



BOYS & GIRLS CLUBS
OF THE CUMBERLAND PLATEAU

Renewal New Member Unit _____ Account # _____

FOR OFFICE USE ONLY

Date: _____ Staff: _____ Registration Fee: _____ USDA _____

→ THIS FORM MUST BE COMPLETELY FILLED OUT ←

MEMBERS MUST BE FIVE YEARS OLD AND IN A PRE-K PROGRAM.

Have you been a Boys and Girls Club member before? _____ Where? _____

Member's Name: _____ Age: _____ Birth date: _____

Address: _____

City: _____ Zip Code: _____ Phone #: _____

Member's Social Security Number: _____ BOY or GIRL (circle one) Race: _____

My Child's immunizations are up to date and on file at the following school or medical facility: _____

School Name: _____ (School Year) Current Grade: _____ (Summer) Grade Passed To: _____

Teacher: _____ Principal: _____

Circle normal days of care: M T W TH F Arrival Time: _____ Pick-up Time: _____

Whom does the member live with? Father Mother Both Parents Other _____

Is this a single parent household? Yes No

How many people live in your home? (Under 18) _____ (18 or older) _____

Total Household Income (include 18 and older who have income):

<input type="checkbox"/> \$4,000 OR LESS	<input type="checkbox"/> \$12,001-\$13,000	<input type="checkbox"/> \$45,001-\$59,999
<input type="checkbox"/> \$4,001-\$8,000	<input type="checkbox"/> \$13,001-\$14,000	<input type="checkbox"/> \$60,000-\$69,999
<input type="checkbox"/> \$8,001-\$11,000	<input type="checkbox"/> \$14,001-\$20,000	<input type="checkbox"/> \$70,000-\$79,999
<input type="checkbox"/> \$11,001-\$12,000	<input type="checkbox"/> \$20,001-\$45,000	<input type="checkbox"/> OVER \$80,000

Do you receive AFDC/Families First? Yes No If Yes, Recertification Date: _____ AFDC# _____

Which program does your child qualify for: Free Lunches Reduced Lunches My child pays full price.

Emergency Contact Information

Father/Guardian's Name: _____ Business/Home/Cell Phone: _____

Place of Employment: _____ Position: _____

E-mail Address: _____ Social Security #: _____

Primary Guardian YES NO

Mother/Guardian's Name: _____ Business/Home/Cell Phone: _____

Place of Employment: _____ Position: _____

E-mail Address: _____ Social Security #: _____

Primary Guardian YES NO

Guardian's Name: _____ Business/Home/Cell Phone: _____

Place of Employment: _____ Position: _____

E-mail Address: _____ Relationship to Child: _____

Primary Guardian YES NO Social Security #: _____

PERSON AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY: (NOT IN THE SAME HOUSEHOLD)

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Business/Home/Cell Phone: _____

E-mail Address: _____ Relationship to Child: _____

Child may be released to this person. YES NO

BACK OF APPLICATION MUST BE COMPLETED AND SIGNED

CHILD'S NAME _____

DATE OF BIRTH _____

Health History (THIS SECTION MUST BE COMPLETED):

Name of Doctor or Medical Facility: _____ Office Phone: _____

Do you have medical insurance? Yes ___ No ___ Insurance Company: _____

Name of Policyholder: _____ Policy# _____

Any operations, serious injuries or chronic illness: _____ If yes, please specify: _____

Please list any/all known allergies: _____

List allergy medications used: _____

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.

List medications taken: _____

I request that my child be admitted to membership in the Boys and Girls Club. I will be responsible for any damage or destruction that his/her actions may incur.

I authorize the club to administer first aid which may include sunscreen, antibiotic ointment, Tylenol, bee sting ointment (or the generic of each) in case of injury. Every attempt will be made to contact parent. If any injury appears serious enough for hospitalization or medical care, such expenses will be borne by the guardian or parent. I hereby authorize transportation to a medical facility and/or the calling of a physician at my expense to provide whatever emergency medical treatment is necessary.

The Boys and Girls Clubs of the Cumberland Plateau are required by law to report to the Department of Children's Services any suspected child abuse of our members. All suspected child abuse would be reported immediately.

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

Every enrolled child must have a transportation plan on file. Please list those people to whom your child may be released to and what time he/she will be picked up daily.

Please Check One:

_____ My child may be released only to me unless prior arrangements have been made with the Facility Director.

_____ My child may be released to:

_____ Name _____ Relation _____ Phone # _____ work\alternative _____ home _____

*This person may be contacted in case of emergency if parent/guardian/foster parent cannot be reached: ___ Yes ___ No

_____ Name _____ Relation _____ Phone # _____ work\alternative _____ home _____

*This person may be contacted in case of emergency if parent/guardian/foster parent cannot be reached: ___ Yes ___ No

_____ Name _____ Relation _____ Phone # _____ work\alternative _____ home _____

*This person may be contacted in case of emergency if parent/guardian/foster parent cannot be reached: ___ Yes ___ No

_____ Name _____ Relation _____ Phone # _____ work\alternative _____ home _____

*This person may be contacted in case of emergency if parent/guardian/foster parent cannot be reached: ___ Yes ___ No

Note: The Boys and Girls Clubs of the Cumberland Plateau is an equal opportunity service agency.

I verify that the above information on my child, _____ is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency.

Date: _____ Parents' Signature: _____

The above information is complete: Staff Initials _____

MEMBER CONFIDENTIALITY AND RELEASE OF INFORMATION

The **Boys & Girls Clubs of the Cumberland Plateau & its Partners** will maintain all member files in a confidential manner. Pertinent information (i.e. all academic information, report card information or tutorial information, etc.) may be shared professionally with the **Boys & Girls Club** administrative staff, Organizational Partners, Boys & Girls Clubs of America, Boys & Girls Clubs Tennessee Alliance, the State of Tennessee, Tennessee Department of Human Services and their Representatives (if applicable), Tennessee Department of Education and their Representatives (if applicable), Tennessee Department of Children Services and their Representatives (if applicable), or the school system the member attends including any and all alternative and private schools. Files for all programs funded in whole or in part by the State of Tennessee, Federal Government, the Tennessee Department of Human Services or Department of Education are available for monitoring and subject to audit by the Tennessee Department of Human Services or Department of Education. Communication of member information to persons or agencies other than those listed above will require express written approval of the member's parent.

A Boys & Girls Clubs staff person has explained the above information, regarding the release of information in my child's file maintained by the Boys & Girls Clubs of the Cumberland Plateau, to me. I agree to the release of information to persons or agencies as listed above. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.

Due to our non-profit nature and the fact we receive state funding, on occasion, it is requested that a member be photographed or videoed for Club and program advertisement and reporting. I understand that my child may be involved in any and/or all aspects of marketing for this organization.

_____ Guardian's Initials

Child's Name

Name of School Child Attends

Grade Level

Parent's/Guardian's Name (Please Print)

Parent's/Guardian's Signature

Date

Adult:Child Ratio Charts - EFFECTIVE JULY 1, 2003:

Single Age Grouping and Adult:Child Ratio Chart

Maximum Group Size and Adult Child Ratios							
Single-Age Grouping	8	12	14	16	18	20	No Max
Infants: 6 wks. - 15 mos.	1:4						
Toddlers (12 mos. - 30 mos.)		1:6					
2 years (24 mos. - 35 mos.)			1:7				
3 years					1:9		
4 years						1:13	
5 years						1:16	
School-Age (K and above)							1:20

Multi-Age Grouping and Adult:Child Ratio Chart

Maximum Group Size and Adult:Child Ratio										
Multi-Age Grouping	8	10	12	14	16	18	20	22	24	No Max
Infants/Toddlers; 6 wks. - 30 mos.	1:5									
2-4 years					1:8					
2.5 - 3 years (30 - 47 mos.)						1:9				
2.5 - 5 years							1:11			
2.5 - 12 years	1:10									
3 - 5 years (includes 3 - 4 years)								1:13		
4 - 5 years									1:16	
5 - 12 years										1:20

To report suspected violations or possible illegal child care operations, call the Child Care Complaint Hotline at 1-800-462-8261.