



**WELLS COMMUNITY
BOYS & GIRLS CLUB**

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

MEMBERSHIP INFORMATION FORMS

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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MEMBERSHIP INFORMATION FORM

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1410 S WAYNE ST BLUFFTON, IN 46714

PHONE & FAX: 260-824-5070

EMERGENCY CONTACT INFORMATION

1. NAME: _____ PHONE NUMBER: _____

RELATIONSHIP TO MEMBER: _____

2. NAME: _____ PHONE NUMBER: _____

RELATIONSHIP TO MEMBER: _____

3. NAME: _____ PHONE NUMBER: _____

RELATIONSHIP TO MEMBER: _____

CARE PROGRAM

I give consent for my child(ren) to participate in 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.

Parents/Guardian Signature

Date

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 accidents to the boy/girl while on the Wells Community BGC premises or while engaged in any of its activities away from the Well Community BGC.

Parent/Guardian Signature

Date



PRESCRIPTION MEDICATION DISTRIBUTION FORM

Member Information

Member's Name _____ Check this box if **NOT** applicable

Parent/Guardian Name: _____ **Fill in member's name and the parent / guardian name**

Contact Number: _____

Insurance Company: _____

Policy#: _____ Physician 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 _____

New _____
Renew _____



BOYS & GIRLS CLUBS
INDIANA ALLIANCE



Member / Intake Assessment Form 2022 - 2023

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 _____

Date of Birth _____ Current Age _____ Gender (Please check one): Male Female Other

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 July 1, 2022 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: _____

Is your child enrolled in 21st 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
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: _____

If you are sending someone who is not authorized to pick up your child, please provide authorized password only You know, giving that person permission to pick up your child

PASSWORD: _____

Eligibility Determination:

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)		
_____ Food Stamps	1	\$32,200
_____ Medicaid/Hoosier Healthwise	2	\$43,550
_____ Free Lunch Program	3	\$54,900
_____ Reduced Lunch Program	4	\$66,250
_____ Reside in Public Housing (HUD or Section 8)	5	\$77,600
_____ Provisional School/Community Eligibility	6	\$88,950
_____ Income Eligibility – less than 250% - see chart	7	\$100,300
_____ None of the Above	8	\$111,650

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 Indiana Department of Education, Indiana Department of Child Services, 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. Education Records:** Report cards, IEPs, Assessment Scores such as NWEA, iREADY (or school specific tests), and attendance.
- 3. Disclosure Parties:** Boys & Girls Club, Local School District/Schools
- 4. 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 (IYI)
 - e. Praxis Evaluation
 - f. IYI Contracted statewide evaluator
 - g. AmeriCorps
- 5. Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21st CCLC, HB 1008 Learning Recovery Grant Program, and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.
- 6. Photos maybe take and used for the following:** social media, website, newsletters, videos and other marketing tools

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, Executive 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. 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.

Parent/Guardian Name: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Member: _____

Staff Signature

Staff Printed Name

Date