



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:

PROGRAM:

ANNUAL INCOME:

- Both Parents
- Mom Only
- Dad Only
- Mom + Step Parent
- Dad + Step Parent
- Foster Parents
- Grandparents(s)
- Guardian(s)
- Other: _____

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

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

CLUB INFORMATION:

Primary Club I am signing my child(ren) up for:

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

Additional Club(s) I am signing my child(ren) up for:

[] 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 (see below for details)

Yes _____ No: _____ Use pictures/video of my child

Yes: _____ No: _____ Allow my Child to Walk Home

Medical Conditions: __Yes __No **If yes:** _____

Any known allergies: __Yes __No **If yes:** _____

Behavioral Needs: __Yes __No **If yes:** _____

Medications: __Yes __No **If yes:** _____

Child's Name: _____ Gender: _____

Birth Date: _____ Age: _____ Race/Ethnicity: _____

School Attending: _____ Grade: _____

I grant Boys & Girls Clubs of Grand Rapids Youth Commonwealth permission to (see below for details)

Yes _____ No: _____ Use pictures/video of my child

Yes: _____ No: _____ Allow my Child to Walk Home

Medical Conditions: __Yes __No **If yes:** _____

Any known allergies: __Yes __No **If yes:** _____

Behavioral Needs: __Yes __No **If yes:** _____

Medications: __Yes __No **If yes:** _____

Child's Name: _____ Gender: _____

Birth Date: _____ Age: _____ Race/Ethnicity: _____

School Attending: _____ Grade: _____

I grant Boys & Girls Clubs of Grand Rapids Youth Commonwealth permission to (see below for details)

Yes _____ No: _____ Use pictures/video of my child

Yes: _____ No: _____ Allow my Child to Walk Home

Medical Conditions: __Yes __No **If yes:** _____

Any known allergies: __Yes __No **If yes:** _____

Behavioral Needs: __Yes __No **If yes:** _____

Medications: __Yes __No **If yes:** _____

EMERGENCY CONTACT(S) – Required 2 (different than the primary contact)

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 PHOTO RELEASE: I, the undersigned, hereby grant permission to the Boys & Girls Club of Grand Rapids (BGCGR) and its representatives to take photographs and/or videos of me and/or my child during activities, events, and programs hosted by BGCGR. I understand that these images may be used for the following purposes: Promotion of BGCGR programs and events, Social media posts, News releases and publications, Educational materials. I acknowledge that: The photographs and videos taken may be used for promotional purposes, including but not limited to print, digital, and online media. I will not receive any compensation for the use of these images. I have the right to revoke this consent at any time by contacting BGCGR in writing, although such revocation will not affect any uses of my images that occurred prior to the receipt of such written notice.

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.

CELL PHONES: I understand that if my child brings their cell phone to club it must be connected to the Boy & Girls Club of Grand Rapids WiFi network.

SAFTEY POLICY: I understand that I can access Boys & Girls Club of Grand Rapids full safety policies on their website <https://bgcgrandrapids.org> under Families

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

Parent/Caregiver's Signature: _____ Date: _____

All information requested on our membership application is kept strictly confidential. Free/reduced lunch status and race/ethnic background information is needed and only used for grant funding and reporting purposes.



**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 within 30 minutes.

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: _____