



Child's Name: _____

Contact Number: _____

2023-2024 School Year Programming

Welcome to the South Beloit Boys & Girls Club where Great Futures Start! All components of this packet must be completed in order to be eligible for the program. Contact 815-389-3634 with any questions.

After School Programs	Teen Nights
Monday - Friday 2:30PM - 5:30PM	Monday & Thursday- Teens (6th grade+) 5:30PM – 7:30PM
Daily Benefits: <ul style="list-style-type: none">- Homework Help- Snack & Dinner- Quality programs that kids enjoy- 60 minutes of active play- Computer-based programming	Teen Nights provide a space to hang out in an unstructured, but supervised environment. Dinner is served nightly to all participants. *Teens 13+ come for free with the cost of yearly membership

We realize that families sometimes need help accessing our services and established a scholarship program to support those that demonstrate need, United Way scholarship funds are available, distributed fairly, and granted on a first-come, first-served basis.

Scholarships do not cover field trips.

***All members are required to pay an annual membership fee of \$20 per child or \$30 per family**



Child's Name: _____

Contact Number: _____

Registration Paperwork Checklist

- ☐ Membership Registration Form
- ☐ Parent Statement of Understanding
- ☐ Emergency Care Plan
- ☐ Medication Consent Form
- ☐ Guardian Authorization for Alternative Pick Up
- ☐ Afterschool Program Policy Handbook
- ☐ Walker Waiver Form

Fee Type	Cost
Membership	\$20.00 / \$30.00 per year
After School Programs	\$40 per month
Youth 13+ / Teen Nights	\$0
Field Trips	Varies by trip - see monthly calendar
Late Pick Up Fee After 5:30pm	\$1 per minute per child past closing time

Total annual membership: _____

Total monthly fee: _____

Stateline Boys & Girls Clubs Inc. - Membership Form

Do Not Fill in Shaded Areas

Unit # _____

Membership # _____

SECTION 1

Application Date: _____

Race: (Circle One)

Previous Member: Yes _____ No _____

B - African/American

W - White

X - American Indian

O - Asian/Pacific

H - Hispanic

X - Other or Mixed Heritage

Membership Paid: \$ _____

Fee Fully Paid: Yes _____ No _____

Receipt #: _____

SECTION 2 (Information Pertains to the Member)

Member's First Name: _____ Middle: _____ Last: _____

Member's Birth Date: ____/____/____ Age: _____ Sex: Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____ Parent's E-mail: _____

Does Member Live With:

() Mother Only () Father Only () Both Parents () Grandparents () Other _____

SECTION 3 (Information Pertains to the Member)

Number of Brothers: _____ Number of Sisters: _____ People Living in House: _____

Name of School: _____ Grade: _____

Home Phone: (____) _____ Emergency Phone: (____) _____

SECTION 4

Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Work Phone: _____ Work Phone: _____

**To ensure that we continue receiving grants/funds, the following optional information is requested.
It will remain strictly confidential.**

Annual Family Income: (Circle One)

1. 0 - \$10,465 Per Year

4. \$17,746 - \$21,385

7. \$28,666 - \$32,305

2. \$10,466 - 14,105

5. \$21,386 - \$25,025

8. \$32,306 - \$35,945

3. \$14,106 - \$17,745

6. \$25,026 - \$28,665

9. \$35,946 and Over

SECTION 5

Does the Member Have Health Insurance? Yes _____ No _____

Does the Member Have Any Health Problems? Yes _____ No _____

If Yes, Explain: (Include if any Medications are taken): _____

SECTION 6 (Office Use Only)

Member Information: _____

SECTION 7 (Office Use Only)

Program Tracking (Circle those that apply)

1. Summer Camp

5. Community Service

9. T-Ball

2. Basketball League

6. Outreach - Other

10. Softball

3. Football

7. General Membership

4. Soccer League

8. Dance



Welcome to the Stateline Boys & Girls Clubs Inc.

I promise to take care of my club and property.

I promise not to smoke in the building or on the grounds.

I promise to use proper language and show respect for myself, staff,
and other members.

I must bring my membership card to the club daily for admittance.

If at any time I am asked to return my card, I understand no dues
will be refunded to me.

I understand to replace a lost card is \$1.00.

I understand that the front desk is a business area.

I understand that the phone is for emergency purposes only.

I understand food and drink are allowed only in designated areas
at designated times.

I HAVE READ AND I UNDERSTAND THE ABOVE:

Member's Signature: _____ Date: _____

PARENT'S OR GUARDIAN'S APPROVAL

We hereby approve of our child's application for membership in the Stateline Boys & Girls Clubs, Inc. and give our consent to our child being given an examination and emergency treatment by a physician or hospital in case of an accident, and to his/her taking part in the various athletic, cultural, and social activities of the Club. Also, I understand that the Boys & Girls Club and its personnel are not responsible for personal injury or loss of property. The membership fee that is paid is to register the youth in our files. It is not a fee for any activity. It is not refundable. I authorize the School District and/or the educational institution my child attends to release report card and test scores information to the Boys & Girls Club. I hereby consent to the reproduction, publication and use of photographs taken of my child by the Stateline Boys & Girls Clubs, for advertising, educational and/or publicity purposes in any and all publications, advertisements and publicity materials, without limitation or reservation.

Parent or Guardian Signature: _____ Date: _____



Emergency and Medical Form

Member Name _____	Male _____ Female _____
Address _____	Birthdate _____
City, State, Zip _____	Age _____ Grade _____
Email Contact _____	Phone _____
Does your child have permission to walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Health History	
Has your child been diagnosed or treated for the following: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies to Insects <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____	Physicians Name: _____ Phone Number: _____ Hospital Preference: _____
Additional Information we should know: _____ _____	
Are there any Behavioral Concerns we should be aware of? Yes No	
Does your child have an IEP? Yes No	
Further information: _____ _____ _____	

Emergency Contact 1	Emergency Contact 2
Name: _____	Name: _____
Relationship to Family: _____	Relationship to Family: _____
Phone: _____	Phone: _____

Parent Signature

Date



Guardian Authorization for Alternative Pick Up

I, _____, give permission for my child,
_____, to be picked up from the Stateline Boys & Girls Club – Bruce Nichols
Campus by the following individuals. I understand that the Stateline Boys & Girls Club- Bruce Nichols
Campus may require any individuals to provide photo identification prior to picking up my child from the
facility.

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Comments:

Note: *If a child has not been picked up within five minutes of the program end time, staff will: Contact all enrolling parents to ensure a ride is on their way If parents are not reached, staff will then use emergency phone numbers If the child has yet to be picked up 30 minutes after dismissal, staff is instructed to call South Beloit Police Department and they will be dispatched to your residence.*

Parent/Guardian Signature: _____ Date: _____



Bruce Nichols Campus Parent Statement of Understanding

Please read and initial the box acknowledging that you have read and understand each statement listed below....

- _____ I understand that the Stateline Boys & Girls Club is not responsible for lost, stolen, or damaged personal articles.
- _____ I allow Stateline Boys & Girls Club to seek medical treatment for my child, in my absence, in the event of an Emergency.
- _____ Use photos or Videos taken of my child for the Stateline Boys & Girls Club Promotional purposes online and Elsewhere.
- _____ I authorize the School District and/or educational institution my child attends to release report card information to the Stateline Boys & Girls Club.
- _____ I understand that my balance is due on or before the due date for each session.
- _____ I understand that I will not be refunded for any session/month or days missed.
- _____ I understand that I must give a 15-day notice to stop monthly auto-drafts from occurring.
- _____ **I understand that I will be invoiced/charged a late pick-up fee for every minute that my child is picked up late. \$1 for every minute per child and this invoice must be paid before my child can return to the Club.**
- _____ I have read and reviewed the policies of Stateline Boys & Girls Clubs Organization.
- _____ I have reviewed the technology use policy with my child and understand that, while all precautions are taken to prevent inappropriate use of technology, the Stateline Boys & Girls Clubs Organization will not be held liable if my child accesses inappropriate material.
- _____ Take my child outside to play on the playground equipment under SBGC Staff supervision.
- _____ Allow my child to go on short walks with their group under SBGC Staff Supervision.
- _____ I acknowledge the policy on the use of cellphones and the necessary disciplinary action.
- _____ Transport my child to and from activities by way of the SBGC shuttle or bus.
- _____ Allow my child to use technology at the Club with adult supervision.
- _____ I understand the SBGC is not responsible for lost, stolen, or damaged personal items.

Depending on the circumstances the particular things on this list may be confiscated and kept in a secure office or behind the front counter.

Parent/Guardian Signature

Date

List of items not allowed in the Club

Blankets	Pillows	Decorative/Costume Masks	Weapons
Alcohol/Drugs	Toys or stuffed animals	Heely's Shoes	Trading Cards



WALKER PASS AND LIABILITY WAIVER

I (Parent/Guardian), _____, authorize and permit that Bruce Nichols Boys & Girls Club, of the Stateline Boys & Girls Clubs Organization, may release (my child) _____, to walk from the Club with the following permissions.

Please check one:

____ My child may be released by/from the Club as a walker without my prior notification.

____ My child may be released by/from the Club as a walker only upon my prior notification. I can be contacted at this phone number _____.

____ My child may be released by/from the Club as a walker only on the following day(s) of the week (Please circle all days that apply and check with or without notification):

Monday Tuesday Wednesday Thursday Friday Time they are to walk: _____

____ My child may be released by/from the Club as a walker only if I (or an authorized person) is not able to pick him/her up at the Club by 6:30 p.m. In this event, I acknowledge and agree that the Club may release my child as a walker without my prior notification.

Liability Waiver: I understand that the release of my child from the Club without parental, staff or adult supervision includes risk of injury that may range in severity from minor to disabling to even death, and that it is impossible to eliminate the risk. I understand that the release of my child from the Club as a walker without parental, staff or adult supervision is voluntary and I am free to choose not to grant the Club permission to release my child from the Club. I understand that the Stateline Boys & Girls Club, its employees, directors, volunteers, representatives, staff and agents will not be liable for personal injuries and/or property damage as a result of my child's voluntary release as a walker as checked above. By signing this Agreement, I acknowledge that I have read and understand this document and accept the risk and responsibility of participation in the voluntary release of my child from the Club as checked above.

____ I **Do NOT** give permission for my child to walk home at any time.

Parent's/Guardian's Signature: _____ Date: _____



STATELINE
BOYS & GIRLS CLUBS

STATELINE BOYS AND GIRLS CLUB BANK OR CREDIT CARD DRAFT AUTHORIZATION 2023-2024

Parent/Guardian Information Only (please print)

First Name: _____ M.I. _____ Last Name: _____

Address: _____ Email: _____

Program

() One time per month draft (*draft occurs on the 1st of every month*)

Please be aware that drafts will occur on Monday, if the 1st falls on the weekend or on the day after a Holiday (i.e. January 1 will occur January 2nd)

Childs name _____ Grade Level _____

Childs name _____ Grade Level _____

Childs name _____ Grade Level _____

☐ Joel Barrett Campus
☐ After School Program ☐ Summer Program

☐ Bruce Nichols Campus
☐ After School Program ☐ Summer Program

☐ After School Site _____

Draft Options

☐ Checking Account

Bank Name _____

Bank Routing # _____ Account # _____

☐ Savings Account

Bank Name _____

Bank Routing # _____ Account # _____

☐ Credit Card

Name on Card _____

Account # _____ Card Type: MasterCard Discover Visa

Expiration Date _____ CVC# _____

- **This authorization continues indefinitely and automatically until canceled by the person signing this authorization. Draft cancellations require a 15 day notice.**

- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable.
- A fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing, or payment stopped. Two charges of this type will result in expulsion from the program.
- If there is a change in any program fees that you are having auto-drafted out of your account each month we will let you know prior to your payment being pulled.

I authorize the Stateline Boys and Girls Clubs to draft the above named bank or credit card account for payment of membership or program fees. I understand that the Stateline Boys and Girls Clubs may initiate a pre-authorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Parent/Guardian Signature _____ Date _____