENCY CONTACT(S)

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Authorized Pick Up? Yes or No

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Authorized Pick Up? Yes or No

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Authorized Pick Up? Yes or No

## TRANSPORTATION RELEASE

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

I grant Boys & Girls Clubs of Grand Rapids Youth Commonwealth permission to transport my child from their school to the Club daily for the current school year, unless arranged otherwise: \_\_\_\_ Yes \_\_\_\_ No

ABOVE PERMISSIONS: Videos and photos of members can be used for organization promotions. Guardians will receive notice in advance of field trips. Surveys would be used to assess youth needs, typically with program needs.

WAIVER OF DISABILITY AND DISCLAIMER: In consideration of my child's membership and participation in the activities and program of Boys & Girls Clubs of Grand Rapids, I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights and claims or damages against the organizations and/or its sponsors for knowledge of the risks involved in said participation and that my child is in good health and has no physical or mental condition which would make it dangerous for my child or for other participants when my child is involved in any of the sponsored activities.

EMERGENCY AUTHORIZATION: I hereby give permission to medical personnel selected by Boys & Girls Clubs of Grand Rapids, its employees, agents, directors, volunteers, or sponsors to provide or seek emergency treatment, (including x-rays) for my child in the event I cannot be reached in an emergency. However, the giving of my permission does not obligate Boys & Girls Clubs, its employees, agents, directors, volunteers, or sponsors to arrange such care except as may be directed by medical personnel.

OPEN DOOR POLICY: I understand that Boys & Girls Clubs of Grand Rapids Youth Commonwealth is an open door facility and open to all youth members during posted hours of operation. My child will be supervised while at the Club. I set the boundaries and consequences if my child leaves the facility without my permission.

*I certify that all information listed is accurate to the best of my knowledge:*

Parent/Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
OF GRAND RAPIDS  
YOUTH COMMONWEALTH

### Child Behavior Management Procedure

The following steps will be taken in the event of a behavior problem:

**1.REASONING:** Communication between the member and staff member to identify the problem and determine a possible solution. At this point, members are given a chance to explain what happened, and to make a choice about what they should do next.

**2.REMOVAL/ LOSS OF PRIVILEGE:** Members may receive temporary removal from a program area or a loss of privileges. Staff members will encourage Club members to make better choices and may offer options to regain privileges. Repeated behaviors may result in meeting with the Club Director as well as an incident report.

**3.INCIDENT REPORT:** This documentation dictates who, what, when, where and why a behavior occurs. Every incident report may not require a parent/guardian meeting, but all forms are available upon request. If a member receives numerous incident reports over a period of time they may be given a suspension from the Club.

**4.SUSPENSION:** Multiple incident reports which stem from behaviors not consistent with Club policies and expectations may result in suspension. Length of suspension will be determined at the discretion of the Club Director and may require a conference with the parent/caregiver before returning. A suspension from one Club will be upheld at the other Grand Rapid's Clubs, and we encourage members and parents/caregivers to use this time to review the Club's expectations.

**5.IMMEDIATE PICK-UP:** In the event of a suspension, all Club members must have a parent/caregiver or backup emergency contact to pick them up in a timely manner.

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*Please provide Club leadership with any other information about your child that may help us in working with them. The more we know about your child, the better we can serve them. Thank you for choosing the Boys & Girls Club of Grand Rapids Commonwealth. We appreciate the opportunity to help shape your child's future.*

*I agree to partner with staff at Boys & Girls Clubs of Grand Rapids to support my child(ren)'s success:*

Parent/Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BOYS & GIRLS CLUBS  
OF GRAND RAPIDS  
YOUTH COMMONWEALTH**

**Parent/Caregiver Conduct Policy**

At Boys & Girls Clubs of Grand Rapids, we believe that children benefit when the relationship between parents/caregivers and Club is a positive one. Boys & Girls Clubs of Grand Rapids expect parents and other visitors to act in an appropriate manner even in moments of frustration. See below for steps that will be taken should aggressive/abusive behavior arise in our facilities.

Types of behavior that are considered serious and unacceptable and will not be tolerated:

- Verbally threatening and/or discriminatory comments at Boys & Girls Club staff, either in person or over the telephone
- Physically intimidating and/or physically touching staff members (including spitting)
- Breaking the Club's security procedures

When a parent/caregiver behaves in an unacceptable way towards a staff member, the appropriate senior staff will intervene to de-escalate the situation. Additionally, the parent/caregiver will then be contacted within 2 business days by Club Leadership to seek resolution for the incident.

In extreme or repeated cases, a parent/caregiver may be banned by the Director of Operations in agreement with the CEO, from all Club premises for a period of time or indefinitely. This may also result in the suspension or permanent removal of the child(ren)'s membership.

If a parent/caregiver or staff member should have any concerns about the policy or an incident, they are encouraged to reach out to the Director of Operations.

*I agree to adhere to the parent/caregiver conduct policy:*

Parent/Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_