



**BOYS & GIRLS CLUB
OF THE BEMIDJI AREA**

1600 Minnesota Ave. NW
Mailing Address:
P.O Box 191
Bemidji MN 56619
Phone: (218)444-4171
Fax: (218)444-0870
www.bgcbemidji.org

Elementary (Grades 1-4): Monday – Friday 2:50 until 6:00 P.M.
Tween (Grades 5-7): Monday – Friday 2:50 until 7:00 P.M.
Teen (Grades 8-12): Monday – Friday 2:50 until 7:00 P.M.
*Be looking for information about special events for all ages posted in the front desk area!
Summer (for all members): 12:30 – 5:30 p.m. Monday-Friday

NEW MEMBERS: All new members must attend an *orientation* with a parent or guardian prior to becoming a member of the Boys & Girls Club of the Bemidji Area.

- Please bring this completed membership application and \$25 year membership fee to the orientation. (Maximum of \$75 per family)
- Membership fees are non-refundable & non-transferrable
- Orientations are held every Monday at 5:00 p.m. (*Except during holidays, or planned/emergency closings.*)

CONFIDENTIALITY: Any confidential information requested on this form is for our records and for the funding our organization receives. The answers you provide will be kept *completely confidential*. Your cooperation in providing this information is both appreciated and necessary. Please be sure to sign our confidentiality form to ensure you have read and understand your rights.

For Office Use Only:

Membership Fee (\$25): Cash Check# _____ Admin: _____
Tennessee Warning: Yes No On file
Previous Member: Yes No Orientation Date: ____/____/____
Received Date: ____/____/____ **Initial:** _____
 Entered in Kidtrax Note for Staff Meeting

**GIFT TO SUPPORT
PROGRAMING**

PAY-IT-FORWARD: \$25
(\$25 one time donation)

SUSTAINING: \$10/month (\$120/year)

SUPPORTING: \$20/month (\$240/year)

GROWING: \$40/month (\$480/year)

REACHING: \$55/month (\$660/year)

EMERGING: \$70/month (\$850/year)

OTHER: _____/year

The actual cost of the Club program is \$850 per year/member. The options to help support the Club or another child can be:

- 1) During membership renewal via cash, check or VISA.
- 2) Make it easy! Automatically have your gift withdrawn from your checking or savings account each month.

Auto withdrawal forms available at the Front Desk or view on our website.

www.bgcbemidji.org

CONSENT

Trips:

- I give consent for my child to take part in field trips or excursions with the Boys & Girls Club of the Bemidji Area under proper supervision. It is my understanding that I will be notified when such trips are planned.
- I do not give consent.

Transportation:

- I give consent for my child to be transported by the Boys & Girls Club of the Bemidji Area on an as needed basis. This may be for field trips or bussing to the Club.
- I do not give consent.

Media:

- I give my child consent to use computers and other media resources while at the Club. I understand that they may not be directly supervised but will always have staff present when using the computer.
- I do not wish for my child to use computers.

Getting Home:

- They will be picked up by a parent/guardian or trusted family member or friend (this is the policy for children 12 years and younger. See safe passage policy for more information)
- They are allowed to walk home at _____ time, with _____
- Other (please specify): _____

National Youth Outcome Initiative Survey:

- The Boys & Girls Clubs of the Bemidji Area is taking part in an annual survey that will be used to track the well-being of members in Boys & Girls Clubs nationally. This survey asks how members feel about the activities and time they spend in Boys & Girls Club programs, education plans, and involvement in community service and work. Additionally, the survey asks about the attitudes and risky health behaviors of members, including questions about nutrition and physical activity. The survey results are anonymous. We would like all members at our site to take part in the survey, but the survey is voluntary. Survey participants can skip any questions they do not wish to answer. If you would like to see the survey, a copy is available upon request. Please contact the unit director. You may review the survey during regular hours. If you do NOT want your child to take part in the survey, DO NOT check this box. If you have any questions about the survey, please contact the unit director at 218.444.4171.

Program Participation:

- I understand my child will be asked to participate in Boys & Girls Club of the Bemidji Area programs including but not limited to S.M.A.R.T. Moves (Skills Mastery and Resistance Training), Triple Play, National Fine Arts, and Healthy Habits. Topics our programs may cover are healthy life decisions, effective coping skills as it relates to peer pressure, drugs and alcohol, dating relationships, puberty/sexual health, bully prevention. If you have questions or would like to review our curriculum, please contact the unit director at 218.444.4171.

Other

- I understand that the Boys & Girls Club may show movies rated PG or PG-13 and I give my child permission to view them.

I have read the completed application, understand the rules of the Boys & Girls Club of the Bemidji Area (BGCBA) and request that my child be admitted into membership. I have read with and explained the rules to my child and agree that BGCBA will not be responsible for any accident that may occur to them while they are not on BGCBA premises or while engaged in any of its activities away from BGCBA. I give my consent for photographs and videos in which my child may appear, to be used in any way BGCBA may care to use them. I give my consent for my child to participate in the mentoring program at BGCBA. I am willing to be contacted to share about my club experience and will make sure my information is current with BGCBA at all times.

Parent /Legal Guardian Signature

Date

Please Print Name

Membership Form 2016

MEMBER/CHILD'S INFORMATION (Please Print)

Name: _____
(First) (Middle) (Last)

Nick Name: _____ Date of Birth: ___/___/_____ Gender: Male Female

Race: Asian American Indian or Alaska Native Black/African American
 White Pacific Islander or Native Hawaiian Two or More

Tribes: _____ Ethnicity: Hispanic/Latino Origin Not Hispanic/Latino Origin

School: _____ Grade: _____ (2015-16 School Year)

Family Setting: Two Parent Two Parent, Two Homes
 Single Parent Foster Parent(s) Relative/Other (specify) _____

How did you hear about us? _____

Physical Address: (Please notify us if your family moves throughout the year so we can update our records.)

(Street/P.O. Box) (City) (State) (Zip)

MEMBER MEDICAL INFORMATION (Not required, but helpful for us to care for your child in the case of an emergency.)

Insurance Company: _____

Medications: _____

Medical Problems/Allergies*: _____

*The Club serves a healthy snack to the students every day, if there are any food allergies the Club should know about, please list them.

Disabilities: _____

Behavior:

ADHD: Mild Moderate Severe Autistic: Mild Moderate Severe
ADD: Mild Moderate Severe EBD: Mild Moderate Severe

Any additional notes regarding mental/physical health and/or behavioral symptoms to help Club staff provide members with the best possible Club experience: _____

Are there any family members who have served or are serving in the military?

Air Force Army Coast Guard Marines National Guard Navy

Relationship to member: _____

EMERGENCY CONTACTS Other than listed parent(s)/guardian(s). The following are authorized to pick up your member.

Name: _____ Relation to Member: _____

Best Contact Number: (____) _____ - _____ Home Mobile Work (please circle one)

Name: _____ Relation to Member: _____

Best Contact Number: (____) _____ - _____ Home Mobile Work (please circle one)

Membership Form 2016

PRIMARY PARENT/GUARDIAN INFORMATION (Please Print)

Name: _____ Primary Family Size: _____
(First) (Last) (# of people in the home most of the time)

Gender: Male Female Relationship to Member: _____

Physical Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Home Phone Number: (_____) _____ - _____

Mobile Phone Number: (_____) _____ - _____

Work Phone Number: (_____) _____ - _____ Employer: _____

E-Mail*: _____

*E-Mail will be used for communicating with you about club events, holiday hours, on closures, quarterly programs, and other Club news.

Assistance Programs: (Check all that apply)

- TANF SNAP General Assistance SSDI SSI
 Veterans Compensation Day Care Voucher School Lunch Program Medicaid

Primary Family Income:

- <\$15,500 \$19,501-23,500 \$35,301-47,000 \$70,651-94,200
 \$15,501-19,500 \$23,501-35,300 \$47,001-70,650 \$94,201+

SECONDARY PARENT/GUARDIAN INFORMATION

If it is a single parent home; please write "same as above"

Name: _____
(First) (Last)

Gender: Male Female Relationship to Member: _____

Physical Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Home Phone Number: (_____) _____ - _____

Mobile Phone Number: (_____) _____ - _____

Work Phone Number: (_____) _____ - _____ Employer: _____

E-Mail*: _____