



Are Immunizations Current?

YES

NO Doctor/Physician Name:

Membership Application

SOE Program Start Date is 6/1/2021

Program Start Date for Child(ren):

	S	Т	Α	F	F		U	S	Е
S	Me	embei	ship Ty	/pe			Progran	n Enr	ollment
O E	NEW		RENE	EWAL	-	E	BGC/CYC	I	TEEN
A S						Program Enrollment			
P	NEW	'	RENE	WAL		BGC	CYC_		_ TEEN
Corne	Cornerstone Partner (circle): FAURECIA NTN Reams								
Qualified Discounts/ EXP									
Scholarship Special Prg Adtl. Notes									
STAFF INITIALS:RecTrac KidTrax									

Phone #

#1 Child	First			Middle	Last		
Gender	Male	Female	Date of Birth		Ethnicity		
School			Grade - 2021-22	Does child take Medication?	YES	NO Will Staff need to Administer?	YES NO
List Medication	ons Taken						
Allergies:			Food	Allergies		Dietary restrictions	
Additional He Medications, other, etc. <i>(ex</i>	reactions,						
#2 Child	First			Middle	Last		
Gender	Male	Female	Date of Birth		Ethnicity		
School			Grade - 2021-22	Does child take Medication?	YES	NO Will Staff need to Administer?	YES NO
List Medicatio	ns Taken						
Allergies:			Food	Allergies		Dietary restrictions	
Additional He Medications, I other, etc. <i>(ex</i>	reactions,						
#3 Child	First			Middle	Last		
Gender	Male	Female	Date of Birth		Ethnicity		
School			Grade - 2021-22	Does child take Medication?	YES	NO Will Staff need to Administer?	YES NO
List Medicatio	ns Taken						
Allergies:			Food	Allergies		Dietary restrictions	
Additional He Medications, I other, etc. <i>(ex</i>	reactions,						
#4 Child	First			Middle	Last		
Gender	Male	Female	Date of Birth		Ethnicity		
School			Grade - 2021-22	Does child take Medication?	YES	NO Will Staff need to Administer?	YES NO
List Medicatio	ns Taken						
Allergies:			Food	Allergies		Dietary restrictions	
Additional He Medications, r other, etc. <i>(ex</i>	eactions,						
Permission	s- (required)	Do you	give permission for your ch	ild(ren) to: Swim? YES	NO	Walk Home? YES NO (if ye	es explain when)
Walk Home Ex;lained							
Medical Inf	formation - (required)	Medical Insurance:	YES NO Insurance Name		Policy#	

Parent #1	Parent/Guardian Information - (required)							
First Name		М	iddle	Last				
Gender:		Date of Birth Employer Name:						
Relationshi p		Other Ethnicity						
Primary #		Туре	Se	condary #		Туре		
Address				City	State	Zip		
Email Address								
Parent #2 First Name		N	liddle	Last				
Gender:		Date of Birth	Employer Name) :				
Relationshi p		Other		Ethnicity				
Primary #		Туре	s Se	condary #		Туре		
Address				City	State	Zip		
Email Address								
Additional Emergency Contacts - (2 required)								
First Name:			Last			Gender:		
Phone #		Туре	Do you auth	orize this person for pickup?	*** (If yes - DO NOT list below) ***		
Relationship			Ethnicity					
First Name:		Last				Gender:		
Phone #		Туре	Do you autho	orize this person for pickup?	**	* (If yes - <u>DO NOT</u> list below) ***		
Relationshi p			Ethnicity					
		Additional	- AUTHORIZED to Pic	ck up - *** (not listed above) **	*			
	First Name	<u>Last Name</u> <u>Gender</u>				Relationship		
			NOT ALITHOD	IZED to Diek up				
Firs	t Name	NOT AUTHORIZED to Pick up <u>Last Name</u> <u>Gender</u>			Relationship			

Additional Comments / Special Notes

The Boys & Girls Club is primarily funded through grants, answers to the below information are vital in securing our grant funding which allows us to offer our Sliding Fee Scale. All information is kept confidential. Your cooperation in providing this information is both appreciated and necessary.

Parent/Guardian Section						
Total GROSS Household Income Members Lives With	Household Total # of people in the household					
Other (do not include siblings in other)	Adults Children					

Would you like to apply for the FFY Sliding Fee Scale?

I understand that by clicking YES does not automatically approve any discounts., that NO discounts will be approved until Total Household income is submitted from the approved document list and if approved discounts will not be back dated.

Discounts are based on the total TAXABLE INCOME for <u>all adults living in the household</u>. Total household proof of income must be submitted from the <u>Approved Document List</u> below. Discounts will not be approved without proper documentation. Income verification for recertification is required annually and if not provided all discounts will be removed and full charges billed to your account.

F	F	Υ		S	T	Α	F	F		U	S	E
			Approved D)ocum	ent List				Total Hous	ehold Ta	xable Income	e
	Federal Ta	x Return (104	0 form)		Unemplo	oyment Incom	e Verificatio	n Letter	\$			
	2 Months F	aystubs (mos	et recent most)		Disability	y Income Veri	fication Lette	er	Аррі	roved Dis	counts	
	Social Sec	urity Income \	erification Letter		SNAP/ I	ncome Verific	ation Letter		ASP	SOE	/ Activities	

Parent/Guardian Policy and Waiver Acknowledgment

MEMBERSHIP | REGISTRATION | PAYMENT | REFUND POLICY

- Membership/Registration Policy:
 - I understand that Membership **DOES NOT** guarantee a weekly spot for my child.
 - I understand that it is my responsibility to pre-register online by 12:00 pm the Sunday **prior** to the week care is needed for my child. I understand that payment is expected at time of registration.
 - I understand that I may be called to pick my child up if I have not pre-registered & maximum limits at have been reached.
- Payment / Refund Policy:
 - I understand that my child's attendance will be suspended if my account becomes more than 2 weeks behind.
 - I understand that if I do not pre-register I will be charged an additional \$5.00 late registration/billing fee per child per week.
 - I understand that should collection efforts or legal action be required to recover money that I owe FFY then I will incur an additional collection fee of 35% of my balance due FFY and be responsible for additional attorney fees incurred by FFY.
 - Families may transfer activity registrations by Thursday 5:00 pm prior to the week at no additional cost. No refunds/transfers will be given after Thursday 5:00 pm prior to the week.
 - Refunds are subject to a \$5.00 fee and may take up to 30 days for mail delivery.
 - No refunds will be given due to a suspension.

RISK AND SAFETY WAIVER: COVID-19 CHILDCARE

- 1. I have completed the Registration form to the best of my knowledge.
- 2. I recognize that there are inherent risks in any indoor programming pursuit, and agree to follow instructions and directions given by leaders, act prudently, use good judgment, and assume a shared responsibility for safety.
- 3. I understand that information may be collected and shared for the purposes of demonstrating outcomes or securing funding.
- 4. I agree that participation is voluntary, and further agree to indemnify, release, and hold harmless the Foundation For Youth, its directors, officers, and employees from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment, and/or participation in Foundation For Youth activities.
- 5. I allow the Foundation For Youth Staff to provide routine health care, administer prescribed and parent provided OTC medications, and seek emergency medical treatment where deemed necessary.
- 6. I understand and agree to the following COVID-19 Protocols as instructed by the Family and Social Services Administration (FSSA). I further understand that the following policies are effective immediately:
 - ALL YOUTH will be required to WEAR MASKS and socially distance while attending indoor programs;
 - If a child presents a temperature over 100.4 degrees Fahrenheit or exhibits additional symptoms, you will be contacted to pick-up your child;
 - Children are to remain home until they are fever free for 24 hours without fever reducing medications, as well as free of
 other symptoms of diarrhea and vomiting for at least 24 hours from the last episode.
- 7. Parents will take everyday preventive measures to help protect their families and our facility from the spread of COVID-19:
 - REMAIN OUTSIDE THE BUILDING unless absolutely necessary;
 - WEAR MASKS while inside the facility;
 - Avoid close contact with people who are sick;
 - Keep your child at home if sick with any illness. If their symptoms worsen, contact your healthcare provider;
 - Be prepared if your child's school or childcare facility is temporarily closed due to exposure.

Acknowledgment of Membership/Registration and Payment/Refund Policy, Risk and Safety Waiver

I acknowledge that I have been provided the Parent/Member Information and that I have read and understand all information provided.

By printing my name below and submitting this membership form I agree to follow all policies.

First and Last Name of Parent/Guardian	Date