



**WELLS COMMUNITY  
BOYS & GIRLS CLUB**

1410 S. Wayne Street  
Bluffton, IN 46714  
Phone & Fax: (260) 824-5070  
E-mail: [sue.wellsbgca@gmail.com](mailto:sue.wellsbgca@gmail.com)

<b><i>MEMBERSHIP INFORMATION FORMS</i></b>
--

Please complete all sections on forms and return. The information requested is used for governmental reporting purposes only. If not applicable, please write N/A in appropriate space(s).

If there are any questions or concerns, please contact myself or our Executive Director, Vicki Bell.

Thank you,

*Sue Campbell*

Operations Manager



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1410 S. Wayne Street  
Bluffton, IN 46714  
Phone & Fax: (260) 824-5070  
E-mail: [wellsboysgirls@gmail.com](mailto:wellsboysgirls@gmail.com)

**Annual Membership Fees**

Our membership fee is \$20 per child for 12 months. If you have multiple children/youth attending the Club, you may space out the payment (see below).

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child(ren's) name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐

I will pay pay one child's fee now and the other(s) on the following dates:

Child: \_\_\_\_\_ Date to pay: \_\_\_\_\_  
Child: \_\_\_\_\_ Date to pay: \_\_\_\_\_  
Child: \_\_\_\_\_ Date to pay: \_\_\_\_\_  
Child: \_\_\_\_\_ Date to pay: \_\_\_\_\_

\_\_\_\_\_  
*Parent / Guardian Signature*

**BOARD OF DIRECTORS**

President: Dan Lipp  
Vice President: Nick Huffman  
Secretary: Pam Gregory

Ken Ballinger Cyndee Fiechter Steve Studebaker  
Dan Pfister Doug Lehman



**BE GREAT**





## MEMBERSHIP INFORMATION FORM

*Wells Community Boys & Girls Club  
1410 S. Wayne St. Bluffton, IN 46714  
Phone & Fax: 260-824-5070*

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I have read the completed application, understand the rules of the Wells Community BGC, and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Wells Community BGC will not be responsible for any accident to the boy/girl while on the Wells Community BGC premises or while engaged in any of its activities away from the Wells Community BGC. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Wells Community BGC may care to use them.

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*Parent or Guardian Signature*

---

*Date*

---

### CARE Program

I give my consent for my child(ren) to participate in our C.A.R.E. (Children's Awareness, Response, & Empowerment) Program. This program educates your child in anti-abuse, anti-bullying, and anger management techniques. Parents are encouraged to participate in our adult C.A.R.E. activities and parent discussions throughout the year. Watch for flyers announcing the topics! Please see Vicki if you have any questions.

---

*Parent or Guardian Signature*

---

*Date*



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## **Attention: Parents/Caregivers:**

Out of consideration for our staff and their personal time, please be sure that your child(ren) are picked up from the club by closing time.

The following additional fees will be charged if your child is not picked up by closing time:

5 minutes after closing time: **\$ 5/child.**  
6 to 15 minutes: **\$10/child**  
16 minutes and over: **\$15/child.**

The fees you incur will be due within 24 hours. We encourage prompt payment so that your child(ren) may continue to attend the Club and experience a safe place to learn and grow, and to take part in fun programs.

If you have any questions or concerns please do not hesitate to contact Vicki, our Executive Director, or Sue, our Operations Supervisor.

Thank you for entrusting the care of your child(ren) with us.



*...a fun place to  
play and learn!*

### **BOARD OF DIRECTORS:**

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Doug Lehman Dan Pfister

# Building for the Future with CACFP

This organization receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

Meals served here must meet USDA's nutrition standards.

**Good nutrition today means a stronger tomorrow!**



Meals--CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the FIVE)
Fluid Milk Fruit or Vegetable Grains or Bread Meat/Meat Alternate	Fluid Milk Meat or meat alternate Grains or bread Vegetable Fruit	Milk Meat or meat alternate Grains or bread Fruit Vegetable

**Participating Facilities**--Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- Child Care Centers: Licensed or approved public or private nonprofit child care Centers, Head Start programs, and some for-profit centers.
- Family Child Care Homes: Licensed or approved private homes.
- After School Care Programs: Centers in low-income areas provide free snacks to School-age children and youth.
- Emergency Shelters: Programs providing meals to homeless children.

**Eligibility**--State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in after school care programs in needy areas.

**Contact Information**--If you have questions about CACFP, please contact one of the following:

## Sponsoring Organization

Huntington County Boys & Girls Club  
608 E. State Street,  
Huntington, IN 46750  
(260) 359-1750

## Indiana Department of Education

CACFP Staff  
School & Community Nutrition  
115 West Washington Street  
South Tower, Suite 600  
Indianapolis IN 46204  
800-537-1142 or 317-232-0850



## MEMBERSHIP INFORMATION FORM

Wells Community Boys & Girls Club  
1410 S. Wayne St. Bluffton, IN 46714  
Phone & Fax: 260-824-5070

Please complete all sections. This information is used for government reporting purposes only.  
If not applicable, please write N/A

### Member Information (Please Print)

First Name:

Middle Name:

Last Name:

Nickname (if applicable)

Gender:

☐

Male

☐

Female

Birth Date:

 /  / 

Address if different than Head of Household:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Ethnicity:

☐ Hispanic / Latino

☐

Non-Hispanic / Latino

Race:

☐

African American

☐

Asian American

☐

Caucasian

☐

Hispanic

☐

Multi- Racial

☐

Native American

School:

Grade:

Membership Type:

☐

Full time\*

☐

Part time\*\*

Check all that apply:

TANF  
Food Stamps  
General Assistance  
SSDI  
SSI  
Veterans Compensation  
Medicaid

\* Full time: denotes year around attendance  
\*\* Part time: Summer attendance only



## MEMBERSHIP INFORMATION FORM

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1410 S. Wayne St. Bluffton, IN 46714  
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Please complete all sections. This information is used for government reporting purposes only.  
If not applicable, please write N/A

### Head of Household (Please Print)

First Name:

Last Name:

Gender:

☐

Male

☐

Female

Address:

  
(Line 1)  
(Line 2)  
(City)

(State)

(Zip Code)

E-mail address:

Phone:

  
( )  
( )

Phone Type:

☐

Cell

☐

Work

☐☐

Cell

☐

Work

☐

E-mail:

☐

Home

☐

Work

Employer:

Job Title:

Occupation:

Military Branch: (If applicable)

Status:

Start Date

  
/ /

End Date:

  
/ /

Family Setting:

☐ 1 parent

☐ 2 parent

☐ Foster parent(s)

☐ Grandparent(s)

☐ Relative

☐ Other

Family Size:

Family Income:

☐ \$9,000 or below

☐ \$9,001 to \$12,000

☐ \$12,001 to \$15,000

☐ \$15,001 to \$19,000

☐ \$19,001 to \$23,000

☐ \$23,001 to \$28,000

☐ \$28,001 to \$32,700

☐ \$32,701 to \$37,500

☐ \$37,501 to \$42,000

☐ \$42,000 and above



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Please complete all sections. This information is used for government reporting purposes only.  
If not applicable, please write N/A

### Spouse/ Partner/ Guardian (Please Print)

First Name:

Last Name:

Gender:

☐

Male

☐

Female

Address:

E-mail address:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Phone:

Phone Type:

( )

☐

Cell

☐

Work

☐

\_\_\_\_\_

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Cell

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Work

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( )

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Cell

☐

Work

☐

\_\_\_\_\_

Employer:

Job Title:

Occupation:

Military Branch: (If applicable)

Status:

Start Date

End Date:





## MEMBERSHIP INFORMATION FORM

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Please complete all sections. This information is used for government reporting purposes only.  
If not applicable, please write N/A

### Member Medical Information (Please print)

Insurance Company:

Insurance Policy Number:

Medications:

Medical Problems/Allergies:

Physician:

Physician Phone:

Disabilities:

Hospital:

Hospital Phone:

### Pick Up Information (Please print) People authorized to pick up member :

(1) First Name:

Last Name:

Phone

Emergency Contact

☐

Check box  
If yes

(4) First Name:

Last Name:

Phone

Emergency Contact

☐

Check box  
If yes

(2) First Name:

Last Name:

Phone

Emergency Contact

☐

Check box  
If yes

(5) First Name:

Last Name:

Phone

Emergency Contact

☐

Check box  
If yes

(3) First Name:

Last Name:

Phone

Emergency Contact

☐

Check box  
If yes

(6) First Name:

Last Name:

Phone

Emergency Contact

☐

Check box  
If yes



## **PRESCRIPTION MEDICATION POLICY**

Wells Community Boys & Girls Club urges parents to schedule any necessary medication that needs to be taken, outside of Club attendance. If medication must be administered during club hours, it must be done so in accordance with the following policy.

The purpose of this policy is to provide control over the administration and use of medications by members of the WCBGC, to assure that such drugs are prescribed by and administered according to the instructions of a physician; and to promote and facilitate good health and medical treatment of members of WCBGC.

If the administration of any drug prescribed by a physician requires specific training, such as an injection, WCBGC reserves the right to refuse the responsibility of administering said medication.

### **Authorization Requirements**

1. For a member whose medication must be administered at the club, a health plan for each medication must be in place before the administration of the medication.
2. In addition to the health form, the parents and/or guardians of the member must meet with the director prior to the authorization of medication usage to outline dosage, frequency and items relating to the use of the medication.
3. New forms must be submitted at the beginning of each school year and a new form must be completed for each new prescription medication.
4. The medication and signed forms must be returned to the club location before commencement in the program. The Parent or Guardian must personally deliver the medication.
5. The first dose of medication(s) should always be administered at home to ensure there are no allergic reactions to the medication(s).

### **Prescription Identification**

Prescribed medication shall be received in the container in which it was dispensed by the licensed prescriber/ licensed pharmacist and labeled with:

1. Member's name
2. Name of medication and strength
3. Dose of medication
4. Time or interval of administration
5. Expiration of medication
6. Route of Administration

### **Medication Exclusions**

The below listed medications will not be administered at the club location:

1. Over the counter medications
2. Herbal supplements
3. Homeopathic Remedies
4. Shot administered medication
5. Controlled substances



### **Refusal of Medication**

If any of the policies outlined in the here stated policy are not met, Wells Community Boys & Girls Club will refuse to administration any medication's until all documentation is correctly received.

### **Record Keeping and Medication Storage**

A locked storage area shall be designated for the storage of medication. Medication requiring refrigeration shall be kept in a refrigerator in an area not commonly used by members.

Each dosage of medication will be logged and stored at the club location. This does not include medication used on an "as needed" basis, if the medication is carried and administered by the member, documentation will be unable to occur.

### **Membership Discontinuation**

If a member ceases to participate in the program, medication must be picked up within three (3) months of the last visit or staff will discard the medication.

### **Communication**

The Director, Operations Supervisor or designated appointee shall be the liaison between the physician, parent or guardian and member concerning the medication. Communication with the physician will be limited to consultations in emergencies only.

### **Liability**

No person who has been authorized by the parent and/or guardian to administer medication shall be held liable in civil damages for administering or failing to administer the drug, unless such person acts in a manner that constitutes gross negligence or reckless misconduct.

### **Self-Administered Medications**

- A. A member may self-administer medication at the club or during activities if so ordered by his/her medical provider. When self-administering medication, the member must do so in the presence of an adult and documentation of the administration must take place.
- B. For "as needed" medications such as those taken by members with asthma or allergies, the physician may also order that the member carry the medication on his or her person for his/her own discretionary use according to the medical instructions. In this case, no daily documentation will be possible in this case.
- C. Self-administration privileges may be revoked if a member demonstrates a lack of responsibility towards him/herself or others.
- D. Parent's signature on the self-administration form acknowledges that "Wells Community Boys & Girls Club" is to incur no liability, except for willful misconduct, as a result of any injury arising from the self-administration of medication by the member and that the parents/guardians indemnity and hold harmless Wells Community Boys & Girls Club and its employees and agents.



## PRESCRIPTION MEDICATION DISTRIBUTION FORM

### Member Information

Member's Name \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Check this box if **NOT**

applicable →

☐

and fill in member's name and  
the parent / guardian name

### Prescriber Authorization

Name of Medication \_\_\_\_\_

Reason for taking \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency and Times to be given \_\_\_\_\_

Begin Medication (date) \_\_\_\_\_

Stop Medication (date) \_\_\_\_\_

### Special Instructions:

Does medication require refrigeration? Yes \_\_\_\_ No \_\_\_\_

Is self-medication permitted and recommended for this member: Yes \_\_\_\_ No \_\_\_\_

If yes, do you recommend the medication be kept "on person" by the member: Yes \_\_\_\_ No \_\_\_\_

Potential Side Effects/ Contradictions/ Adverse reactions: \_\_\_\_\_

Treatment order in the event of an adverse reaction: \_\_\_\_\_

I hereby affirm that this member has been instructed in the proper self-administration of the prescribed medication (s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

### Parent Authorization

I hereby authorize Wells Community Boys & Girls Club to administer and assist my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage or frequency of the medication is changed.

Medication must be in the original, unopened, sealed container and be properly labeled with the member's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

### Self-Administration Authorization

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the Boys and Girls Clubs of South Puget Sound against any claims that may arise relating to my child's self-administration of the prescribed medications.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_



**WELLS COMMUNITY  
BOYS & GIRLS CLUB**

**2020 / 2021 Parental Release Form for**

*Member Name*

I, the parent/guardian of the minor child listed above, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Wells Community Boys & Girls Club, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

**Medical Treatment**

I give permission to the Wells Community Boys & Girls Club to seek emergency medical treatment (EMS), to include transfer to Bluffton Regional, for my minor child if I cannot be reached in a timely manner. I will be responsible for any/all costs of medical attention and treatment.

**School Information**

I give my permission to the Wells Community Boys & Girls Club and BHMSD, NWCS or SWCS School District to exchange information regarding the minor child listed above. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school. This release is **valid for one year** and may be revoked at any time by contacting the listed School District or the Boys & Girls Club in writing.

**Data Sharing**

I understand that the Wells Community Boys & Girls Club may share information about the minor child listed above with Boys & Girls Clubs of America (BGCA) or for grant writing purposes and/or to evaluate the program's effectiveness. Information that will be disclosed may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected, including data collected via surveys or questionnaires. All information provided will be kept confidential.

**Miscellaneous**

I understand that the Wells Community Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club.

I give permission for my child's picture, video, or any other graphic depiction or likeness, to be used by the Wells Community Boys & Girls Club for promotional and activity purposes.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Priority Emergency Contact

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Contact Number



## **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.

Wells Community Boys & Girls 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.

.....

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)



New \_\_\_\_\_

Renew \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
INDIANA ALLIANCE



**Indiana Kids**  
**Intake Assessment Form 2020 - 2021**

Club/Unit Name: \_\_\_\_\_

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix (Ex: Jr.) \_\_\_\_\_

Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

Gender (Please check one): \_\_\_\_\_ Male \_\_\_\_\_ Female  
Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Are you interested in receiving email messages/alerts/updates? \_\_\_\_\_ Yes \_\_\_\_\_ No

Race \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaskan  
\_\_\_\_\_ Caucasian \_\_\_\_\_ Native Hawaiian/Pacific Island  
\_\_\_\_\_ Multi-Racial \_\_\_\_\_ Other, please specify: \_\_\_\_\_

Ethnicity (Please check one): \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino

Member lives with \_\_\_\_\_ Two Parents (2 biological parents, parent and step-parent or domestic partners)  
(please check one): \_\_\_\_\_ Mother Only \_\_\_\_\_ Aunt/Uncle \_\_\_\_\_ Guardian  
(do not include \_\_\_\_\_ Father Only \_\_\_\_\_ Grandparents  
Siblings) \_\_\_\_\_ Other, please specify: \_\_\_\_\_

**Education Information:**

Child's Grade on October 1, 2020 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: \_\_\_\_\_

Is your child enrolled in 21<sup>st</sup> Century Scholars? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does your child struggle or have problems in Reading/English? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does your child struggle or have problems in Math? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Did your child take ISTEP last year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, did your child pass ISTEP? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is your child enrolled in Special Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child been diagnosed with any of the following:

\_\_\_\_\_ Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)

\_\_\_\_\_ Learning Disability \_\_\_\_\_ Other Disabilities, please specify: \_\_\_\_\_

Do you have any current concerns regarding your child (behavior, education, social, etc)? Explain: \_\_\_\_\_

**Eligibility Determination:**

Child's Name (first and last): \_\_\_\_\_

Do you or your child participate in any of the following? Please check all that apply.

	<u># of Family Members</u>	<u>Annual Income</u>
_____ TANF (Temporary Aid for Needy Families)	1	\$31,225
_____ Food Stamps	2	\$42,275
_____ Medicaid/Hoosier Healthwise	3	\$53,325
_____ Free Lunch Program	4	\$64,375
_____ Reduced Lunch Program	5	\$75,425
_____ Reside in Public Housing (HUD or Section 8)	6	\$86,475
_____ Provisional School/Community Eligibility	7	\$97,525
_____ Income Eligibility – less than 250% - see chart	8	\$108,575
_____ None of the Above		

I authorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs can share my child's information with ServeIndiana, Indiana Department of Workforce Development and Indiana Family Social Services Administration. **By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.**

1. **Records Disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
2. **Disclosure Parties:** Boys & Girls Club
3. **Boys & Girls Club Re-disclosure Parties:**
  - a. Indiana Department of Education
  - b. IDOE contracted statewide evaluator
  - c. United States Department of Education
  - d. Indiana Youth Institute
  - e. IYI Contracted statewide evaluator
  - f. Corporation for National and Community Service
4. **Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21<sup>st</sup> CCLC and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, State Alliance Director, Indiana Alliance of Boys & Girls Clubs, 973 N Shadeland Avenue, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: [ltaylor@indianabgc.org](mailto:ltaylor@indianabgc.org). I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

**I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.**

Student Name: (Please Print) \_\_\_\_\_

Parent/Guardian Name: (Please Print) \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Staff Printed Name \_\_\_\_\_ Date \_\_\_\_\_





## BOYS & GIRLS CLUBS IN INDIANA

### 21<sup>st</sup> Century Community Learning Center Intake Form – 2020-2021

Youth's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix (Ex: Jr.) \_\_\_\_\_

Youth's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Student ID Number (get from school) \_\_\_\_\_ Parent Cell Phone Number \_\_\_\_\_

Youth's Date of Birth \_\_\_\_\_ Gender: ☐ Male ☐ Female Is child in foster care ☐ Yes ☐ No

Are you interested in receiving programmatic text messages/alerts? ☐ Yes ☐ No

Are you interested in receiving programmatic email messages/alerts? ☐ Yes ☐ No

Race ☐ African American/Black ☐ Asian ☐ American Indian/Alaskan Native ☐ Caucasian/White  
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Island ☐ Middle Eastern  
☐ Multi-Racial ☐ Other: please specify \_\_\_\_\_

Primary Language: ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic or Latino

#### Education Information:

What Grade is your Youth/youth in (please circle): PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Youth Attends: \_\_\_\_\_

Name of Youth's Teacher: \_\_\_\_\_

Does your Youth struggle or have problems in Reading/English? ☐ Yes ☐ No

Does your Youth struggle or have problems in Math? ☐ Yes ☐ No

Is your Youth enrolled in Special Education? ☐ Yes ☐ No

Does your Youth have an IEP (Individualized Education Plan)? ☐ Yes ☐ No

Is your Youth in gifted/talented classes? ☐ Yes ☐ No

Does your Youth receive free/reduced lunch: ☐ Yes ☐ No

Is homework the first priority for your Youth when at the Club? ☐ Yes ☐ No

Is your Youth allowed to get on the computers at the Club? ☐ Yes ☐ No

Does your Youth have any food allergies? ☐ Yes ☐ No

We serve healthy snacks at the Club, if allergies we will need a doctor's note to let us know the alternative food items they can have.  
How will your Youth return home? ☐ walk home ☐ be picked up ☐ other: \_\_\_\_\_

#### For the 21<sup>st</sup> CCLC program, we must have your permission for the school to share your Youth's information.

The Indiana Department of Education ("IDOE") would like to collect data on activities and events taking place in classrooms, schools, and school related programs throughout the state. The Family Educational Rights and Privacy Act ("FERPA") requires the IDOE and 21st Century Community Learning Center ("21st CCLC") to obtain prior written consent from the parent, guardian, or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

Boys & Girls Clubs in Indiana (Boys & Girls Clubs of La Porte County, Boys & Girls Clubs of Greater Northwest Indiana (Lake Station and Portage), Wells Community Boys & Girls Clubs, Lide White Memorial Boys & Girls Club, and Boys & Girls Club of Tipton) is dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments, and students pursue post-secondary education.

I understand that this authorization is made pursuant to the Family Educational Rights and Privacy Act ("FERPA"), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student's consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

**By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.**

1. **Records Disclosure:** School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance, Survey Data, Free and Reduced Lunch Status, Attendance Data Student Grades, Assessment Data, Demographic Data, High School credits earned, graduation and advancement data.
2. **Disclosure Parties:** 21st CCLC
3. **21st CCLC Re-disclosure Parties:**
  - a. Indiana Department of Education
  - b. IDOE contracted statewide evaluator
  - c. United States Department of Education
4. **Purpose of Each Disclosure:** Collect data to calculate the impact 21st CCLC has on student performance.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization, to receive services from the 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the 21st CCLC, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21st CCLC has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, Executive Director, Boys & Girls Clubs in Indiana, 973 N Shadeland Ave, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: ltaylor@indianabgc.org

I understand the 21st CCLC program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

**I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.**

Student Name: (Please Print) \_\_\_\_\_

Parent/Guardian Name: (Please Print) \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

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

Staff Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Revised 8/18/2020 LMT

Received by Indiana Alliance:

\_\_\_\_\_ Date Received

\_\_\_\_\_ Date Entered into Cayen