



## 2023-2024 School Year Programming

### Main Club Site

Welcome to the 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 608-365-8874 with any questions.

\*Please select all programs that your child will be participating in.

Program Selection(s):	Program Information
<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<p style="text-align: center;"><b>After School Care - Main Club Site</b>  <b>Monday - Friday: 3PM - 6:30PM</b></p> <ul style="list-style-type: none"> <li>- After school care includes a structured, licensed program with daily homework help, quality activities that kids enjoy, 60 minutes of activity play, and a hot meal (dinner).</li> <li>- On-site counseling services are available (inquire within).</li> <li>- Transportation is provided from some schools to the Club on a first come, first serve basis (complete transportation document enclosed).</li> </ul>
<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<p style="text-align: center;"><b>Early Release Wednesdays - All Sites</b>  <b>1st and 3rd Wednesday of every month: 1:30PM - 6:30PM</b>            School releases early, but that doesn't mean the fun needs to end!</p>
<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<p style="text-align: center;"><b>No School Days for Beloit &amp; Turner School Districts - Main Club Site: 7:30AM - 6:30PM</b>            If school is out, the Club is in! Spend your day the B&amp;GC way.</p>
<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<p style="text-align: center;"><b>Teen Nights (7th Grade +) - Main Club Site</b>  <b>Tuesday - Thursday: 6:30PM - 8:00PM beginning October 2022</b></p> <p>Teen nights provide a space to hang out in an unstructured, but supervised environment. Career development, character and leadership skills, and sports programs are provided. Dinner is served nightly to all participants.</p>
<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>	<p style="text-align: center;"><b>Shuttle Transportation Needed</b>  <b>Please circle school</b></p> <p style="text-align: center;">             [Powers]    [RCCS Janesville]    [Garden Prairie]    [Gaston]              [Turner Middle School]    [Hackett]    [Merrill]    [Lincoln Academy]           </p> <p style="text-align: center;">Shuttle Transportation is first come first serve, limited number of spaces available</p>



### Registration Paperwork Checklist

- ☐ Membership Registration Form
- ☐ Parent Statement of Understanding
- ☐ Transportation Permission Form (if transportation is being provided)
- ☐ Guardian Authorization for Alternative Pick-up
- ☐ Emergency Care Form
- ☐ Auto Draft Authorization Form

Fee Type:	Cost:
Membership	\$20/\$30 per year
After School Programs	\$40 per month
Youth 13+/Teen Nights	\$0
Field Trips	Varies by trip - see monthly calendar
Late pickup - after 6:30 pm	\$1 per minute past closing time

We realize that families sometimes need assistance accessing our services and have established a scholarship program, funded by United Way Blackhawk Region, to support those that demonstrate need. Those scholarship funds are available, distributed fairly on a sliding scale basis, and granted on a first-come, first-served basis.

Scholarships do not cover the membership fee or field trips.

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

\*Teens 13+ come for free with the cost of yearly membership.

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

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

Emergency Contact 2
Name: _____
Relationship to Family: _____
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 by the following individuals. I understand that the Stateline Boys & Girls Club 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:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## 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





## Stateline Boys & Girls Clubs Transportation Agreement

Stateline Boys & Girls Clubs provides shuttle transportation from the schools to the Joel Barrett Boys & Girls Club throughout the school year. To maintain safety on the shuttle and a safe driving environment for all, the following rules must be followed by all members while riding in the shuttle, **with no exceptions.**

- Members must enter and leave the shuttle in an orderly manner.
- Members must follow directions of the driver and staff members that are present.
- Conversations must be at a quiet level with no loud talking, singing, or using profanity.
- Vandalism of the shuttle seats is not allowed.
- Members must keep hands and feet to themselves.
- Seatbelts **MUST** always be worn while in the shuttle.
- No standing while the shuttle is running/moving.
- Only staff members can open windows.
- No eating or drinking (except water) in the shuttle
- No bullying
- Not fighting

Failure to follow any of the rules above will lead to disciplinary consequences found in School Year Policies: written warning, days off, and/or suspension from the shuttle and/or Stateline Boys & Girls Club Afterschool Program, if there are repeated violations.

Severe infractions such as fighting, using profanity towards the driver, staff members or fellow members, destroying or damaging shuttle equipment or stealing may also lead to immediate suspension from the afterschool program.

**I have read the following Transportation Agreement and understand that if my child does not follow the rules and regulations, the Stateline Boys & Girls Clubs will follow through with disciplinary consequences stated above.**

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Parent Name

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Parent Signature

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Date





## WALKER PASS AND LIABILITY WAIVER

I (Parent/Guardian), \_\_\_\_\_, authorize and permit that The Joel Barrett 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.

\_\_\_\_\_ I do **NOT** give permission for my child to walk home at any time.

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.

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 Name (please print)

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Last

Address \_\_\_\_\_ Email \_\_\_\_\_

Program:

( ) One time per month draft (draft occurs on the 1<sup>st</sup> of every month)

**Please be aware that drafts will occur on Monday, if the 1<sup>st</sup> 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 \_\_\_\_\_

[ ] Beloit Club

[ ] South Beloit Club

[ ] 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 \_\_\_\_\_

(Discover, MasterCard, or Visa)

Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_

- This authorization continues indefinitely and automatically until cancelled 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 know prior to your payment being pulled.

I authorize the Stateline Boys and Girls Club 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 Club may initiate a preauthorization 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.

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Parent/Guardian Signature

Date