



## **Membership Policy**

When visiting The Boys & Girls Club of Alton one is guaranteed to find a safe, energetic, and fun filled atmosphere. Here all of our members interact with other members in activities that involve character and leadership building skills, along with team work. Our club is a facility where each member will continue to grow into a caring citizen.

**All APPLICANTS 6 & 7 YRS. OLD MUST SUBMIT PROOF OF AGE AT TIME OF FILLING OUT APPLICATION.**

**Age Requirements; 6-18yrs. old**

### **“NEW” Enrollment Process & Annual Membership Fee:**

Step 1- Complete membership forms and submit with **\$20.00** fee. Per child

Step 2- Plan on attending one of the many scheduled parent meetings. (see the list of meeting dates). Membership form **MUST** be completed and submitted 24hrs. prior to attending parent meeting.

Step 3- 24-hour processing time/wait (from the meeting date) until child may start in the program

***Additional fees may apply for sports leagues, special programs, field trips, swimming, and Summer Program.***

#### **Entering/Exiting the Club:**

All club members are expected to use the designated main entrance/exit door.

Upon arrival or when departing it is mandatory that all members and visitors check in/out at the membership desk.

#### **Pick Up Policy:**

For the safety and well-being of your child, we are asking that you the parent come in and sign your child out at the end of the day. Please refrain from calling in or blowing horns.

#### **Late Fee Policy:**

We ask that all parents adhere to the designated club hours and are prompt in picking up their children. Because this responsibility has been neglected by some, we have been forced to impose a late fee. The parent/guardian of any child remaining in the facility or on the property after closing hours will be assessed a late fee of \$1.00 per minute. Unfortunately, the child may not return until this fee has been taken care of. Please help us avoid this most uncomfortable situation, as it is an inconvenience to everyone when children are left behind after hours.

#### **Payment Options:**

Boys & Girls Club of Alton accepts Cash or Check only. Please note that a fee of \$25 dollars will be charged on any returned check.

#### **Refunds:**

Membership dues are not refundable under any circumstances.

**For more info call 618-462-6249 or visit us at [www.bgcalton.org](http://www.bgcalton.org)  
Like us on Facebook “Boys & Girls Club of Alton”**



**BOYS & GIRLS CLUB  
OF ALTON**

Date	_____
Fees	_____
Staff	_____
<b>Office Use Only</b>	

**Membership Application**

After-School Program:  Summer Program:

**Member Information**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** Male Female **Ethnicity:** Hispanic Non-Hispanic **Race:** A B P S W Other: \_\_\_\_\_  
(Check All That Apply)

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**Household Information**

**Name:** \_\_\_\_\_ / \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Head of Household) (Relationship)

**Employer:** \_\_\_\_\_ **Work:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ / \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Parent/Guardian) (Relationship)

**Employer:** \_\_\_\_\_ **Work:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Is there a female head of household?** Yes No  
(Circle One)

**Military Status:** Active Reserves Veteran

**Child Lives With:** (Check All That Apply)

**Please check the appropriate income level for your household:**

- \_\_\_ Mother    \_\_\_ Step-Mother    \_\_\_ Aunt
- \_\_\_ Father    \_\_\_ Step-Father    \_\_\_ Uncle
- \_\_\_ Sibling    \_\_\_ Grandparent    \_\_\_ Foster Care

- \_\_\_ \$0-\$5,000    \_\_\_ \$5,001-\$12,000
- \_\_\_ \$12,001-\$22,000    \_\_\_ \$22,001-\$32,000
- \_\_\_ \$32,001-\$40,000    \_\_\_ \$40,001-\$52,000
- \_\_\_ \$52,001-\$60,000    \_\_\_ \$60,001 +

**Total Number of People in Household:** \_\_\_\_\_

**Emergency Information**

**Contact #1:** \_\_\_\_\_ / \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Relationship)

**Contact #2:** \_\_\_\_\_ / \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Relationship)

**Preferred Hospital:** \_\_\_\_\_ **Insurance Co.:** \_\_\_\_\_

**Allergies/Medications:** \_\_\_\_\_ **Medicaid:** Yes No

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

\_\_\_\_\_  
Date

## Parent/Guardian Consent

\_\_\_\_\_ I hereby consent to the use of any photos, videos, audio recording, or quotes of my child for the positive promotion of the BOYS & GIRLS CLUB OF ALTON and or any of its affiliates. Including webpage, social media, newspaper, newsletters, etc.

\_\_\_\_\_ I hereby understand and agree that the Boys & Girls Club of Alton is not liable for the loss of property or injury of my child.

\_\_\_\_\_ I hereby consent to my child participating in the programs and activities of the Boys & Girls Club and being transported by BOYS & GIRLS CLUB OF ALTON employees or volunteers in a BOYS & GIRLS CLUB OF ALTON authorized vehicle to and from such activities if necessary. (Permission slips may be required for any child participating in field trips.)

\_\_\_\_\_ I consent to having BOYS & GIRLS CLUB OF ALTON survey and interview my child for the purpose of determining how well the BOYS & GIRLS CLUB OF ALTON is meeting my child's need and to identify areas of needed improvement. I understand that my child's responses may be compiled with the other children's responses for general public presentation of the findings, however my child's identity and individual results shall remain confidential and shall not be publicly linked to my child.

\_\_\_\_\_ In the event the BOYS & GIRLS CLUB OF ALTON cannot notify me in a timely manner and if deemed necessary by the BOYS & GIRLS CLUB OF ALTON, I give permission for my child to be treated by a doctor or emergency room selected by the BOYS & GIRLS CLUB OF ALTON.

\_\_\_\_\_ I understand that the Boys & Girls Club is not responsible for lost/ misplaced or stolen items. I also understand that any unclaimed items remaining in the facility for more than 1 week will be donated to charity.

\_\_\_\_\_ I understand that it is against club policy to record another child or any activities in the club without permission. I also understand that posting the name and or face of another club member is prohibited and may result in termination. Any adult involved in such behavior will be banned from the club premises.

**\_\_\_\_\_ I understand that there's a late fee of \$1 per minute if my child(ren) are not picked up by closing hours. I also understand that I may be required to pick my child up (1) hour prior to closing once I've violated the pick-up policy.**

I have read and fully understand the information contained in this application and the consent and agreement that I have made.

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

\_\_\_\_\_  
Date

**Alton Community Unit School District No. 11**  
**PARENT CONSENT – RELEASE OF RECORDS**  
**K – 12**

In order for use to obtain the permanent and or/temporary records from the school of your son or daughter is attending, we must have a written consent for the release of this information. Please complete this section immediately below and return both copies to us so we may forward this request.

I authorize Alton Community Unit School District No. 11 ( \_\_\_\_\_ )  
(School or Attendance Center)

Located at ( \_\_\_\_\_ )  
(Complete address of school or attendance center)

To release or send a copy(ies) of grade point average, report cards, school attendance records, grade advancement information and graduation information to

Jeffry Epps of the Boys & Girls Club of Alton  
(Name of Representative of Boys & Girls Club of Alton)

For ( \_\_\_\_\_ )  
(Student's Name) (Student's Date of Birth)

This release is to further an outreach program for at risk students and shall authorize information on a quarterly basis for the current school year.

Signed \_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Printed Name)

As a parent of authorized representative, you have the right to inspect and copy such records, challenge the consent of such records, and limit this consent to designated records of designated portions of information within these records before transmitted.

\_\_\_\_\_  
For Office Use Only

\_\_\_\_\_  
Principal or Designate School

Full Address of School \_\_\_\_\_  
Date

Principal – Forward one copy to person requesting. Retain one copy for record release file.