

Membership Information Form

Frank Callen Boys and Girls Club
510 E Charlton St
Savannah, GA 31401

P: (912) 233-2939

F: (912) 233-4295

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Family Income:

- \$10,000-\$15,000
- \$15,001-\$20,000
- \$20,001-\$25,000
- \$25,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001-\$60,000
- \$60,001-\$70,000
- \$70,001-\$80,000
- \$80,001-\$90,000
- \$90,001-\$100,000
- \$ 0 - \$5,000
- \$5,001 - \$9,999

Address:*

(Line 1)

(Line 2)

(City)

(State)

Address Type:*

Home

Work _____

(Zip Code)

Phone Number:*

() -

() -

Phone Type:*

Home Work _____

Home Work _____

Family Size:

Employer:

Job Title:

Occupation:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

Male Female

Address:

(Line 1)

(Line 2)

(City)

(State)

Address Type:

Home

Work _____

(Zip Code)

Phone Number:

() -

() -

Phone Type:

Home Work _____

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

Employer:

Job Title:

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:

Last Name:*

Nick Name:

Birth Date:*

Gender:*

Male
 Female

Ethnicity:*

Membership Type:*

Member
 Non-Member

Pick up Authorization Password:

School:*

Grade:*

Family Setting:

Both Parents Grandparent(s)
 Guardian(s) Relative(s)
 Single Parent - Mother
 Single Parent-Father

Referring Organization:

Check all that Apply:

TANF
 Food Stamps
 General Assistance
 SSDI
 SSI
 Veterans Compensation
 Day Care Voucher
 School Lunch
 Medicaid
 Can Swim

Address:*

(Line 1)

(Line 2)

(City)

(State)

Address Type:*

Home

Work _____

(Zip Code)

Phone Number:*

() -

Phone Type:*

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

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)

Two people authorized to pick up member -

1.) First Name:

Last Name:

()

-

Home Work

- Parent
- Guardian
- _____

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

2.) First Name:

Last Name:

()

-

Home Work

- Parent
- Guardian
- _____

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

The Frank Callen Boys and Girls Club also uses the following fields to learn more about your child. Please check one item from each group below.

Abstinence: ___ No
___ Yes

Birth Certificate: ___ Recieved

GSU Survey: ___ Recieved

Medical Release: ___ Yes

Photo/Video Release: ___ Yes

School Records: ___ Yes

Walk Home Alone: ___ Yes

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

Parent or Guardian Signature

Member's Signature

Date

Georgia Department of Human Services
Afterschool Care Program
Parental Permission for Photo Release

Page 1 of 2

Page two of this document requests your permission for the Georgia Department of Human Services to take and use photographs of your child and other Afterschool Care Program staff. When we tell others the story about the DHS Afterschool Care Program, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DHS funded afterschool program.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions regarding the Photo Release Form, please contact Boys & Girls Clubs of Greater Savannah 912-233-2939.

Photo/Video
Release
Agreement

Chatham County, Georgia

School/Organization Name: Boys & Girls Clubs of Greater Savannah

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by the Georgia Department of Human Resources.
2. This release gives the Georgia Department of Human Resources the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Department of Human Resources and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Name _____

Address _____

Telephone _____



Photo Description: Participation in the DHS funded afterschool/summer program activities.

Children Participating in Program:

Name _____ Age _____

Signature _____

Date _____

Photographer or producer or witness:

AFTERSCHOOL CARE PROGRAM

Participant Medical Information Form – Page 1

(To be maintained on site for each participant)

STUDENT INFORMATION			
Legal Name of Child (<i>Last, First</i>):		Date of Birth (<i>MM/DD/YYYY</i>):	Age: Sex (<i>check one</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Home Phone No:	
P.O. Box/Apt #:	City:	State:	Zip Code:
INSURANCE INFORMATION			
Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of insurance provider (if applicable):	
MEDICAL INFORMATION			
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			

IN CASE OF EMERGENCY			
Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:
Alternate Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:

PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED

Participant Medical Information Form – Page 2

By signing below, I certify the above information is true to the best of my knowledge. I authorize Boys & Girls Clubs of Greater Savannah to contact me if my child is injured and/or harmed in any way. I also authorize Boys & Girls Clubs of Greater Savannah to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless the Department of Human Resources and Boys & Girls Clubs of Greater Savannah from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal Name of Parent (print)

Parent Signature

Date

**Georgia Department of Human Services Afterschool Care Program
Income Eligibility Form 2009-2010**

Page 1 of 2

Boys & Girls Clubs of Greater Savannah, along with the Georgia Department of Human Services (DHS), are partnering to provide valuable and exciting out-of-school programs for youth in Georgia. The information provided on the following form will help ensure that eligible youth are benefiting from the partnership. We thank you for your cooperation and for allowing us to have an impact on your child's life!

Name of Participant: _____

Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): ____ / ____ / ____

If the answer to any question below is yes, the family is eligible and the parent or guardian may proceed to the **second page** and sign the Declaratory Statement. If the answer to all questions below is no, please refer to the chart on the **second page** to determine eligibility.

1. Do you receive a TANF check from the Department of Family and Children Services? __ yes __ no

2. Do you live in a household that receives Food Stamp benefits? __ yes __ no

3. Do you receive Medicaid or Peachcare for Kids? __ yes __ no

4. Does your child (ren), included in your household, participate in the reduced or free lunch program at school?
__ yes __ no

Income Eligibility Reporting Form Continued

Family Income Eligibility for the DHS Afterschool Care Program (2009-2010)

Number of Persons in Family Unit	Federal Poverty Level*	DHS Afterschool Services Annual Income Guidelines**	DHS Afterschool Services Monthly Income Guidelines**
1	\$10,830	\$32,490	\$2,707
2	\$14,570	\$43,710	\$3,642
3	\$18,310	\$54,930	\$4,577
4	\$22,050	\$66,150	\$5,512
5	\$25,790	\$77,370	\$6,447
6	\$29,530	\$88,590	\$7,382
7	\$33,270	\$99,810	\$8,317
8	\$37,10	\$111,030	\$9,252
For each additional person, add	\$3,740	\$11,220	\$935

* Income based on the United States Department of Health and Human Services (HHS) 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. *Source: HHS website: Federal Register, Vol. 74, No. 431, March 6, 2009, pages 9781-9782*

** 300% of the federal poverty level

Family size _____ Gross Yearly Income \$ _____ Gross Monthly Income \$ _____

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Declaratory Statement: I (*print name*) _____ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that if I give false information, my child may not be able to participate in the program.

Parent or Guardian Printed Name

Date

Parent or Guardian Signature

Date

Authorized Program Staff Signature

Date