



**BOYS & GIRLS CLUB
OF DALEVILLE**

After School Program

With the goal of instilling every club member with a sense of self-worth, the Boys & Girls Club offers a range of programs and services that help members reach their full potential and become productive, responsible, and caring citizens. Through these fun and engaging programs, the Boys & Girls Club of Daleville offers something for every young person.

Annual Membership Fee of \$25 per member

(Membership dues must be paid at the time of registration and every October thereafter)

Program Fees

\$50~1 Child

\$75~2 Children

\$100~3 Children

Payment Terms and Policies

Membership and 1st monthly program fee are due at registration.

All fees are due on the 1st of the month and are considered late after the 5th.

Late fees begin on the 6th of the month and are \$5 per day.

We accept Cash, Checks, Debit, or Credit

Fees are not prorated; the entire fee is due monthly regardless of the number of days attended.

I have read and agree with the above policies and terms.

Parent/Guardian Signature _____

Date _____



Boys & Girls Club of Daleville
MEMBERSHIP FORM

Unit: _____

YEAR ____ YEAR ____

MEMBERSHIP # _____

CARD ISSUED DATE _____

First Name:

Middle Name:

Last Name:

Nickname:

Date of Birth:

SSN:

Gender: Male ____ Female ____

Age:

Grade:

Parent/Guardian E-mail:

Ethnicity: American Indian or Alaska Native ____ Asian ____ Black/African American ____

Hispanic/Latino ____ Native Hawaiian/Other Pacific Islander ____ White/Caucasian ____

Other ____

Current street address:

City:

State:

ZIP Code:

Cell Phone:

Home Phone:

Emergency Phone:

Previous address:

City:

State:

ZIP Code:

SCHOOL INFORMATION

Name of School:

School Address:

City:

State:

ZIP Code:

Free Lunch ____ Reduced Lunch ____ Neither Free or Reduced Lunch ____

FAMILY HISTORY

Mother's Name:

Mother's Employer:

Mother's Work Phone Number:

Father's Name:

Father's Employer:

Father's Work Phone Number:

Name of Guardian (if different from mother or father):

Guardian's Employer:

Guardian's Work Phone Number:

Relationship to Guardian:

Number of Brothers/Step Brothers Living With You:

Number of Sisters/Step Sisters Living With You:

Names of Siblings Attending This Club:

MEDICAL INFORMATION

Doctor's Name:

Doctor's Phone:

Health/Accident Insurance Provider:

Policy Number:

Group Number:

Permission for Doctor/Hospital Emergency Trip: Yes ____ No ____

Please Indicate Any Medical Problems And/OR Allergies:

Physical or Mental Limitations:

Please Indicate Any Medication Currently Taking:



Boys & Girls Club of Daleville
MEMBERSHIP FORM

Unit: _____

YEAR ____ YEAR ____

GENERAL INFORMATION ON FILE

Copy of Valid ID for 17/18 Year Olds To Verify Age: Yes ____ No ____

Previous Member of a Boys & Girls Club: Yes ____ No ____

Previous Club Name: _____

Do You Live at a Public Housing Property? Yes ____ No ____

AFFILIATIONS

Church: _____ Pastor: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Boy Scouts/Girl Scouts Troop: Yes ____ No ____ Leader: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

4H Club Member: Yes ____ No ____ Other: _____

CONFIDENTIAL INFORMATION

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Number of Family Members in Household: _____ Annual Household Income: _____

Circle all that apply:

- SSDI
- SSI
- TANF
- Food Stamps
- General Assistance
- Teen Parent
- VA Compensation
- General Assistance

FAMILY SETTING

Child Lives With: Mother Only ____ Father Only ____ Foster Care ____
One Parent/One Step Parent ____ Two Parent Family ____ Grandparents ____
Other ____ Please explain: _____

Is Parent Active Military? YES ____ NO ____ Branch _____

SIGNATURES

I promise to take care of my club and property. If at any time I am asked to return my card, I understand no dues will be returned to me.

Member's Signature: _____

I hereby give my permission for my child to become a member of the Boys & Girls Clubs of Lake Eufaula. I have signed the attached Parent Agreement.

Parent/Guardian's Signature: _____

Application Date ____/____/____ Expiration/Renewal Date _____/____/____

Membership Fee: \$ _____ Program Fee: \$ _____ Receipt # _____

Staff: _____ Year _____

Staff: _____ Year _____

BGC/DHR Project Affirmation and Certification for TANF Eligibility
(This form applies only to services funded by DHR)

Name of Parent/Caretaker Relative _____ SSN _____
 Spouse's Name (if in home) _____ SSN _____
 Address _____ Phone # _____
 City _____ State _____ Zip Code _____ County _____

- A. Are you the parent or caretaker relative of a child living with you who is age 5 to 18? Yes No
- B. Are you and the child(ren) residents of Alabama? Yes No

If the answer to A or B above is no, you are not TANF eligible. If the answer to A and B is yes, go to the next section.

List the name, relationship to you and date of birth for participating children.

Name of Child	Relationship	Date of Birth	Name of Child	Relationship	Date of Birth

For the child(ren) listed above, indicate whether you receive benefits from any of the following programs:

Family Assistance (FA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Food Assistance (Food Stamps)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medicaid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	School Reduced/Free Lunch	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

If the answer is yes to participating in any of the above programs, skip to the Affirmation and Agreement Section.

If the answer to all of the programs above is "no" and you are a parent, use the section below to report your family's size. To determine correct family size, include yourself, your spouse in the home, your children and other related children in your care under age 18 living in your home. Circle the correct family size on the chart below.

Size of Family Unit	Size of Family Unit	Size of Family Unit	Size of Family Unit
1	4	7	10
2	5	8	11
3	6	9	12

If you are a parent, enter your name and that of your spouse (if in the home), amount of monthly gross income and source.
 Examples of income: Wages, Social Security, SSI, unemployment compensation, etc.

Name	Monthly Gross Income	Source or Type of Income
1.		
2.		
Total Family Monthly Gross Income Listed Above	\$	

Affirmation and Agreement: I certify under penalty of perjury the information given above, including family size and monthly gross income, is correct and true to the best of my knowledge. I further certify that the child(ren) listed above is a U. S. citizen or alien in satisfactory immigration status. I understand that our social security number(s) may be used in computer matching to verify identity and income. I give the BGC/DHR permission to verify information I provided on this form.

Applicant/Parent/Caretaker Relative Signature _____ Date _____

Return completed form to the Boys and Girls Club serving your area.

BGC Use Only: TANF Eligible? Yes No

Date _____ Eligibility Determined by _____

Boys & Girls Club _____

Member Quick info Sheet

Please ensure that the contact numbers are correct.

List who has permission to pick up your child.

Child Name _____

Allergies _____

Parent Name	Parent Phone

Additional person allowed to pick up	Phone Number

If your number changes, please let us know what your new number is.



**BOYS & GIRLS CLUB
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PHOTO RELEASE FORM

NAME OF GUARDIAN:

NAME OF CHILD:

- I give permission for my child to be photographed for use on social media and newspaper articles.

- I do not give permission for my child to be photographed.

Signature of parent/guardian



Date: _____

My child, _____, has my permission to ride the bus from Daleville City Schools to the Boys & Girls Club of Daleville, 500 Donnell Blvd., for the after school program.

I understand that I will be responsible for picking my child up from the Boys & Girls Club by 6 pm each evening.

Parent/Guardian Printed Name **Parent/Guardian Signature**

Emergency Contact Name **Emergency Contact Phone**