

Child Care Assistance Eligibility Form

This form is required for all members. Boys & Girls Clubs membership fee is covered for those that are CCA eligible.

- Yes, I have been approved for Child Care Assistance. My case number is _____. My child(ren) has already authorized Studebaker Boys & Girls Clubs as our child care provider.
- Yes, I have been approved for Child Care Assistance. My case number is _____. I will contact DHS CCA Eligibility (1-866-448-4605) to update our childcare provider to the Studebaker Boys & Girls Clubs (Provider #51480).
- No, I currently do not receive Child Care Assistance for my child(ren). I understand that I must complete the information below to determine if I am eligible for benefits.

I understand that by sending my child to Boys & Girls Clubs of Central Iowa (BGCCI) and by signing this form, I am authorizing BGCCI to determine my eligibility for Iowa's Child Care Assistance program. If my household is eligible, **I agree to take the necessary steps to designate BGCCI as my childcare provider.** If I refuse to fill out the form below and/or take the necessary steps to becoming eligible for the Child Care Assistance program, BGCCI will be required to charge me full price based on the fee structure posted at the club location.

Parent Signature _____ Date _____ Phone Number _____

Am I Eligible?

Please complete the following information if you have checked the third box above. **All of this information must be complete in order for your child's membership application to be accepted.** In the case that you are eligible for Child Care Assistance, a BGCCI Administration staff member will contact you directly to help your family complete the Child Care Assistance process.

List All Adults In Household

First Name	Currently Working (circle one)		Currently Enrolled in Training or Education Program	
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No

List All Children In Household

First Name	Current Age

Monthly Income Information

Total Yearly Gross Income For Your Household (include all household incomes) From Job(s) \$ _____ **OR**

Parent 1- Number of Hours Worked Per Week _____ Amount Earned Per Hour _____

Parent 2- Number of Hours Worked Per Week _____ Amount Earned Per Hour _____

Total Additional Monthly Income Received (ex. child support, social security, unemployment) \$ _____



Studebaker Club
 Studebaker Elementary School
 300 County Line Rd.
 Des Moines, IA 50320
 (515) 242-8540

For office use only
 Date Received: _____
 Entered by: _____

Form of Payment
 \$ _____ or
 ck _____ ck# _____

SCHOOL YEAR 2022 - 2023 MEMBERSHIP APPLICATION

Hours: Monday through Friday beginning at school dismissal until 6:00pm

Confidentiality: ALL information requested is required for our records and for the funding of Boys & Girls Clubs of Central Iowa (BGCCI). The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

PLEASE PRINT ALL INFORMATION

Student ID # _____

MEMBER INFORMATION

Name _____ Nickname _____
 First Middle Last

Date of Birth _____ Gender: Male Female Transgender Non-Binary

School _____ Grade (22-23 School Year) _____

Address _____ City _____ Zip Code _____

Home Phone _____ Can Swim? Yes No E-Mail _____

New Club Member Returning Club Member Site Previously Registered _____

Qualify for Free/Reduce Lunch: Yes No English Language Learner (ELL): Yes No

Expected Means of Transportation at the end of Club:

Parent/Guardian School/Dart Bus (6th grade and older) Walk (6th grade and older) Other _____

BGCCI is required to collect the following information about your child. All information will be kept confidential. Please check item(s) from each group below.

Ethnicity

Black/African-American
 White/Caucasian
 Hispanic/Latino
 Asian
 American Indian
 Pacific Islander/Hawaiian
 Two or More Races
 Other _____

Number of people living in primary household: _____

Household Type

Family
 Family Foster Care
 Group Home/Residential
 Ind. Living Foster Care
 Kinship Care/Extended Family
 Other _____

Family Setting

Two Parent Home
 Single Parent Home
 Parent/Step Parent
 Grandparent(s)
 Foster Parent(s)
 Other Family Member(s)
 Other _____

Household Annual Income

Less than \$10,000
 \$10,000 - \$14,999
 \$15,000 - \$24,999
 \$25,000 - \$34,999
 \$35,000 - \$49,999
 \$50,000 - \$74,999
 \$75,000 - \$99,999
 \$100,000 or higher

DOCTOR INFORMATION (Required):

Doctor Name: _____ Phone Number: _____

Address: _____ Hospital of Preference: _____

Insurance Company: _____ Insurance Policy Information: _____

DENTIST INFORMATION (Required):

Dentist: _____ Phone Number: _____

Address: _____ Insurance Company: _____

MEMBER HEALTH/MEDICAL INFORMATION (any known medical issues in the past 5 years)

Breathing Problems	Heart Problems	Neurological Problems	Eating Problem	Gland Problems	Orthopedic
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Stomach Problems/Ulcer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Reactive Airway	<input type="checkbox"/> Heart Surgery	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Fainting	<input type="checkbox"/> Bowel Problems	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Other Problems	<input type="checkbox"/> Other Problems	<input type="checkbox"/> Seizure	<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Special Diet at School	<input type="checkbox"/> Kidney
					<input type="checkbox"/> Orthopedic Braces
					<input type="checkbox"/> Other Problems

My child is free of any communicable or infectious disease, and is able to participate in Boys & Girls Club programs Yes No

My child's immunization record is on file with the Studebaker School nurse or has been provided to BGCCI Yes No

My child has an IEP (Individualized Education Plan) through their school district Yes No

Doctor Ordered Special Needs:

Glasses/Contacts Hearing Aids Seat Close to Instruction Liberal Bathroom Privileges Physical Limits

Allergies:

(Food/Medicine/Environmental/Animals) _____

Illnesses, operations, or accidents your child has had in the past five years: _____

Emotional, social, or other conditions that might affect your child's performance: _____

Current Medications: _____

HEAD OF HOUSEHOLD

Parent/Guardian 1 Name _____ Gender M F

Address _____ City _____ Zip Code _____ Type Home Other _____

Phone #1 _____ C W H Phone #2 _____ C W H

E-Mail Address (For Closures and Club Communications) _____

Primary Employer _____ Job Title _____

Military Branch _____ Active Duty Discharged National Guard Reserve Retired

Preferred Language for Club Communications _____

Parent/Guardian 2 Name _____ Gender M F

Address _____ City _____ Zip Code _____ Type Home Other _____

Phone #1 _____ C W H Phone #2 _____ C W H

E-Mail Address (For Closures and Club Communications) _____

Primary Employer _____ Job Title _____

Military Branch _____ Active Duty Discharged National Guard Reserve Retired

Preferred Language for Club Communications _____

Please read the following statements, and sign below in authorization. If you have any questions or concerns, please speak with Club staff.

I authorize the Boys & Girls Clubs of Central Iowa to act on my behalf in case my youth is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of the Club staff shall make a diligent effort to first notify me of the situation and ascertain what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such action as their judgment dictates. I further agree that neither the Boys & Girls Clubs of Central Iowa, nor any person associated with them, has any responsibility of any kind to me or my youth from any claims arising from any accident, injury or illness, which my youth may suffer as the result of any such health care of medical treatment. I understand that the Boys & Girls Clubs of Central Iowa is not authorized to distribute medication or provide medical services.

Additionally, I authorize the Boys & Girls Clubs of Central Iowa to transport my youth in Club vehicles to any field trips within the regularly scheduled Club hours. I understand that only field trips or activities that function outside of regularly scheduled hours will require my permission. When in the course of regular Club programming, I authorize the Boys & Girls Clubs of Central Iowa to photograph in Club publications and/or media presentations. If applicable, I authorize members of the media to photograph or tape my youth engaging in Club activities or special events.

I also authorize the Boys & Girls Clubs of Central Iowa and/or contracted researchers of the Boys & Girls Clubs of Central Iowa, to involve my youth in outcome measurement/evaluation of Club programs. I understand that any data of information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant. Additionally, I authorize my youth to use the Boys & Girls Clubs of Central Iowa Network and Internet Services. I also authorize the Boys & Girls Clubs of Central Iowa to enforce any and all guidelines set forth in the responsible computer use guidelines. I have the right to obtain a copy of these guidelines at my request.

I further certify that failure to abide by Club guidelines and behavioral expectations, which includes bullying and cyberbullying, will result in the member's immediate dismissal from Club activities, and the member will be sent home at the expense of the student and his/her parent/guardian without refund of any Club, program, or membership fees. All Club fees should be understood as non-refundable.

My child(ren) and I understand and agree to the Boys & Girls Clubs of Central Iowa Member/Parent Handbook and agree to abide by the policies set forth in this document, including the safe passage and discipline policies. I understand that by signing this document I have received a Member/Parent Handbook. I understand that this signed sheet will be placed in my child's membership file and will serve as a single record that can be accessed for proof of agreement to the policies set for in the Member/Parent Handbook.

Parent/Guardian Signature	Date
----------------------------------	-------------

FIRST AID FORM

I hereby authorize Boys & Girls Clubs of Central Iowa employees to administer the following first aid to my child, _____ as needed. The following list includes, but is not limited to the following items often used for non-emergency care:

- **Bandages/ gauze**
- **Vaseline**
- **First aid antiseptic or antibiotic ointment**
- **Sunscreen**
- **Lotion**
- **Ice pack**

Parent/Guardian Signature	Date
----------------------------------	-------------

Please list ALL persons who are authorized to pick up your child from Club. List individuals in the order you'd like them contacted in case of emergency. For the safety of your child(ren), only the individuals listed below will be allowed to pick up member from Club. We require photo identification from any person authorized below to pick up members from our Club sites.

1.	_____	_____	_____	_____
	First Name	Last Name	Relationship to Member	Phone Number
2.	_____	_____	_____	_____
	First Name	Last Name	Relationship to Member	Phone Number
3.	_____	_____	_____	_____
	First Name	Last Name	Relationship to Member	Phone Number
4.	_____	_____	_____	_____
	First Name	Last Name	Relationship to Member	Phone Number
5.	_____	_____	_____	_____
	First Name	Last Name	Relationship to Member	Phone Number
6.	_____	_____	_____	_____
	First Name	Last Name	Relationship to Member	Phone Number

Please list any person(s) NOT authorized to pick up your child from Club.

1.	_____	_____	_____
	First Name	Last Name	Relationship to Member
2.	_____	_____	_____
	First Name	Last Name	Relationship to Member
3.	_____	_____	_____
	First Name	Last Name	Relationship to Member
4.	_____	_____	_____
	First Name	Last Name	Relationship to Member

FOR PARENTS/GUARDIANS

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of Central Iowa ("Club") has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Club Participant(s)

PARENT/GUARDIAN LATE POLICY

Boys & Girls Clubs of Central Iowa is honored to provide services for your child. We ask that you please respect our hours of operation and pick up policy.

School Year Hours of Operation:

Monday-Friday: (August 24, 2022 through May 26, 2023)

- Regular Club Hours: School Dismissal until 6:00pm

If a child is not picked up a half an hour following the stated closing time, the Boys & Girls Clubs of Central Iowa has been instructed to call Children's Protective Services. If a child continues to be present an hour past closing, the Boys & Girls Clubs of Central Iowa reserves the right to terminate enrollment in the program.

In the case of an emergency, please contact the Club immediately at 515-242-8540.

Parent/Guardian Signature	Date
---------------------------	------

FEEDING THE FUTURE PROGRAM

The Feeding the Future program supplies Club members and their families with nutritious, child-friendly, self-serve food designed to supplement a family for the weekend. We also periodically include personal hygiene products. The following are examples of items that may be included in Feeding the Future bags: cereal, granola bars, peanut butter, packaged fruit and vegetables, simple entrees such as macaroni & cheese, raviolis and other nutritional snack items. Personal care items may include deodorant, soap, shampoo, dental care, and feminine hygiene products. Bags will be provided weekly on Fridays.

Do any family members have diabetes: Yes No If yes, how many? _____
Food allergies in household (check any that apply): Peanut/Other Nut _____ Wheat Dairy
Other Allergy or dietary restrictions – please specify here: _____

AGREEMENT

I would like my family to participate in this program and I agree to the following terms:
Boys & Girls Clubs of Central Iowa will attempt to provide items in accordance with your dietary requests, however, Boys & Girls Clubs of Central Iowa cannot be held liable for any accident, injury, or illness resulting from participation and in the Feeding the Future program. Parent/Guardians should examine all items for suitability prior to eating or using.

Parent/Guardian Signature	Date
---------------------------	------

SAFE PASSAGE POLICY

Boys & Girls Clubs of Central Iowa (BGCCI) will implement an enhanced scan in/out policy called the Safe Passage Policy.

Under this policy:

- Members must scan in and out each day;
- Members who are in grade Kindergarten through 5th grade must be signed out from the Club by a parent, guardian, or other authorized adult listed on page four of the application;
- All members enrolled at a middle or high school location may leave the club unescorted after scanning out each night;
- Members at Burt Club enrolled in 6th grade through 12th grade may leave the club unescorted after scanning out each night;
- No member, regardless of age, will be allowed to return to Club once they leave the premises for the day without specific authorization from the Club Unit Director;
- Members that leave without scanning out at the end of the day will face disciplinary actions up to and including suspension and termination of membership.

I acknowledge that I have read and will comply with the above stated policy.

Parent/Guardian Signature	Date
----------------------------------	-------------

THERAPY ANIMAL FORM

As a member of the Boys & Girls Clubs of Central Iowa (BGCCI), your child will have the opportunity to meet and interact with BGCCI's future therapy dog, Graycie. Graycie is currently a four-year-old, Blue Great Dane.

In addition to signing below, please indicate (by checking the appropriate box), whether your child is allergic to dogs or other animals. In the interest of your child's safety, if your child is allergic, we cannot offer participation in activities with Graycie.

My child is allergic to dogs or other animals:

My child is not allergic to dogs or other animals:

___ I **DO** give my child permission to participate in all activities with Graycie or other animals.

___ I **DO NOT** give my child permission to participate in any activities with Graycie or other animals.

Parent/Guardian Signature	Date
----------------------------------	-------------



The Emergency Food Assistance Program (TEFAP) Eligibility



Name	Number of people in your household
Full physical address	

The table below shows eligible gross income guidelines (before taxes) per family size. If your household income is at or below the income listed for the number of people in your household, you are eligible.

TEFAP Income Guidelines Effective July 1, 2022 – June 30, 2023

Household Size	1	2	3	4	5	6	7	8	For each additional household member add:
Yearly Income	25,142	33,974	42,606	51,338	60,070	68,802	77,534	86,266	+8,732
Monthly Income	2,096	2,823	3,551	4,279	5,006	5,734	6,462	7,189	+728
Weekly	484	652	820	988	1,156	1,324	1,492	1,659	+168

You are also eligible to receive food from TEFAP if your household participates in at least one of the following programs. Please check the box next to the program(s) you receive benefits from:

- Food Assistance (SNAP)
 Free or Reduced Lunches

Please read the following statement carefully. If you agree, please sign and date the form:

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in Iowa. This certification form is being completed in connection with the receipt of federal assistance. I understand that once I sign this form, I am assumed to be eligible for future distributions. I understand I am required to report to the pantry if my income increases over the income amount listed for my household.

Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the state for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law.

I understand the USDA nondiscrimination statement is provided on the back of this form and a copy is available upon my request.

Signature	Date
-----------	------



**ACKNOWLEDGEMENT AND AUTHORIZATION TO
RELEASE AND EXCHANGE CONFIDENTIAL STUDENT INFORMATION**

Des Moines Public Schools partners with organizations to address the needs and/or to support the success of students and families. In order to do so effectively, Des Moines Public Schools and organizations need to be able to exchange information.

Des Moines Public Schools and organizations must have written permission from the parent/guardian of the student to release and exchange any information from the student record or other confidential information in regards to a specific student.

This document authorizes both the Des Moines Public Schools and

Boys & Girls Clubs of Central Iowa (BGCCI)

Organization Name (hereinafter called "organization") to release and exchange information about:

Student Name, Date of Birth, DMPS Student ID Number

Information is being released or exchanged to:

- Refer student to organization for information or services
- Ensure that the student is receiving services
- Collaborate on a plan to serve the student and family
- Evaluate the effectiveness of the program or service

This information may include personally identifiable student information, information from the student's education record, information shared by the student or family that is otherwise considered confidential but needs to be shared to address the needs and/or to support the success of the student or family.

Des Moines Public Schools and the organization agree to keep information exchanged confidential and will not re-disclose information without written consent.

By signing this document, I acknowledge that I have read and understand that I am authorizing Des Moines Public Schools and the organization to release and exchange information that may be considered confidential under state and federal law.

Parent or Guardian Name (please print)

Date

Parent or Guardian Signature