BOYS & GIRLS CLUBS
OF CENTRAL IOWA

**E.T. Meredith Jr. Club**
East High Campus
1421 Walker St
Des Moines, IA 50316
(515) 242-7955

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

**Form of Payment**
$_____ or
ck____ ck#_____

# Summer 2022 MEMBERSHIP APPLICATION

Summer Club Hours: 8:30 a.m. – 5:30 p.m.
Summer programming at our high school location is provided free of charge

**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 Completed (**21-22 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_____

**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

**Number of people living in primary household: _____**

## 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 |
|---|---|---|---|---|---|
| ___ Asthma | ___ Heart Murmur | ___ Frequent Headaches | ___ Stomach Problems/Ulcer | ___ Diabetes | ___ Broken Bones |
| ___ Reactive Airway | ___ Heart Surgery | ___ Dizziness ___ Fainting | ___ Bowel Problems | ___ Thyroid | ___ Orthopedic Braces |
| ___ Other Problems | ___ Other Problems | ___ Seizure ___ ADHD/ADD | ___ Special Diet at School | ___ Kidney | ___ 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 East High 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:** _____

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**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 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** |
|---|---|
| | |

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## 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**
- **First aid antiseptic or antibiotic ointment**
- **Lotion**
- **Vaseline**
- **Sunscreen**
- **Ice pack**

| **Parent/Guardian Signature** | **Date** |
|---|---|
| | |

BOYS & GIRLS CLUBS OF CENTRAL IOWA

**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

BOYS & GIRLS CLUBS OF CENTRAL IOWA

## 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.

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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)

BOYS & GIRLS CLUBS OF CENTRAL IOWA

# 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.

**Summer Hours of Operation:**

Monday-Friday: (June 6th – August 12th)

- Regular Club Hours: 8:30 a.m. – 5:30 p.m.

**BGCCI Club sites will be closed July 4th through July 8th.**

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 515-242-7955.**

| **Parent/Guardian Signature** | **Date** |
|---|---|
| | |

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# 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** |
|---|---|
| | |

BOYS & GIRLS CLUBS OF CENTRAL IOWA

# 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** |
|---|---|
| | |

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# THERAPY DOG 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 three-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.

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

| **Parent/Guardian Signature** | **Date** |
|---|---|
| | |

BOYS & GIRLS CLUBS
OF CENTRAL IOWA

BOYS & GIRLS CLUBS OF CENTRAL IOWA

Department of HUMAN SERVICES

# 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, 2021 – June 30, 2022

| House-hold Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | For each additional household member add: |
|---|---|---|---|---|---|---|---|---|---|
| Yearly Income | 23,828 | 32,227 | 40,626 | 49,025 | 57,424 | 65,823 | 74,222 | 82,621 | +8,399 |
| Monthly Income | 1,986 | 2,686 | 3,386 | 4,086 | 4,786 | 5,486 | 6,186 | 6,886 | +700 |
| Weekly | 459 | 620 | 782 | 943 | 1,105 | 1,266 | 1,428 | 1,589 | +162 |

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 |
|---|---|

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: https://www.ascr.usda.gov/sites/default/files/Complain_combined_6_8_12_508_0.pdf, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410;

Fax: (202) 690-7442; or

Email: program.intake@usda.gov

This institution is an equal opportunity provider.

TEFAP foods received on date signed below.

| Print Name | Signature | Date |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |

## 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