



**BOYS & GIRLS CLUBS  
OF SOUTH CENTRAL KANSAS**

Dear Boys & Girls Clubs of South Central Kansas Club Parent/Guardian,

Welcome to the Club! We are so glad you are joining us this membership year. Our Club mission is **to enable all young people, especially those who need us most, to reach their full potential as productive, caring and responsible citizens.**

We are a leading youth development organization with skilled, caring professionals who seek to understand where every kid is coming from and help them shape their path toward a great future. We accomplish this by providing:

- A safe, positive environment (encompassing both physical and emotional safety)
- Supportive relationships with adults and peers
- Access to fun and a sense of belonging
- Meaningful opportunities and expectations
- Formal and informal recognition

**Safety of our members is the #1 priority.** We do mandatory and ongoing background checks on all potential Club professionals, board members and volunteers, each of whom must follow strict policies and procedures. We also offer routine staff trainings to build a culture of safety. We employ a zero-tolerance policy for any disregard of our procedures. If any issues or concerns are brought to our attention, we contact the police and Child Protective Services immediately.

We incorporate the national BGCA safety standards and work with other community organizations to consistently strengthen our safety programming through new trainings. We also continually work with kids to reinforce their knowledge of self-defense and safety smarts. We listen closely to make sure that their voices are always heard.

If you have any safety-related concerns or questions, please contact your local Club Director or our Director of Operations. Additionally, the national organization offers a 24-hour hotline, **1-866-607-SAFE**.

We encourage you to fill out this membership form in its entirety and review the code of conduct document with your child. We look forward to serving your child and a great year together!

Junnae Campbell  
Chief Executive Officer  
Boys & Girls Clubs of South Central Kansas



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## Program Fee Chart

Type of Program	K-5 <sup>th</sup> Grade Fees	6 <sup>th</sup> -12 <sup>th</sup> Grade Fees
<b>Membership</b>	\$30 / Member (Aug – July)	\$30 / Member (Aug – July)
<b>After School Program</b>	\$100 / Member (Membership not included)	Included in membership fee
<b>Winter Break</b>	\$10 / Member / Day	N/A
<b>In-Service Days</b>	\$10 / Member / Day	N/A
<b>Spring Break</b>	\$40 / Member / Week	N/A
<b>*Summer (Membership not included)</b>	\$40 / Member / Week (Must be paid in full by May 14)	\$30 / Member / Week (Must be paid in full by May 14)
<b>Teen Night</b>	N/A	Included with membership fee (small field trip fees may apply)
<b>Late Fees (After 6:00 ASP) (After 5:30 Days out of school)</b>	\$1 / Minute / Member	\$1 / Minute / Member
<b>Payment Plans</b>	<b>Our goal is to help your child attend the Club. Please inquire within for payment plan options.</b>	

\*For questions or concerns contact our office at 316-201-1890 or email [admin@begreatwichita.org](mailto:admin@begreatwichita.org)

\*Scholarships may be available upon request



# 2021 Summer Program Registration Form

## Registration Deadline - May 14, 2021

### K – 5<sup>th</sup> Grade Fee Rates:

- \$40 / child / week (paid in full)
- \$30 Membership fee for non-active Club members

### 6<sup>th</sup> – 12<sup>th</sup> Grade Rates:

- \$30 / child / week (paid in full)
- \$30 Membership fee for non-active Club members

➤ Limited Scholarships Available

➤ After May 14, 2021 applications will not be accepted until June 4, 2021 – pending availability

Select Club Site:  Oaklawn  Opportunity Drive

Check all weeks that apply:

<input type="checkbox"/> June 1 thru 4	<input type="checkbox"/> July 6 thru 9 (closed July 5 <sup>th</sup> )
<input type="checkbox"/> June 7 thru 11	<input type="checkbox"/> July 12 thru 16
<input type="checkbox"/> June 14 thru 17 (closed June 18 <sup>th</sup> )	<input type="checkbox"/> July 19 thru 23
<input type="checkbox"/> June 21 thru 25	<input type="checkbox"/> July 26 thru 30
<input type="checkbox"/> June 28 thru July 1 (closed July 2)	<input type="checkbox"/> August 2 thru 6

**Summer Consent:** I hereby consent that my child named above may participate in this program. I release the Boys & Girls Clubs of South Central Kansas from any claim should my child sustain injury during his/her participation in such activity. In case of an emergency, I understand that every effort will be made to reach me. In the event the contact(s) cannot be reached, I give permission to the Boys & Girls Club to secure proper medical treatment, including hospitalization. Initial: \_\_\_\_\_

**Swim Release:** The Club may decide to take members to the pool. If we do, we will provide transportation to and from the pool. All youth, who travel to the pool with the Club, must return with the Club. I realize that my child participates at his/her own risk.

I grant permission to allow my child to participate in swimming as stated above. Initials: \_\_\_\_\_

I do not grant permission for my child to participate in swimming as stated above. Initials: \_\_\_\_\_

**Fieldtrip Release:** I give my permission for my child to travel and participate in all field trips with the Boys & Girls Clubs of South Central Kansas. I understand that my child participates at his/her own risk. Children who do not follow member expectations while at the Club may not be allowed to attend.

For some field trips, there may be additional permission forms required.

I grant permission to allow my child to participate in fieldtrips as stated above. Initials: \_\_\_\_\_

I do not grant permission for my child to participate in fieldtrips as stated above. Initials: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ 2020 -'21 Grade: \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
OF SOUTH CENTRAL KANSAS

# 2021 Summer Application

(To Be Completed By Parent/Guardian)

For Office Use Only	
Fee Received On:	_____
Receipt #:	_____
Membership ID:	_____
Orientation Date:	_____
Site:	_____
Staff Initials:	_____

Type of Membership: New \_\_\_\_ Renewal \_\_\_\_ \*Membership expires July 31

**NOTE: Child must be at least 5-years-old AND completed kindergarten for membership.**

## MEMBER DETAILS

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender:  Female  Male  Other

Race: (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Hispanic or Latino   |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> White                |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Bi-Racial            |
| <input type="checkbox"/> Middle Eastern or North African           | <input type="checkbox"/> Multi-Racial         |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Other: _____         |
|  | <input type="checkbox"/> Prefer Not to Answer |

Ethnicity:

- Hispanic
- Non-Hispanic

Is Member in Foster Care?  Yes  No

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

School Lunch:  Free  Reduced  Not eligible

Does the member receive additional support in the school/community?

- |   |   |
|---|---|
| <input type="checkbox"/> 504 (accommodation)                    | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Individualized Education Plan (IEP)    | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Meets with school or private counselor | <input type="checkbox"/> N/A              |

## Health History

Is child covered by health insurance?  Yes  No

If yes, name of provider: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Medical Information

- |                                     |   |   |  |
|-------------------------------------|---|---|--|
| <b>Diagnosed Medical Conditions</b> | <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Seizures          |
|                                     | <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Hearing Impairment             | <input type="checkbox"/> Visual Impairment |
|                                     | <input type="checkbox"/> Asthma             | <input type="checkbox"/> Oppositional Defiance Disorder | <input type="checkbox"/> Other _____       |
|                                     | <input type="checkbox"/> Autism             | <input type="checkbox"/> N/A                            |  |

### Allergies

- |                                |  |  |                                      |                              |
|--------------------------------|--|--|--------------------------------------|------------------------------|
| <b>Food Allergies</b>          | <input type="checkbox"/> Dairy/Lactose | <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Tree Nuts   | <input type="checkbox"/> N/A |
|                                | <input type="checkbox"/> Eggs          | <input type="checkbox"/> Seafood/Shellfish   | <input type="checkbox"/> Other _____ |                              |
|                                | <input type="checkbox"/> Gluten        | <input type="checkbox"/> Soy (For special restrictions please request a meal modification form.) |                                      |                              |
| <b>Environmental Allergies</b> | <input type="checkbox"/> Bee Stings    | <input type="checkbox"/> Grass   | <input type="checkbox"/> Pollen      | <input type="checkbox"/> N/A |
|                                | <input type="checkbox"/> Dust          | <input type="checkbox"/> Mold  | <input type="checkbox"/> Other _____ |                              |
| <b>Medicine Allergies</b>      | <input type="checkbox"/> Amoxicillin   | <input type="checkbox"/> Penicillin  | <input type="checkbox"/> N/A         |                              |
|                                | <input type="checkbox"/> Aspirin       | <input type="checkbox"/> Other _____   |                                      |                              |
| <b>Other Allergies</b>         | <input type="checkbox"/> Latex         | <input type="checkbox"/> Perfumes/Colognes   | <input type="checkbox"/> N/A         |                              |
|                                | <input type="checkbox"/> Lotions       | <input type="checkbox"/> Other _____   |                                      |                              |

Does the member use an inhaler?  Yes  No

Does the member use insulin?  Yes  No

MEMBER NAME: \_\_\_\_\_

*Only Completed Forms will be Processed*

Does the member use an EpiPen?     Yes     No

Does the member self-administer medication?     Yes     No

Please list any other physical, mental or medical limitations, including if your child threatened or intentionally caused harm to themselves or others.

**Important:** In accordance with regulations, you are required to notify the Boys & Girls Club if your child has been exposed to any communicable diseases in the past six months.

The Club is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child has any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, the Director of Operations should be notified of this so reasonable accommodation can be considered. Please list any applicable circumstances.

### HOUSEHOLD INFORMATION

#### PRIMARY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  Home     Work  
Phone: \_\_\_\_\_  Cell     Home    Phone: \_\_\_\_\_  Cell     Home

**Role in Household**

<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Sister/Brother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
<input type="checkbox"/> Father	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Cousin	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Relative

#### ADDITIONAL HOUSEHOLD CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  Home     Work  
Phone: \_\_\_\_\_  Cell     Home    Phone: \_\_\_\_\_  Cell     Home

**Role in Household**

<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Sister/Brother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
<input type="checkbox"/> Father	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Cousin	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Relative

Is this person authorized to pick up the member?     Yes     No

Is this person an emergency contact?     Yes     No

MEMBER NAME: \_\_\_\_\_

*Only Completed Forms will be Processed*

**EMERGENCY CONTACTS**

(List someone other than primary and/or secondary contact in household)

Emergency Contact 1		Emergency Contact 2	
First Name _____		First Name _____	
Last Name _____		Last Name _____	
Suffix _____		Suffix _____	
Email Address _____		Email Address _____	
Phone _____		Phone _____	
Mobile Phone _____		Mobile Phone _____	
<b>Emergency Contact's Role</b>	<input type="checkbox"/> Relative <input type="checkbox"/> Colleague <input type="checkbox"/> Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Acquaintance <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	<b>Emergency Contact's Role</b>	<input type="checkbox"/> Relative <input type="checkbox"/> Colleague <input type="checkbox"/> Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Acquaintance <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other
<b>Is this person authorized to pick up the member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is this person authorized to pick up the member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Security PIN (4 digit number): \_\_\_\_\_

**\*This PIN may be used in case of an emergency to add someone to your child's pick-up list, or grant authorization for any unforeseen circumstances\***

I understand that the Boys & Girls Clubs of South Central Kansas operates as a licensed "School-Age Drop-in Program" by the State of Kansas. According to state regulations, this means that my child may come and go at his/her own volition. Initials: \_\_\_\_\_

Please mark **one** of the options below:

My child is free to come and go at his/her own volition from Club programs and activities. Initials: \_\_\_\_\_

**OR**

Based on the individual needs of my child, I request that my child **not leave** the Club premises or Club activity without my permission. I or another authorized person will pick up my child from Club programs.

Initials: \_\_\_\_\_

**HOUSEHOLD DEMOGRAPHIC INFORMATION**

Your responses below are kept **CONFIDENTIAL** and are essential for our funders. This information helps keep membership fees low. All information is required for membership. Thank you!

Military Status			
<b>Current/Former Military</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Branch</b>	<input type="checkbox"/> Air Force <input type="checkbox"/> National Guard <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps
<b>Status</b> <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Veteran		<b>Currently Deployed</b> (or deployed within the next 6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Tribal Affiliation:**     Yes     No    If yes, please list tribe name(s): \_\_\_\_\_

**Number of adults in household:** \_\_\_\_\_

**Number of youth in household:** \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

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Household Composition	
<input type="checkbox"/> <b>Self (emancipated / 18)</b>	<b>Check all that apply</b>
<input type="checkbox"/> <b>Single Adult Household</b>	<input type="checkbox"/> Mother <span style="margin-left: 150px;"><input type="checkbox"/> Foster Care</span> <input type="checkbox"/> Father <span style="margin-left: 150px;"><input type="checkbox"/> Joint Custody</span> <input type="checkbox"/> Grandparent <span style="margin-left: 150px;"><input type="checkbox"/> Sibling</span>
<input type="checkbox"/> <b>Two + Adult Household</b>	<input type="checkbox"/> Other Relative <span style="margin-left: 150px;"><input type="checkbox"/> Aunt/Uncle</span> <input type="checkbox"/> Legal Guardian

<b>Housing Type</b>	<input type="checkbox"/> Foster Family <span style="margin-left: 100px;"><input type="checkbox"/> Permanent (Own or Rent)</span> <input type="checkbox"/> Group Home <span style="margin-left: 100px;"><input type="checkbox"/> Public Housing</span> <input type="checkbox"/> Homeless <span style="margin-left: 100px;"><input type="checkbox"/> Transitional Housing</span>
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<b>Assistance Programs</b>	<input type="checkbox"/> Childcare Assistance <span style="margin-left: 50px;"><input type="checkbox"/> SSDI (Social Security Disability Insurance)</span> <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps/SNAP <span style="margin-left: 50px;"><input type="checkbox"/> SSI (Supplemental Security Income)</span> <input type="checkbox"/> Veteran's Compensation <input type="checkbox"/> Housing Assistance <span style="margin-left: 50px;"><input type="checkbox"/> WIC (Women, Infants, and Children)</span> <input type="checkbox"/> Other (please explain below) <input type="checkbox"/> Medicaid
<b>Please describe other income sources:</b>	

**Please indicate your total household income by placing a checkmark in the appropriate box**

<input type="checkbox"/> 0 – \$10,000	<input type="checkbox"/> \$ 50,001 – 55,000	<input type="checkbox"/> \$95,001 – 100,000	<input type="checkbox"/> \$140,001 – 145,000	<input type="checkbox"/> \$185,001 – 190,000
<input type="checkbox"/> \$10,001 – 15,000	<input type="checkbox"/> \$ 55,001 – 60,000	<input type="checkbox"/> \$100,001 – 105,000	<input type="checkbox"/> \$145,001 – 150,000	<input type="checkbox"/> \$190,001 – 195,000
<input type="checkbox"/> \$15,001 – 20,000	<input type="checkbox"/> \$60,001 – 65,000	<input type="checkbox"/> \$105,001 – 110,000	<input type="checkbox"/> \$150,001 – 155,000	<input type="checkbox"/> \$195,001 – 200,000
<input type="checkbox"/> \$20,001 – 25,000	<input type="checkbox"/> \$65,001 – 70,000	<input type="checkbox"/> \$110,001 – 115,000	<input type="checkbox"/> \$155,001 – 160,000	<input type="checkbox"/> \$200,001+
<input type="checkbox"/> \$25,001 – 30,000	<input type="checkbox"/> \$70,001 – 75,000	<input type="checkbox"/> \$115,001 – 120,000	<input type="checkbox"/> \$160,001 – 165,000	
<input type="checkbox"/> \$30,001 – 35,000	<input type="checkbox"/> \$75,001 – 80,000	<input type="checkbox"/> \$120,001 – 125,000	<input type="checkbox"/> \$165,001 – 170,000	
<input type="checkbox"/> \$35,001 – 40,000	<input type="checkbox"/> \$80,001 – 85,000	<input type="checkbox"/> \$125,001 – 130,000	<input type="checkbox"/> \$170,001 – 175,000	
<input type="checkbox"/> \$40,001 – 45,000	<input type="checkbox"/> \$85,001 – 90,000	<input type="checkbox"/> \$130,001 – 135,000	<input type="checkbox"/> \$175,001 – 180,000	
<input type="checkbox"/> \$45,001 – 50,000	<input type="checkbox"/> \$90,001 – 95,000	<input type="checkbox"/> \$135,001 – 140,000	<input type="checkbox"/> \$180,001 – 185,000	

MEMBER NAME: \_\_\_\_\_

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<b>WAIVERS &amp; RELEASES</b>	
<b>Medical</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission to the BGCSCK to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. I understand that the Club does not provide accident insurance for members and participants and does not accept financial responsibility for expenses related to accidents and injuries suffered by members.
<b>Field Trips</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child has permission to participate in all field trips and outings that take place during normal hours of operation and are considered as part of the programming that the Boys & Girls Clubs provide.
<b>Technology</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	As a member of the Boys & Girls Club, your child may have access to the Internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.
<b>Data Sharing</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give my permission to the BGCSCK to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCSCK, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGC in writing.
<b>Press / Media</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCSCK, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.
<b>Miscellaneous</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCSCK reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members or staff.
<b>APPLICATION APPROVAL</b>	
<p>I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys &amp; Girls Clubs of South Central Kansas (BGCSCK) and Boys &amp; Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.</p> <p><i>Your signature below confirms that all information above is true and accurate.</i></p>	
<b>Parent/Guardian Signature</b>	<b>Date</b>