



CHILD ENROLLMENT INFORMATION PACKET

BOYS & GIRLS CLUB OF SOUTHEAST GEORGIA, Inc.
Brunswick, GA 31520
www.BGCSEGA.com

The Boys & Girls Clubs of Southeast Georgia, along with the Georgia Department of Human Resources (DHR), are partnering to provide safe, engaging environments that motivate and inspire learning, while providing fun and interesting activities to youth during the afterschool hours.

SECTION I: CHILD'S PERSONAL INFORMATION

A. Legal Last Name B. Legal First Name C. Legal Middle Name

D. Date of Birth (MM/DD/YYYY) E. Age

F. Gender Male Female

G. Parent(s) Name: Phone: Name: Phone:

H. Home Address I. P.O. Box/Apt #

J. City K. State L. Zip Code

M. Email Address Cell

\*By signing up your email and cell phone number will be registered with RemindMe.com

Person to contact in case of an emergency when parents cannot be reached: (Name/Phone/Address)/ Eligible to pick up.

Name: Phone:

Name: Phone:

Address:

SECTION II: CHILD'S SCHOOL INFORMATION

A. Grade Level B. School Attending

C. Is the student (ELP)? English Language Proficient Not English Language Proficient

D. Was this student a previous program participant? Yes No

E. Glynn Student ID



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## SECTION III: CHILD'S DEMOGRAPHIC INFORMATION

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- A. Ethnicity
- |   |   |
|---|---|
| <input type="checkbox"/> Black, Non Hispanic    | <input type="checkbox"/> Hawaiian Native/Pacific Islander |
| <input type="checkbox"/> White, Non Hispanic    | <input type="checkbox"/> Alaska Native/American Indian    |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Hispanic/Latino                  |
| <input type="checkbox"/> Other - Specify: _____ |   |

- B. Is the student a special needs student?     No             Yes

If yes, please specify the child's special needs: \_\_\_\_\_

## SECTION IV: CHILD'S HOUSEHOLD INFORMATION

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- A. Participants Lives With:
- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> One parent         | <input type="checkbox"/> Both parents |
| <input type="checkbox"/> Guardian/Caregiver | <input type="checkbox"/> Foster Home  |
| <input type="checkbox"/> Group Home         | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Other              |                                       |

- B. How many people are in your household?



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## HOLD HARMLESS AND LIABILITY RELEASE

Waiver Agreement (Checkmark OR Initial Required)

\_\_\_\_\_ I voluntarily submit my child for registration as a member at BGSEGA. I will hold harmless BGSEGA, GA Alliance and GA DHR from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in the program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understand, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.

## NOTICE OF EXEMPTION

I, \_\_\_\_\_ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

## DECLARATION STATEMENT:

By signing below, I understand the youth who participate in the BGCSEGA afterschool/summer program may participate in various fieldtrips throughout the contract period from October 1, 2023, ending September 30, 2024, funded by the DFCS Afterschool Care Program. In consideration of the youth for the opportunity to participate in field trips, BGCSEGA hereby releases, indemnify, and hold harmless the Georgia Department of Human Services from any liability, claim or demand resulting from such participation. I understand I am to mail a signed copy of this form to the DFCS Afterschool Care Program at the address provided below. I further understand this form must also be kept on file at the afterschool/summer site indicated above at all times.

GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### SECTION VII: PROGRAM STAFF ONLY

NAME OF STAFF WHO COLLECTED THIS FORM (Print Please) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Paid Weekly Dues

Paid Annual Membership



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## PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for \_\_\_\_\_ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed name of Parent/Guardian)

Date \_\_\_\_\_

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by \_\_\_\_\_.  
(date)

Thank you!



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### FORMULARIO DE CONSENTIMIENTO DE PADRE/MADRE O ENCARGADO

Yo, padre, madre o tutor legal de \_\_\_\_\_ autorizo a que mi hijo \_\_\_\_\_ participe en el programa de mentoría del Boys & Girls Club.

Entiendo totalmente que en el programa participan mentores, quienes serán seleccionados en la comunidad. Y a quienes se les hará una verificación de antecedentes (incluyendo antecedentes penales). Además los mismos serán adiestrados antes de comenzar en el programa. Se espera que el mentor pase al menos una hora por semana con mi hijo/a en el Boys & Girls Club. El mentor no está autorizado a salir ni a compartir con mi hijo/a más allá de las instalaciones del Club

Entiendo que mi hijo/a participará de una sesión de orientación en el Club en la que se le explicará el programa de mentoría. Se espera que el programa tenga una duración de un año.

Entiendo que durante el curso del programa de mentoría pueden haber eventos especiales grupales (reuniendo a todos los mentores y a los participantes), al igual que eventos familiares. Entiendo que el personal del Club estará continuamente monitoreando las actividades del programa de mentoría.

Autorizo al Coordinador del programa de mentoría del Club a obtener el record académico y de asistencia de la escuela de mi hijo/a.

Autorizo al personal del programa de mentoría y al personal del Boys and Girls Club a tomar y a utilizar fotografías de mi hijo/a durante su participación en el programa de mentoría, renunciando así a todos los derechos de compensación.

\_\_\_\_\_  
(Firma del padre/madre o tutor legal)

\_\_\_\_\_  
(Nombre de padre/madre o tutor legal)

Fecha \_\_\_\_\_

Favor firma la hoja de consentimiento y devolver el documento al personal Coordinador del Programa de Mentoría del Boys & Girls Club.  
(fecha)

¡Gracias!



**Georgia Division of Family and Children Services  
Out of School Services  
Youth Participation Eligibility Form**

**Page 1 of 3 - DFCS Out of School Services Eligibility Form**

**(DFCS funded Agency Name)**, and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

**Form to be completed by Parent/Custodian/Caregiver**

**Youth Information – This section must be completed in its entirety.**

Name of Youth Participant (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is the youth named above in Foster Care within the state of Georgia  Yes  No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name \_\_\_\_\_

**Section 1**

- A. Is the youth applicant a U.S. citizen or qualified alien?  Yes  No
- B. Is the youth applicant a Georgia resident?  Yes  No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?:  Yes  No
  - \_\_\_\_ Youth applicant is between the age of 5 and 17 years old; **OR**
  - \_\_\_\_ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
  - \_\_\_\_ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

**If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.**

**Section 2**

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the out of school services program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Supplemental Nutrition Assistance Program (SNAP) ( <i>also known as Food Stamps</i> )	<input type="checkbox"/>	<input type="checkbox"/>
C.	Medicaid or Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Reduced or free lunch program at school – <i>Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.</i>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Peachcare for Kids	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.**

**If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.**

**Section 3**

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

***DFCS Out of School Services Family Income Eligibility Guide***

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$14,580.00	\$43,740.00	\$3,645
2	\$19,720.00	\$59,160.00	\$4,930
3	\$24,860.00	\$74,580.00	\$6,215
4	\$30,000.00	\$90,000.00	\$7,500
5	\$35,140.00	\$105,420.00	\$8,785
6	\$40,280.00	\$120,840.00	\$10,070
7	\$45,420.00	\$136,260.00	\$11,355
8	\$50,560.00	\$151,680.00	\$12,640
Each additional person, add	\$5,140	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

\* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 88 FR 3424, Page 3424-3425, Document Number: 2023-00885)

\*\* 300 % of the federal poverty level in effect January 19, 2023.

Family Unit Size\* \_\_\_\_\_  
 Gross Household Yearly Income \$ \_\_\_\_\_ Gross Household Monthly Income \$ \_\_\_\_\_

\* See Appendix A for definition of family unit.

**Section 4**

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	<i>SELF</i>				

**Section 5**

Please review and sign Section 5 as notification and signature of verification.

**Applicant Notification and Signature**

We are asking for your youth’s Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I’ve provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

**Parent/Guardian/Caregiver Information – This section must be completed in its entirety.**

Name of Parent/Guardian/Caregiver (Last, First, MI) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

\_\_\_\_\_  
 Parent/Caregiver/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Parent/Caregiver/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Official Use Only Section for DFCS Out of School Services Provider:**

**Total Income:** \$ \_\_\_\_\_ **Per:** Week  Every 2 Weeks  Twice monthly  Monthly **Household Size:** \_\_\_\_\_  
**Annual Income Conversion:** Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1  
**Total Converted Annual Income:** \$ \_\_\_\_\_ (Round to the nearest whole number)

By signing below, I certify the information presented within this form was reviewed, verified and confirmed\*\* and meets the DFCS Out of School Services Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant’s file in a confidential and secured location.

\_\_\_\_\_  
 Authorized Program Staff Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\*\* See Appendix B for income verification proof sources



## APPENDICES

### **\*Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

### **\*\*Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

#### **Examples of earned income verification are:**

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

#### **Examples of unearned income verification are:**

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

*See page 2 of Appendix B for applicable income sources.*

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker’s Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran’s Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

**\*\*Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Peach Care:** Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the out of school services program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration
- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for DFCS Out of School Services.



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Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Known medical conditions: (diabetic, asthmatic, drug allergies) List all medications taken daily:

My child has the following special needs:

In the event of an emergency and the parent(s) cannot be reached, I, \_\_\_\_\_ herby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child. Guardian's printed name

**PHOTO RELEASE:** I hereby give consent to the Boys & Girls Clubs of Southeast Georgia to use photographs taken of my child(ren) while attending the club or on any field trips. These photographs may be used in any media outlet for advertisements, press releases, banners, website, or marketing materials for the Boys & Girls Clubs of Southeast Georgia.

**SCHOOL GRADE RELEASE:** I hereby give consent to the Boys & Girls Clubs of Southeast Georgia to view and copy my child's report card and progress reports. These reports will help my child's progress and help the staff at the clubs to better serve my child.

**FIELD TRIPS / REIMBURSEMENTS:** Please be aware that field trips are paid in advance, therefore money collected will not be reimbursed and cannot be transferred for any reason. Your child must be on time to depart and must wear his/her Boys & Girls Club T-shirt.

**LATE NOTICE:** The Boys & Girls Clubs of SE Georgia closes nightly during the school year at 6:30pm for children ages 4-12 years old. During the summer months and full days the clubs close at 5:30pm. A late fee of \$1.00 per minute will be charged if your child is picked up late. Your child cannot return until this fee has been paid. (hours may vary at different clubs - ask staff at your club for specific hours)

**COMPUTER LAB:** I understand that my child will be given use of computer labs as well as access to acceptable internet sites, while at the Boys & Girls Club with club staff supervision. Each child will be trained in the acceptable use of technology and internet access. After the child has received their training they will be held responsible for their conduct and must adhere to the computer lab's rules and regulations. For more information please visit our web site at [www.BGCSEGA.com](http://www.BGCSEGA.com) and click on *Join Us* then download the *Club Technology Acceptable Use Policy*.

## Parental Authorization for Water-Related Activities

I give permission for my child to participate in water related activities occurring in water more than two feet deep.

Yes  No

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I have read, understand, and agree with the information that has been presented to me within the Information Packet.



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## **SMART KIDS**

**AGES 4-9**

**MAKING SMART MOVES:** Preparing Kids for the future and how to make smart decisions. Provide them with the knowledge needed to avoid risky behavior, and dealing with unhealthy situations.

## **START SMART**

**AGES 10-12**

Prevention for young people to make smart decisions. Provide them with the knowledge, skills, self-esteem and peer support they will need to become productive citizens. Resistance training to prevent the use of drugs, alcohol, tobacco, and sex.

## **SMART LEADERS**

**AGES 15-17**

Booster program offering extra benefits of preparing youth to assume leadership roles in the organization. They encourage their peers to resist alcohol, drugs, and tobacco.

## **PASSPORT TO MANHOOD**

**AGES 10 – 18**

Promotes and teaches responsibility in boys. This program concentrates on specific aspects of manhood. This program reinforces positive behaviors, and talks about the journey for maturation and growth.

## **POWER HOUR**

**AGES 4-18**

Club staff makes minutes count by encouraging club members to be more successful in school, by providing homework help and tutoring. They encourage members to become self-directed learners.

## **PROJECT LEARN**

**AGES 4-18**

Project learn reinforces and enhances the skills and knowledge young people learn at school during the day. All areas of the club create opportunities for "high yield learning".

## **GOALS FOR GROWTH**

**AGES 4-18**

Teaches club members skills for setting and achieving goals. Helps them identify their own strengths and enhances their self-esteem by reinforcing their progress and recognizing their success in realizing their goals.

## **GA SHAPE/ TRIPLE PLAY**

**AGES 4-18**

Promotes fitness in all youth through fun, engaging weekly activities. This program last for 12 weekly sessions for each of the age groups. The children can compete with local, regionally and nationally.

## **THE GOLF CLUB**

**AGES 4-18**

Step by step guidance is given for organizing and conducting a junior golf tournament. Practical tips, golf skills and etiquette are taught.

## **ULTIMATE JOURNEY**

**AGES 4-12**

Teaches the children about the environment they live in and how to protect the world they live in.

## **MONEY MATTERS**

**AGES 10-18**

Promotes financial responsibility and independence to club members. By building basic money management skills. The children will learn how to manage a checking account, budget, save and invest.

## **TORCH CLUB**

**AGES 11-13**

This program empowers youth to support and influence their club and community, sustain meaningful relationships with others, develop a positive self-image, participate in the democratic process and respect their own and others' cultural identities. Focuses on character development.

PARENT'S SIGNATURE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PRINTED

I give permission to the Boys & Girls Clubs of Southeast Georgia to copy my child's report cards. I understand by the club doing this, they can encourage my child \_\_\_\_\_ to become self motivated and improve his/her grades. I give permission for my child to participate in all programs of the club.



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This is to certify that I give the Boys & Girls Clubs of Southeast Georgia permission to transport my child

Name of Member: \_\_\_\_\_

My child will be picked up from \_\_\_\_\_ at \_\_\_\_\_ (am / pm)  
Pick up at which school

and will be transported to \_\_\_\_\_ at \_\_\_\_\_ (am / pm)  
Delivery location

On the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

The Boys & Girls Clubs is authorized to receive my child. In the event the authorized person is not present to receive my child the following procedures are to be followed:

If there is not a payment made by 12:00pm your child(ren) will not be accepted to BGCSEGA transportation that day/week.

In the event that my child is not to be escorted as outlined above, I agree to notify the Boys & Girls Club Unit

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



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Welcome to the Boys & Girls Clubs of Southeast Georgia! This packet was created to provide you with information, policies and procedures of our clubs. Our staff members will be happy to give you a tour of the facilities and answer any questions that you may have that are not covered in this packet of information. We encourage all parents and children to visit our units and welcome any comments that you may have on our operation.

Our goal at the club is to provide a safe and fun environment for your children as well as provide them with the quality programming.

## **HOURS OF OPERATION**

School year hours begin at 2:30pm and end at 6:30pm.

## **MEMBERSHIP**

To attend the Boys & Girls Clubs and participate with our daily programs your child must become a member. A yearly membership fee is required. We serve boys & girls between the ages of 4 and 14 years of age or through 7th grade.

## **CLUB IDENTIFICATION CARDS**

An identification card (ID) will be issued to every child who becomes a member. Your child must wear his/her card to participate in activities offered. Wearing his/her card also ensures the safety of your child by providing emergency contact information printed on the card. A \$1.00 fee is charged to replace the card if it is lost.

## **LATE FEES**

There is a \$1.00 late fee for every minute you are late in picking up your child. This fee is strictly enforced and must be paid prior to your child's acceptance to attend the next camp. Our staff members have families that they need to go home to be with and their being delayed is not fair to them.

## **STAFF**

Each staff member has had a national criminal background check and are certified in CPR and First Aid certified.

## **VOLUNTEERS AND PARENTS**

Anyone expressing a desire to volunteer at the Boys & Girls Clubs of Southeast Georgia must pass a background check before he/she are able to assist.

## **TRANSPORTATION**

Only paid employees are permitted to ride on Boys & Girls Clubs of Southeast Georgia vehicles. We encourage family members to attend special events of the club, however they must have their own transportation. Your child can ride with you and still participate in the Club event but you can not transport other members with you.

## **FOOD SERVICE**

The Boys & Girls Club of Southeast Georgia Inc. is participating in the CAFCP - Child & Adult Food Care Program. Meals will be provided to all eligible children free of charge. Children who are part of households that receive food stamps, or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals.

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Attached is a list of sites with the start and end times of meal service for each site.



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### FIELD TRIPS

Field trips are offered daily. Your child **MUST** have his/her Boys & Girls Club card and wear current year T-shirt to attend. They will not be able to attend the field trips if they do not have either of the above listed items. All field trips are paid in advance by our organization, therefore no refunds, reimbursement or transfer of funds will be given out if your child is not able to attend a field trip. Unfortunately with the number of children we are transporting we do not have time to call parents for their children's shirt or card. It is the responsibility of each member to remember these two items.

### WATER FIELD TRIPS

The ratio of staff members to club members is 1 staff person per every 15 club members. Please do not send your children on field trips involving water slides, beach, or pools if they can not swim. T-shirts are not required on the days that we have water field trips. We will place a wrist band on your child when they arrive. Old towels and flip flops are recommended for these field trips for the children often have problems keeping up with their personal items. **ALWAYS APPLY SUN SCREEN ON YOUR CHILD BEFORE THEY LEAVE YOUR HOUSE IN THE MORNING.**

### LIMITED NUMBERS

Many trips are limited in the number of children we are able to take due to transportation issues or the size of the facility. We encourage your child to sign up early to avoid the possibility of your child not being able to attend.

### SUMMER CALENDAR

We hand out summer calendars at the conclusion of summer camp orientation. The calendar states the field trip's pricing, departure and estimated return time.

### LABELED PERSONAL ITEMS

We recommend you label every item (use permanent marker) your child brings to the club. When children misplace items, it makes it easier to locate if their name is printed on it.

### STAFF TO CHILD RATIO

Our goal is to provide adequate safe supervision for your children. In order to accomplish that goal we provide a one staff person to every twenty five children. This policy is strictly enforced in-house and on trips.

### OUTSIDE ROTATION

Part of our daily programming is spending time outside. Every child is required to participate and there is not staff coverage to allow an individual child to remain inside. The operations are similar to public school where all children in the class remain together. If your child is too sick or is unable to go outside during the day, then he/she needs to stay home for the day.



## CHILD ENROLLMENT INFORMATION PACKET

BOYS & GIRLS CLUB OF SOUTHEAST GEORGIA, Inc.  
Brunswick, GA 31520  
www.BGCSEGA.com

### **DISCIPLINE**

All of the Boys & Girls Clubs of Southeast Georgia travel to and from field trips together. Staff from any of the clubs can and will discipline your child. If your child is removed from the bus due to poor behavior, money will not be reimbursed. When attending field trips if your child refuses to follow the rules or remain with their group he/she will lose the privilege of attending field trips in the future. This policy must be enforced for the safety of your child and others.

### **MEDICATION**

Medication cannot be given to your child by a Boys & Girls Club staff member or volunteer. If your child requires medication during the day, it is the responsibility of the guardian to administer. Relatives of children who are employed by the club are not allowed to dispense medication.

### **BUG SPRAY/ SUN SCREEN**

We encourage you to send bug spray and sun screen to protect your child. However, it is not the responsibility of an employee to apply this protection to your child.

### **DROP OFF AND PICK UP**

Please take the time to walk your child inside the building in the morning. You cannot call for your child to meet you out front, therefore you need to walk inside and pick your child up at departure time.

### **PARKING LOT**

Due to so many parents picking children up at the same time, we ask that you park your car and not block the parking lot. Do not park in unauthorized parking spots such as fire lanes, non designated parking, or reserved parking physically disabled.