

FOR OFFICE USE ONLY

Master Roster _____ EZ Report _____ Stopwatch _____ Registration Date _____ Start Date _____
 Transportation Contacted (Y/N) _____ Bus# _____



BOYS & GIRLS CLUB
OF COLLIER COUNTY



**Miracle After-School Program
 Application for School Year 2021 -2022**

This Application Does Not Guarantee Admission

After receiving this application, our Membership Team will contact you with further instructions

Childs Last Name, First Name:		Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
School ID/Lunch Number:		School:	School: Grade: Teacher:
Race: Asian: <input type="checkbox"/> African American: <input type="checkbox"/> Hispanic (Chicano/Latino): <input type="checkbox"/> Ethnicity: American Indian: <input type="checkbox"/> Hispanic or Latino: <input type="checkbox"/> Multi-racial: <input type="checkbox"/> Caucasian: <input type="checkbox"/> Other: <input type="text"/> Non-Hispanic or Latino: <input type="checkbox"/>			
PARENT INFORMATION IS REQUIRED ON BOTH PARENTS. Do you have a COURT ORDER stating visitation or custody arrangements of parent/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> Regulations require a COURT ORDER to be ON FILE at the facility should there be any restrictions regarding visitation or custody.			
Primary Parent or Guardian:	Home Phone:	Cell Phone:	Permission for Text Communications: YES <input type="checkbox"/> NO <input type="checkbox"/>
Address:	City:	State:	Zip: Email:
Employer/School:	Employer/School Phone (include ext.):		Fax Number:
Employer/School Address:	City:	State:	Zip:
Secondary Parent or Guardian:	Home Phone:	Cell Phone:	Permission for Text Communications: YES <input type="checkbox"/> NO <input type="checkbox"/>
Address:	City:	State:	Zip: Email:
CHILD'S MEDICAL INFORMATION			

Name of Child's Physician/Medical Care Provider:		Phone:		Fax:	
Address:		City:		State:	
Permission to contact Doctor/Hospital in case of a medical emergency: Yes <input type="checkbox"/> No <input type="checkbox"/>		Child's Medical Insurance Provider:		Policy Number: Group Number:	
Medications: Please list: Yes <input type="checkbox"/> No <input type="checkbox"/>		Allergies: Please list: Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Medical Information: <input type="checkbox"/> Asthma <input type="checkbox"/> Learning Disability <input type="checkbox"/> Diabetes <input type="checkbox"/> Other	
Medical or Dietary Information Necessary in Emergency Situation Yes <input type="checkbox"/> Please list: No <input type="checkbox"/>		Special Abilities (ESE 504 ELL): Yes <input type="checkbox"/> Please list: No <input type="checkbox"/>			
BEHAVIOR: Does your child have any specific behavior conditions? (This does not restrict your child from enrolling) EH <input type="checkbox"/> SLD <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> OTHER: _____					
Person(s) to Whom the Child May Be Released/Emergency Contact Information Besides Parents/Guardians					
Name	Address	Phone	Emergency Contact?	Relationship	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
PERMISSION TO WALK OR RIDE A BIKE HOME					
I give permission for my child to sign out each day. Boys & Girls Club Miracle After-school Program is not responsible for him/her before arrival to the program or after they leave the program. Once the child signs out, he/she may not check back in that same day. I give permission for my child to:					
(Please Check One) <input type="checkbox"/> Walk <input type="checkbox"/> Ride a Bike					
HOUSEHOLD INFORMATION					
This section is used for our information only and will remain confidential. This information does not determine membership status.					
Reason for Joining Club: <input type="checkbox"/> Fun <input type="checkbox"/> Academic Support <input type="checkbox"/> Sports <input type="checkbox"/> Friends are Members <input type="checkbox"/> School Referral <input type="checkbox"/> Court Referral <input type="checkbox"/> Other					
The Club Member lives with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step Mom <input type="checkbox"/> Step Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other					
Single Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No Current head of household: Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Parent in Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____					
Number of people living in household: ____ Number of members in household age 65 or older: ____ Anyone handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No					

DAILY TRANSPORTATION

I understand transportation will be provided by the program for **eligible** students only. I will not hold the Collier County School District or Boys & Girls Club Miracle After-school Program responsible in case of an accident. I understand that photo identifications will be required for anyone who is picking up a student.

Parent/Guardian Signature: _____ Date: _____

RIGHT TO REFUSE PICK UP OF CHILD

I understand the Boys & Girls Club Miracle After-school Program may refuse to allow my child to be transported home by anyone (including myself) that they feel may have their driving ability impaired due to drugs or alcohol or other circumstances. I understand that this is for safety reasons only and that the Boys & Girls Club will contact another authorized individual included on this application to pick up my child. I further agree that any late fees incurred because of the situation will be my responsibility.

Parent/Guardian Signature: _____ Date: _____

COMPUTER USE PERMISSION

I hereby give my permission for my child to participate in the activities and programs of Boys & Girls Club Miracle After-school Program that use the internet. I understand that all computer use will be under the supervision of the Boys & Girls Club Staff. I understand my child may only go to internet sites that are pre-approved by Staff. *Any inappropriate use of the computer will result in suspension and may result in my child's membership to be revoked.*

Parent/Guardian Signature: _____ Date: _____

SCHOOL INFORMATION

I give permission to Boys & Girls Club Miracle After-school Program and the Collier County School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations to do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Collier County School District or the Boys & Girls Club of Collier County in writing.

Parent/Guardian Signature: _____ Date: _____

SURVEYS & QUESTIONNAIRES

I, the parent/guardian of the minor child listed in this application, give permission for Boys & Girls Club Miracle After-school Program to Survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments.

Parent/Guardian Signature: _____ Date: _____

BOYS & GIRLS CLUB OF AMERICA

I give permission to the Boys & Girls Club Miracle After-school Program to share information about the minor child listed on this application with the Boys & Girls Club of America (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 data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

I understand that from time to time, Boys & Girls Club Miracle After-school Program will have publicity photos/videos taken during programming for use in local media, brochures and on their website. I give permission for my child to be included in all photo opportunities.

Parent/Guardian Signature: _____ Date: _____

PROGRAM SCHEDULES AND LATE PICK UP

I understand that Boys & Girls Club Miracle After-school Program will notify me in advance of the daily program schedule. I agree that I am responsible for picking up special notices and flyers each day which will alert me to any changes in program scheduling. If someone else is picking up my child, I agree that he/she is responsible for picking up notices and flyers. On days that the schools are closed, such as holidays or early dismissal days, there will be **NO AFTER-SCHOOL ACTIVITIES**. I understand that if I am late to pick up my child on three different occasions, my child's participation may be revoked.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF ALTERNATE INSTRUCTORS

I understand that my son/daughter may be under the instruction of outside agencies or non-Collier County School District employees such as the United Arts Council, the Parks and Recreation Department and others. All instructors will have Level 2 background clearance. I give my permission for my son/daughter to receive instruction from such personnel. I give permission for a reasonable exchange of information regarding my son/daughter to the outside agencies for reporting and planning purposes.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF PREVENTION PROGRAMMING

I understand that prevention programming is available for my child during Boys & Girls Club Miracle After-school Program activities. The instructors for this program have my permission to discuss at a level appropriate to my son/daughter's grade and age, the following subject matters: alcohol and alcohol abuse, chemical abuse, human anatomy or health.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF ELECTRONICS

I understand that staff of Boys & Girls Club Miracle After-school Program is not responsible for my child's electronics. Students are not permitted to use cell phones including texting, listening to MP3 players/music, or playing games during program. We recommend that all electronics are off and put away during program. Miracle is not responsible for lost or damaged items brought to program.

Parent/Guardian Signature: _____ Date: _____

ACADEMIC INFORMATION

I understand that staff of Boys & Girls Club Miracle After-school Program will be monitoring my child's grades, test scores, and academic indicators provided by the Collier County School District. This information will be kept confidential and will be used to monitor individual and group progress from year to year as per Department of Education requirements.

Parent/Guardian Signature: _____ Date: _____

MEDICAL EMERGENCY

In case of accidental injury, I give my permission to the Collier County School District and/or Boys & Girls Club Miracle After-school Program to see that the necessary medical treatment is obtained in the event the parent or legal guardian is unable to be reached or is otherwise inaccessible. In this event, I authorize a Collier County School District or staff member to sign for and authorize the physician of his/her choice to provide emergency care. In case of accidental injury, I agree to assume financial responsibility for costs incurred. I have read the above statement and agree to these stipulations.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF DISPENSING MEDICATION

I understand that there will be no nurse on staff during the Miracle After-School Programs. The Collier County School District and the Boys and Girls Club are therefore unable to store, handle or dispense medication of any kind. Should my child require medication, I accept full responsibility for seeing that my child takes the proper amount at the proper time. I agree that the Collier County School District and the BGCCC will accept no responsibility for the medication or for the dispensing of medicine.

Parent/Guardian Signature: _____ Date: _____

RULES AND DISCIPLINE PROCEDURES

BEHAVIOR PROBLEMS DURING AFTER-SCHOOL PROGRAMS ARE ADDRESSED IN THREE STEPS: (1) VERBAL WARNING (2) REMOVAL FROM ACTIVITY (3) SUSPENSION FROM PROGRAM.

Please read carefully the list below. *In extreme instances, suspension is automatic.* If you have any questions, please feel free to contact the site or program coordinator.

<p>Immediate Suspension</p>	<ul style="list-style-type: none"> • Fighting or wrestling • Defacing of property or equipment • Cursing or using profanity • Lying • Stealing
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Dress and personal belongings:

- Students are required to wear proper clothing, including shoes (school dress code is followed)
- Students are responsible for their belongings
- Only white soled sneakers are allowed in the gymnasium

Communication :

- Permission slips for field trips and special events must be turned in on time or your child will not be allowed to participate
- Phone calls are not permitted during program; should you need to speak with your child, the site coordinator must be contacted

Safety:

- Students are not allowed in the school offices, kitchen, storage areas, hallways, restrooms or outside play areas without permission
- Students shall remain with their groups and group leader at all times
- Students are not allowed to sit on tables or stacks of chairs

Attendance:

- Students must sign in each day; attendance will be taken each day for each session AND at the end of program
- **Excessive absences will cause dismissal from the program in order to allow another child to participate.**

2021-2022 Miracle – Attendance and Participation

- ❖ Miracle is offered *free* of charge to invited students and their families
- ❖ Miracle supports academics and offers a variety of high interest activities
- ❖ Miracle After-School Program is funded by a 21st CCLC federal grant and supported by the Naples Children and Education Foundation

Due to the increased demand for services and, in fairness to all students and respect for program funders, Miracle Attendance Policies are strictly enforced.

2021-2022 Attendance Policy

- The program is twelve hours a week. **Please do NOT enroll your child if you are unable to commit to consistent attendance.**
- **The program will be open Monday through Friday from school dismissal for 3 hours.**
- 2 or more unexplained absences in one week will result in removal from program.
- Student attendance is taken every day. Any student who leaves before the end of the After-School program day more than twice a month will be removed from the program.
- Once a student is removed, a wait-list student will be enrolled.
- If a parent would like to apply to have a son/daughter re-enrolled, the name of the student will be placed on the waiting list.
- “Extraordinary circumstances” to explain absences should be brought to the school site coordinator.

2021-2022 Parent/Family Involvement Policy

- Parents of Miracle students **are required** to attend a Miracle Orientation and a minimum of three family night events throughout the year.
- There will be advanced notice of family night events and attendance will be taken.

Failure to fully complete, sign, and return this and the attached registration form will result in your child being removed from the Miracle After-School Program.

Parent/Guardian Name (please print): _____

Child's Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

MENTORING PARENT/GUARDIAN CONSENT FORM

To provide better services for our Club members, the Boys & Girls Club of Collier County will be offering children the opportunity to participate in an onsite Mentoring Program during the 2021-2022 school year program. Mentors are adults from within the Boys & Girls Club staff or volunteers from the community who would like to spend extra time with members to help them in various ways such as with school work, issues regarding relationships with teachers and friends and to get to know each member and their personal goals and interests. The purpose of this form is to give permission for your child to participate in this Mentoring Program.

I, the parent or legal guardian of _____, hereby give my permission for my child to participate in the Mentoring Program with Boys & Girls Club Miracle After-school Program.

I fully understand that the program involves mentors, who shall be selected from the staff and community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to meet with my child on a regular basis on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility or to contact them in any way outside of the Boys & Girls Club of Collier County such as phone calls, emails or internet contact.

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 Miracle After-school Program 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.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Youth Club Member Name: _____

BUS POLICY

During programs and field trips, we expect your child to be on their best behavior while in busses or vans and adhere to school bus policy. Members must sit down, talk quietly and follow the driver's directions. Failure to do so may result in suspension from the bus which will be given at the driver or staff's discretion. Should a member receive a suspension, that member will lose the right to ride the bus for a period of time; from the school and on field trips. Parents will be informed accordingly.

Bus / Van Rules and Expectations:

1. Backpacks should be taken off before sitting in a seat.
2. Members must walk to and from the bus.
3. Members must keep all hands and legs to themselves and out of the aisles.
4. Remain seated at all times; do not stand up until driver dismisses you.
5. Use indoor voices when on the bus; foul language will not be tolerated.
6. Eating and drinking is not permitted on the bus.
7. Keep all body parts inside the bus; not out the window (this includes garbage).
8. Crawling under / over bus seats for any reason is dangerous and prohibited.
9. Parents will be responsible for all cost of repairs and damages that may occur.

Consequences for not following these Rules:

1st offense: Member to speak with staff – contract sent to parents for signature

2nd offense: Driver and/or staff issue an incident report – parent notified of next step

3rd offense: automatic one (1) day suspension from bus

4th offense: automatic three (3) day suspension from bus

5th + offenses: permanent removal from bus

The following situations will result in automatic suspension from bus and Club:

1. Physical threat or harm to other members and / or driver
2. Fighting, smoking, drugs or inappropriate touching while on bus
3. Damage to property
4. Constant disobedience
5. Bullying

Boys & Girls Club of Collier County's #1 priority is the safety of all members. Please speak with your child(ren) in regards to the seriousness of appropriate bus behavior.

Parent/Guardian Signature: _____ Date: _____

Club Member Name: _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Club of Collier County Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Boys & Girls Club of Collier County activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Boys & Girls Club of Collier County participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Boys & Girls Club of Collier County participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Boys & Girls Club of Collier County programs or accessing Boys & Girls Club of Collier County facilities could increase the risk of contracting COVID-19.** Boys & Girls Club of Collier County in no way warrants that COVID-19 infection will not occur through participation in Boys & Girls Club of Collier County programs or accessing Boys & Girls Club of Collier County facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Boys & Girls Club of Collier County, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Boys & Girls Club of Collier County, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Boys & Girls Club of Collier County on account of past or future personal injury, property damage, death or accident of any kind, arising out of or in any way related to the past or future use of Boys & Girls Club of Collier County facilities/equipment or participation in Boys & Girls Club of Collier County programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Boys & Girls Club of Collier County, I, the undersigned parent/guardian of the named minor, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and

all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's past or future Boys & Girls Club of Collier County participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Boys & Girls Club of Collier County participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any past or future loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Boys & Girls Club of Collier County and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Boys & Girls Club of Collier County.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Parent/Guardian Name Printed

Parent/Guardian Signature

Childs Name (Print Clearly)

Date