



# Boys & Girls Clubs of Dumplin Valley Membership Application

**DISCLAIMER:** Information provided here is kept private and confidential.

For Office Use Only			
Date: _____	Staff: _____	Site: _____	Annual Membership Status: New Member <input type="checkbox"/> Renew <input type="checkbox"/>
Registration for:	1 <sup>st</sup> Semester <input type="checkbox"/>	2 <sup>nd</sup> Semester <input type="checkbox"/>	3 <sup>rd</sup> Semester <input type="checkbox"/>
Updated Date: _____	Updated Date: _____	Updated Date: _____	
Membership type:	Regular <input type="checkbox"/>	Scholarship <input type="checkbox"/>	

## Member Information

Have you been a Boys & Girls Club member before? \_\_\_\_\_ Where? \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First Middle*

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apt./Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Member's Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Gender: \_\_\_\_\_

Race: (Check one only): White  Black  Hispanic  Asian  American Indian   
Native Hawaiian & Pacific Islander  Multiracial  Other

Ethnicity: (Check one): Hispanic  non-Hispanic

## School Information

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Teachers Email: \_\_\_\_\_



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## Family Contact Information

Head of Household \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred language spoken at Home: \_\_\_\_\_

Additional Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

With whom does the member live? Mom  Step-Mom  Dad  Step-Dad  Grandparent  Foster Parent  Other

Foster care case worker full name \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child/children receive: (please check one) Free lunch at school  Reduced Price Lunch  Full Price

Do you receive Families First or TANF? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Recertification date? \_\_\_\_\_ TANF# \_\_\_\_\_

## PERSON AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY: (Not Listed Above)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child may be released to this person: YES  NO



**Medical Information**

Primary Care Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have medical insurance?  Yes  No

If yes, please list insurance company: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any allergies, health conditions or medication we should be aware of? Yes  No

If yes please specify: \_\_\_\_\_

List Medications taking: \_\_\_\_\_

If your child has any known physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please attach a physician's statement which identifies the condition and gives the Physician's special instructions for your child's care.

**Child Abuse Regulations:**

The Boys & Girls Club of Dumplin Valley is required by law to report to the Department of Children's Services any suspected child abuse of our members. All suspected child abuse will be reported immediately.

**Transportation Plan:**

Every enrolled child must have a Transportation Plan on file. Please list those people to whom your child may be released

**Transportation Authorization:**

**Please Check:**

\_\_\_\_\_ My child may be released only to me unless prior arrangements have been made with the Facility or Program Director.  
\_\_\_\_\_ My child may be released to the following:

- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell/Work/Home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell/Work/Home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell/Work/Home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

My child **cannot** be released to the following people:

Name: \_\_\_\_\_

Legal documentation must be provided if the person listed above is a parent.



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## Acknowledgements:

\_\_\_\_\_ I certify that I give my child permission to join the Boys & Girls Club of Dumplin Valley and appear in pictures, videos, images and likenesses of Boys & Girls Club activities to be used for publicity purposes.

\_\_\_\_\_ I understand that the Boys & Girls Clubs of Dumplin Valley has an open door policy and that once a fee is paid or a contract signed they may attend as little or as much as they wish during the designated timeframe. Once they are signed in, children are not permitted to leave Boys & Girls Club property without written permission of legal parent or guardian, Parents must come into the building to sign members out of activities unless the Club is provided with written documentation giving permission for their child to sign themselves out.

\_\_\_\_\_ I further understand that the Club will fully supervise members in all activities but cannot physically restrain a child who is attempting to leave the property against the will of a Club staff member. The Club will not be responsible for a child choosing to disregard staff and leave the Boys & Girls Club premises without permission, however in this situation, parents and/or appropriate authorities will be notified immediately.

\_\_\_\_\_ I understand and agree that my child must be picked up by closing time or a late fee may be charged by Club staff. A fee of \$5.00 will be charged if the parent is more than 10 minutes late for pick up. An additional fee of \$5.00 will be added every 15 minutes for up to one hour. After one hour the Club will be forced to contact local Police for assistance. All late fees must be paid before members can return to the Club programs.

\_\_\_\_\_ A \$25 service fee will be charged for all returned checks. Delinquent payment of dues may result in suspension of Club membership until payment is current.

\_\_\_\_\_ As parent or guardian of the above child, I approve his/her joining the Boys & Girls Clubs of Dumplin Valley and agree not to hold the Boys & Girls Clubs of Dumplin Valley, its Board of Directors, Officers, Staff, or Volunteers responsible and/or liable, and hereby RELEASE them from liability or losses of any personal property and or any injuries or accidents suffered by my child at the Boys & Girls Club facilities or in connection with membership or participation in any Boys & Girls Club activities.

\_\_\_\_\_ In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Boys & Girls Club staff member in charge of the activity to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child/children as named above. The expenses for all actions will be borne by the parent or guardian.

I understand and agree to abide by all statements and procedures contained herein.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I have received, read and had an opportunity to discuss with a staff member a summary of membership requirements, a parent letter regarding child abuse and the Parent's Information Booklet and I have had a pre-placement visit.

Yes  No  Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**RELEASE OF INFORMATION**

The Boys & Girls Clubs of Dumplin Valley maintain all member files in a confidential manner. Pertinent information may be shared professionally with Boys & Girls Club staff, the Tennessee Department of Human Services, juvenile court system, and the child's school system. Files for all programs funded in whole or in part by the State of Tennessee or the federal government are available for monitoring and subject to audit by the governing agencies.

Thereby authorize the Boys & Girls Clubs of Dumplin Valley to **release to and receive from** the people and agencies listed above, including Cocke county Schools, Jefferson County Schools, any information or materials that may contribute to the education and wellbeing of my child. Please include any educational information pertaining to my child, report cards, homework assignments, attendance records, and behavior issues. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.

Thereby authorize the Boys & Girls Clubs of Dumplin Valley to **release to and receive from** the people and agencies listed above, including Jefferson County Schools, any information or materials contributing to qualifications for the Federal/State Child Nutrition Service, USDA. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.

**Student Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Jefferson County Schools complies with the provisions of the Family Education Rights and Privacy Act (FERPA) as to records security and confidentiality. This release is effective up to and including one (1) year from date of signature.



## **Families First**

There is an informative meeting concerning the qualifications for Families First every Thursday at 1pm at the DHS office (address listed below).

### **Applying for Services**

Tennesseans may apply for Families First benefits at their local Department of Human Services county office. Applications are available in English, Spanish, Arabic, and Somalia. Applicants may also apply online or check potential eligibility. [Click here \(Disabled\)](#) to apply online. After the online application has been submitted, the applicant will receive an appointment for an interview.

L.C. Weaver Building

1050 S. Hwy. 92

Dandridge, TN 37725-4736

Phone: (865) 397-9401

Fax: (865) 397-1373

Field management director 1- Patricia Hodge

Services: Food Stamp; Families First; Child Care Certificate; Medicaid; and TennCare.

### **Families First Highlights and Services**

Child only cases- This is a special category of exemptions. When a child lives with a relative who is not their parent, the adult may choose to be excluded from the case. When the parent(s) collect SSI, they are also excluded from the case.

Work, training, and personal responsibility-These are the guiding principles of the program. Adult family members must work or engage in training and educational activity for up to 30 hours a week. A personal responsibility plan is developed for each individual which details how they will work toward self-sufficiency. The plan also requires that children stay in school, get regular health checks, and are current on their immunizations.

Non-compliance with Personal Responsibility Plan-Participants must comply with the plan that they developed with DHS. Failure to comply without good cause could affect the participant's eligibility to access program services and cash benefits.

### **Personal Responsibility Plan**

When an individual qualifies for the Families First Program, one of the first things he/she will be asked to do is develop a Personal Responsibility Plan (PRP) with the help of their caseworker.

As part of the PRP, the participant must:

- Make sure their children receive immunization shots and health checks.
- Make sure their children attend school, including kindergarten, regularly.
- Cooperate with child support requirements.
- Agree to work or attend a work preparation activity, if not exempt.



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## Annual Fee Agreement Form

*(To be completed with enrollment or if there is a change in income. Make sure there is not a balance on the account of renewing members)*

### Step 1: Ask for number in household & income level

Number in Household: \_\_\_\_\_ Income Amount: \_\_\_\_\_

Type of Income Verification:     Tax return         4 paystubs

### Step 2: Determine if family is free, reduced or not eligible.

*Reduced*

Household Size	185%				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each add'l fam mem add	+	+	+	+	+
	\$8,399	\$700	\$350	\$324	\$162

*Free*

Household Size	130%				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
<b>Contiguous States, D.C., Guam and Territories</b>					
1	\$16,744	\$1,396	\$698	\$644	\$322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
Each add'l fam mem add	+	+	+	+	+
	\$5,902	\$492	\$246	\$227	\$114



What is the fee level? Circle below.

Free

Reduced

Not Eligible

**Step 3: Use the payment chart to determine the amount owed by the family each week. Circle or highlight the amount owed by the family for both School Year & Summer:**

*School Year Weekly Fee*

Income Level	1 <sup>st</sup> Child Fee	Additional Sibling Fee
Not Eligible	\$15	\$10
Reduced	\$12	\$8
Free	\$9	\$6

*Summer Weekly Fee*

Income Level	1 <sup>st</sup> Child Fee	Additional Sibling Fee
Not Eligible	\$45	\$30
Reduced	\$36	\$25
Free	\$27.50	\$15

**Step 4: Determine the weekly payment amount by completing this chart for both School Year & Summer:**

*School Year Weekly Fee*

Amount for 1 <sup>st</sup> Child	Amount for Siblings	Number of Siblings	Total Cost for Siblings	Total Weekly Cost

*Summer Weekly Fee*

Amount for 1 <sup>st</sup> Child	Amount for Siblings	Number of Siblings	Total Cost for Siblings	Total Weekly Cost

I agree to pay the total amount due that is due each week. I understand that I will be billed a full week (considered 2-5 days a week) at the amount above for either the school year or Summer. In the event that my children attend for a single day the week, I understand I will be billed either a day rate of \$10 per child or the weekly amount, whichever is less.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Club Staff Signature

\_\_\_\_\_  
Date

*Club Staff: Provide a copy to the caregiver and retain a copy in Club member file. Keep for auditing.*