



Dear Parents & Guardians –

I hope you and your families are staying safe and well! We are so glad you are interested in signing up for programming at Boys & Girls Clubs of Metro Atlanta this year.

Please know, as we operate our Clubs during the COVID-19 pandemic, the safety of your kids and teens and our staff is our #1 priority. We have created detailed safety policies and procedures based on the guidelines of the Centers for Disease Control & Prevention and our local health departments. You can view these at [www.bgcma.org/covid19safety](http://www.bgcma.org/covid19safety).

We are announcing a new fee structure for the 2020/2021 school year which will include a fall semester and spring semester payment schedule. You can find details in the Appendix – “BGCMA Membership Fee Guide”.

To help address the risks associated with the COVID-19 pandemic, we have implemented a number of new policies and procedures that have increased our cost to operate. We have new staff ratios in place to ensure critical safety guidelines are met. We have purchased personal protection equipment for staff including masks, gloves, and face shields. We have installed hand sanitizing stations in Clubs and on buses, as well as signage throughout the Club. We have secured key supplies including thermometers, cleaning solutions, and disinfectants. We are also conducting daily cleaning of the Clubs.

Our Clubs may look a little different this year, but our commitment to you and your children remains the same. We look forward to many more years, working alongside you, to help members succeed in school, get college & career ready, make healthy choices, and lead in their communities.

Thank you for being part of the Boys & Girls Clubs family and for entrusting us with your kids.

Sincerely,

David Jernigan  
President & CEO  
Boys & Girls Clubs of Metro Atlanta

# AFTERSCHOOL REGISTRATION FOR 2020-21 SCHOOL YEAR



## ITEMS NEEDED TO REGISTER:

**TO LIMIT CONTACT, WE CANNOT MAKE COPIES OR PRINT ANY OF THE REQUIRED DOCUMENTS FOR YOU. PLEASE COME TO REGISTRATION WITH ALL DOCUMENTATION PRINTED AND COMPLETED.**

### Required Documentation

1. Completed **2020-21 membership application**
2. Provide one of the following proof of services if applicable (*see table*)

<b>Amerigroup, CareSource, Peach State or WellCare</b>	Submit a copy of child's card and most recent award letter
<b>TANF, Peachcare for Kids, or SSI</b>	Submit a copy of your most recent award letter
<b>Food Stamps or Medicaid</b>	Submit most recent award letter or print proof of these services at <a href="https://gateway.ga.gov">https://gateway.ga.gov</a>

3. Check stubs from the **latest 4 weeks of income**. This must be submitted for every person who contributes to your household income. Proof of income is required for all members.
4. Copy of **birth certificate** if your child is 6 years old

### Required Payment: Based On Sliding Scale Using Annual Household Income (See Membership Fee Guide)

- Payment by Credit Card or Debit Card  
**OR**
- Copy of child's Amerigroup Card and award letter  
**OR**
- Prepaid Credit/Debit Cards from CareSource, Peach State or WellCare

BGCMA **DOES NOT** accept personal checks, money orders or cash.

**Youth will not be permitted to register without all required items and payment on file.**

**For more information, please contact your local Boys & Girls Club.**



## 2020-2021 Membership Fee Guide



Step 1: How many people are in the household?

Step 2: What is the Annual Household Income?

Step 3: What color are you on? Match the color to the price.

Household Size	Level 1	Level 2	Level 3	Level 4
	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0-\$12,490	\$12,491-\$24,270	\$24,271-\$37,469	\$37,470+
2	\$0-\$16,910	\$16,911-\$32,900	\$32,901-\$50,729	\$50,730+
3	\$0-\$21,330	\$21,331-\$41,470	\$41,471-\$63,989	\$63,990+
4	\$0-\$25,750	\$25,751-\$50,170	\$50,171-\$77,249	\$77,250+
5	\$0-\$30,170	\$30,171-\$58,500	\$58,501-\$90,509	\$90,510+
6	\$0-\$34,590	\$34,591-\$67,400	\$67,401-\$103,769	\$103,770+
7	\$0-\$39,010	\$39,011-\$75,670	\$75,671-\$117,029	\$117,030+
8	\$0-\$43,430	\$43,431-\$84,670	\$84,671-\$130,289	\$130,290+

Fall Semester (Aug – Dec)	K-8th Grade	9th-12th Grade
Level 1	\$60	\$60
Level 2	\$85	\$60
Level 3	\$110	\$60
Level 4	\$135	\$60

Spring Semester (Jan – May)	K-8th Grade	9th-12th Grade
Level 1	\$60	\$60
Level 2	\$85	\$60
Level 3	\$110	\$60
Level 4	\$135	\$60

**\*\*If you are able to pay both fall & spring semester fees at once, you will receive a \$20 discount.**



### Transportation Fee

For those Club members who ride a Boys & Girls Clubs bus from their school to the Club, there will be an additional \$25 per semester transportation fee.

**\*NOTE:** To be used as a guide only. Actual fees will be determined at the time of registration. All household income will be verified during Club specific registrations. There are no sibling discounts during the school year and the fees above do not include any transportation fees.

## 2020-2021 Virtual Membership Fee Guide



Step 1: How many people are in the household?

Step 2: What is the Annual Household Income?

Step 3: What color are you on? Match the color to the price.

Household Size	Level 1	Level 2	Level 3	Level 4
	Annual Income	Annual Income	Annual Income	Annual Income
1	\$0-\$12,490	\$12,491-\$24,270	\$24,271-\$37,469	\$37,470+
2	\$0-\$16,910	\$16,911-\$32,900	\$32,901-\$50,729	\$50,730+
3	\$0-\$21,330	\$21,331-\$41,470	\$41,471-\$63,989	\$63,990+
4	\$0-\$25,750	\$25,751-\$50,170	\$50,171-\$77,249	\$77,250+
5	\$0-\$30,170	\$30,171-\$58,500	\$58,501-\$90,509	\$90,510+
6	\$0-\$34,590	\$34,591-\$67,400	\$67,401-\$103,769	\$103,770+
7	\$0-\$39,010	\$39,011-\$75,670	\$75,671-\$117,029	\$117,030+
8	\$0-\$43,430	\$43,431-\$84,670	\$84,671-\$130,289	\$130,290+

Fall Semester (Aug – Dec)	K-8th Grade	9th-12th Grade
Level 1	\$30	\$30
Level 2	\$42.50	\$30
Level 3	\$55	\$30
Level 4	\$67.50	\$30

Spring Semester (Jan – May)	K-8th Grade	9th-12th Grade
Level 1	\$30	\$30
Level 2	\$42.50	\$30
Level 3	\$55	\$30
Level 4	\$67.50	\$30

**\*\*If you are able to pay both fall & spring semester fees at once, you will receive a \$10 discount.**



### \*Virtual Membership Fees\*

The total cost of a virtual membership with Boys & Girls Club is half the cost of a traditional membership. If you secure a spot as a traditional member in the future, the amount paid for your virtual membership will be applied to your total membership due.

**NOTE:** To be used as a guide only. Actual fees will be determined at the time of registration. All household income will be verified during Club specific registrations. All fees are non-refundable. There are no sibling discounts during the school year and the fees above do not include any transportation fees.



**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY**  
**RELATING TO CORONAVIRUS/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, a national emergency by the President of the United States, and a state emergency by the Governor of Georgia. **COVID-19 IS EXTREMELY CONTAGIOUS** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend strong hygiene practices, use of masks and social distancing and have, in many locations, restricted the number of people that may congregate as a group at any given time.

The Boys & Girls Clubs of Metro Atlanta offers programs and services for youth and families at 20 facilities, a residential camp and through our Support Center. (the “BGCMA Facilities”). BGCMA has put in place preventative measures to reduce the risk of the spread of COVID-19 at the BGCMA Facilities. The measures apply to services and programs offered at the BGCMA Facilities. By signing this agreement, I agree that I and my child(ren) will comply fully with such preventative measures. However, I acknowledge that BGCMA cannot guarantee that I or my child(ren) will not become infected with COVID-19 when we enter the BGCMA Facilities for any purpose, and that visiting the BGCMA Facilities and participating in the programs and services offered could increase our risk of contracting COVID-19.

By signing this agreement, I acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected by COVID-19 by visiting the BGCMA Facilities or by participating in the programs and services offered, and that such exposure or infection may result in personal or bodily injury, illness, temporary or permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 either by entering the BGCMA Facilities or by participating in the programs and services offered there may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, BGCMA or its agents, employees, representatives, volunteers, or subcontractors (collectively, “BGCMA Parties”) or by program and service participants and/or their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself and/or my child(ren) (including, but not limited to, personal or bodily injury, illness, temporary or permanent disability, and death), damage, loss, claim, liability, or expense, of any kind, that I and/or my child(ren) may experience or incur in connection with my and/or my child(ren)’s entering the BGCMA Facilities or by participating in programs and services offered there, whether offered directly by BGCMA or subcontractor of BGCMA (collectively, the “Claims”). On my behalf, and on behalf of my children, I hereby release and indemnify the BGCMA Parties, and each of them, from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto, and covenant not to sue the BGCMA Parties, or any of them, for any Claims. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the BGCMA Parties, or any of them, whether a COVID-19 infection occurs before, during, or after my entering the BGCMA Facilities for any purpose whatsoever.

I further consent, on behalf of myself and my child(ren), for BGCMA to take my/our temperature as a condition to entry into the BGCMA Facilities and further acknowledge and agree that BGCMA may deny access to the BGCMA Facilities if I and/or my child(ren) have an elevated temperature (above 100.3), as shown by the temperature test taken at the BGCMA Facilities or present symptoms related to COVID-19 (chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea).

I attest that I and/or my child(ren) do not exhibit symptoms of COVID-19. If symptoms do arise, I will notify my Supervisor/Club Director and follow the guidelines issued by the Centers of Disease Control and Prevention (CDC) and quarantine for a minimum of 10 days.

\_\_\_\_\_  
Signature of Staff, Visitor or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Staff, Visitor or Parent/Guardian

\_\_\_\_\_  
Print Name(s) of BGCMA Program Participant(s) or Club Member



**BOYS & GIRLS CLUBS**  
OF METRO ATLANTA

## Membership Application

**Member's Info** Please print & fill out the application completely. BGCMA will NOT accept incomplete applications.

Has your child ever been a member at another club? Name of club:

<b>First Name:</b> <input type="text"/>		<b>Middle Initial:</b> <input type="text"/>	<b>Last Name:</b> <input type="text"/>	
<b>Address:</b> <input type="text"/>			<b>Email Address (Parent):</b> <input type="text"/>	
<b>Zip Code:</b> <input type="text"/>	<b>County:</b> <input type="text"/>	<b>City:</b> <input type="text"/>	<b>Cell Phone (Youth):</b> <input type="text"/>	
<b>Birthdate:</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Age:</b> <input type="text"/>	<b>Member's SSN (REQUIRED)</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	<b>Cell Phone (Parent):</b> <input type="text"/>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	<b>Name of School District:</b> <input type="text"/>	<b>Race/Ethnicity:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Multi-Racial	<b>Club member for:</b> <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 2 or More Years
<b>Grade during 2020-21 School Year:</b> <input type="text"/>		<b>Name of School:</b> <input type="text"/>		
<b>Total absences from school during 2019-20 School Year</b> (TO BE COMPLETED BY CLUB STAFF USING FINAL REPORT CARD)				<input type="text"/>

### Household Info (Please Print)

<b>Is Member from a Single Parent Household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender of Head of Household:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<b>Member Receives:</b> <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> None
<b>Member Lives With: (Circle one)</b> Both Parents    Mother    Father    Aunt/Uncle Grandparent(s)    Foster Care/DFACS    Other _____		<b>Military Household:</b> <input type="checkbox"/> No, not military <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy
<b>Primary Language Spoken in Home:</b> <input type="text"/>		<b>Live on Base?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### Member's Medical Profile (Please Print)

<b>Does member have any allergies or dietary religious restrictions? (Check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does member have any special medical conditions? (Check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Emotional/ Behavior disorder <input type="checkbox"/> Epilepsy/Seizure disorder <input type="checkbox"/> Gastrointestinal disorder <input type="checkbox"/> OTHER _____ _____ _____ _____
<input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Fish/Shellfish <input type="checkbox"/> Milk/Dairy products <input type="checkbox"/> Peanuts/Peanut butter <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Wheat/Gluten <input type="checkbox"/> Drug allergy (Provide name below) <input type="checkbox"/> OTHER _____ _____ _____ _____	<b>Does member take any prescription medication? (Check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, please list the names of those medications:</b> _____ _____ _____  <b>If yes to prescription medication, does member take medication during Boys &amp; Girls Club hours?</b> <b>If yes, parent is required to complete an additional medication form.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Physician &amp; Phone Number:</b> <input type="text"/>		<b>Insurance Company &amp; Policy #:</b> <input type="text"/>



## ***Creating the Best Club Experience***

### **Boys & Girls Clubs of Metro Atlanta Member Assessment Permission Form**



Your child's opinions are important, and we want them to have the best experience at the Club! Our Clubs can only get better if we hear from our members. We invite your child to participate in BGCMA's outcome assessments that focus on academic success, healthy lifestyles, character & leadership, and their opinions about this Club. To provide the children of this community with the most effective and fun programs requires us to periodically ask members about their life and their experiences in the club. The information we gather will be used to help Club staff better understand Club members and the programs that will best promote their overall success as students and as successful adults.

By initialing below, you indicate that you are the parent or guardian of the person named in this membership application and that you give your consent to and give authorization for your child to participate in Member Assessments used by the Boys & Girls Clubs of Metro Atlanta, Department of Human Services and their subsidiaries, and affiliates. These assessments may include your household information, your child's grades, demographics and/or survey information:

\_\_\_\_\_ **I give permission for my child to participate in Member Assessments.**

\_\_\_\_\_ **I DO NOT give permission for my child to participate in Member Assessments**

The assessments will be administered 2-3 times over the school year in supervised groups at the Club. These assessments with Club members include, but are not limited to: confidential surveys on the outcome areas, reading and math assessments, and physical fitness assessments. We also collect demographic information and school report cards through the membership process. We hope you will allow your child to participate. As you consider doing so, we want you to know several things about BGCMA's assessments and about your rights as a parent or guardian:

- Your son/daughter's participation in the assessments is entirely voluntary. You must give your permission for her or him to participate. Your son or daughter must also agree to participate. If you do not give your permission, or if he/she decides not to participate, there will be no penalty or consequences for anyone involved.
- The purpose of the assessments is to satisfy reporting requirements to our community partners, to better understand positive youth development, and to create better programs—the information is not used for any other purpose. There are no right or wrong answers in the outcome surveys (questions are about feelings, opinions, and experiences).
- There are no known discomforts or hazards associated with participation—only assessments & surveys are involved.
- Copies of the assessments are available if you would like to review any of the questions being asked. To do so you must inform the Executive Director of your Club.

All information from the assessments is kept confidential to the full extent allowed by law. The completed electronic surveys will remain secured within our membership database accessible only to BGCMA's Evaluation & Measurement Team. No other children or adult staff at this Club or anywhere else will know what answers your child provides. All the findings will be combined, summarized and reported in group form so that it will be impossible to identify individual people. A summary of the findings will be made available to parents by request.

### **Acceptable Use Policy for Members/Bring Your Own Device Policy**

I, the undersigned legal parent/guardian, will agree to review and will abide by the Bring Your Own Device/Tech Acceptable Use Policy and guidelines for the Boys & Girls Clubs of Metro Atlanta. I understand these policies will be covered in-depth during the Mandatory Parent Orientation. I can also request a copy from my Club.

**Print Child's Name:** \_\_\_\_\_ **Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Media Permission Form (Indicate by checkmark OR initial)**

RE: Use of Name, Photograph, Video and Identity in Connection with Advertising and/or Promotion of the Organization

I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of Metro Atlanta, Department of Human Services, and their subsidiaries, affiliates, partners, and advertising agencies ("Companies") of my child's name, photographs, videos, works of art, and identity in various web, digital, and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, partners, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury, and libel.

☐ I give my child Media Permission.

☐ I DO NOT give my child Media Permission.

### **School Data Release Form (Indicate by checkmark OR initial)**

The Boys & Girls Clubs of Metro Atlanta (BGCMA) will maintain all member files and records in a confidential and secure manner. In order to better serve members, BGCMA may file a formal data request with your child's school district. If approved, BGCMA will share with the school district the names of members who attend the Clubs in that school district. This data request would grant BGCMA access to members' existing academic data (e.g. grades, school attendance, or standardized testing results). BGCMA would use this data for three purposes: (a) identify members' academic needs; (b) evaluate the effectiveness of BGCMA programming; (c) tailor programming and services to better meet members' academic needs. Please indicate whether you authorize BGCMA to include your child in this school data release.

Note: Files for all programs funded in whole or in part by the Georgia Department of Human Services are available for monitoring and subject to audit by the Georgia Department of Human Services. Communication of member information to persons or agencies other than listed above will require written approval of the member's parent.

☐ I give permission to the BGCMA to request academic information from my child's school district.

☐ I DO NOT give permission to BGCMA to request academic information from my child's school district.

### **General Travel Permission Form (Indicate by checkmark OR initial)**

By signing below, the parent(s) of the youth agree that the Boys & Girls Clubs of Metro Atlanta, the Department of Human Services, nor any of their representatives shall be held liable for any accidents or misfortunes while in route to, or returning from any Boys & Girls Club outings during the After School/Summer Program. This includes outings in which members travel by foot off the Club property with Club staff for normal programming time (i.e. community parks, playgrounds and/or gyms, etc.)

The Boys & Girls Clubs of Metro Atlanta must have this permit signed by the parent(s) before the youth is allowed to travel with the Club during any outings during the After School/Summer Program.

This form only gives permission for youth to travel with the Boys & Girls Clubs of Metro Atlanta. A parent's signature must be on a sign-up sheet for each field trip before the youth will be allowed to attend that field trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first come, first served basis.

☐ I give my child General Travel Permission.

☐ I DO NOT give my child General Travel Permission.

### **Club Mask Down Zone**

Clubs will identify an outdoor area and/or open gym spaces, where youth will be given the opportunity to remove their face mask to intake fresh air, so long as social distancing requirements are being met.

☐ I give permission for my child to remove their mask during the Mask Down time.

☐ I DO NOT give permission for my child to remove their mask during the Mask Down time.



## Parent/Guardian Information (Please Print)

### Primary Parent/Guardian

First Name:

Last Name:

Home Number:

Employer:

Occupation:

Do you receive vouchers from the housing authority in your community or do you live in public housing?

- ☐ Yes  
☐ No

If yes, please list the name of the housing authority where you receive assistance:

Work Number:

Cell Number:

### Secondary Parent/Guardian

First Name:

Last Name:

Home Number:

Cell Number:

Employer:

Occupation:

Work Number:

## Emergency Contacts and Authorized to pick up member from Club (Please Print)

**NOTE: At least 2 contacts that are not the Parent/Guardian are REQUIRED below.**

Name and phone #:

Name and phone #:

Name and phone #:

Name and phone #:

Name and phone #:

Name and phone #:

### Authorized to leave premises unescorted:

#### Under 13 years old

\_\_\_ My child is younger than 13 years old but has my permission to walk/leave the Club with older siblings/friends listed in the authorized pick up.

\_\_\_ My child is younger than 13 years old but **DOES NOT** has my permission to walk/leave the Club.

#### 13 years old or older

\_\_\_ My child is 13 years or older and has my permission to check him/herself out of the Club.

\_\_\_ My child is 13 years or older but **DOES NOT** have my permission to check him/herself out of the Club.

**NOTE: If there are any legal situations regarding unauthorized pick-ups/visitations, please provide that information to the Club (i.e. court orders).**

## Additional Household Info (Please Print)

Number of Persons in Family Unit (# in household):

Gross Annual Household Income (before taxes and deductions)

\$



## Forms and Waivers

**PLEASE READ CAREFULLY & INDICATE CHOICES WITH CHECKMARKS OR INITIALS**

<p><b>NOTICE OF EXEMPTION &amp; PARENT ORIENTATION</b></p> <p><b>Bright From The Start Notice of Exemption</b>          _____ I acknowledge that I have been informed that this program is not a licensed childcare 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.</p> <hr/> <p><b>Parent Orientation/Remind Communications</b>          _____ I understand that attending Parent Orientation is <b><u>MANDATORY</u></b>, and I agree to adhere to and abide by the policies of the Club as stated in the orientation guide. I also agree to further review Club policies with my child, assuming responsibility for their appropriate behavior while in attendance at the Boys &amp; Girls Club. I understand that it is <b><u>MANDATORY</u></b> to opt-in to the Club Remind Class to receive important Club/Org communications. NOTE: The Member/Parent Orientation guide is available per download on our website and/or per request at the front desk of each Club.  <b>Checkmarks OR Initials Required for both items in this section.</b></p>	<p><b>TRANSPORTATION: (Checkmarks OR Initials Required)</b></p> <p><b>After School Travel: From School &amp; Travel To Home</b>  <i>(When space is available on van routes)</i>          _____ I authorize service from my child's school to the Club for the current school year. I understand that BGCMA reserves the right to remove my child from the van service.</p> <hr/> <p><b>Field Trips/Special Events/Summer Travel</b>          _____ I authorize travel with the BGCMA to any field trip or outing that <b><u>I sign my child up</u></b> for during the <b>SCHOOL YEAR AND /OR SUMMER PROGRAM</b>. I understand that BGCMA reserves the right to remove my child from the van service.</p> <hr/> <p>_____ I <b><u>DO NOT</u></b> authorize <b><u>ANY</u></b> travel with BGCMA. By selecting this option, your child <b><u>CANNOT PARTICIPATE</u></b> in <b><u>ANY</u></b> offsite trips.</p>
<p><b>MEDICAL: (2 Checkmarks OR Initials Required)</b></p> <p><b>In the event of an emergency, the Club must have written consent to seek medical treatment for your child.</b></p> <p><b><u>CHOOSE 2 OPTIONS IN THIS SECTION</u></b></p> <p>_____ I authorize administration of basic first aid.</p> <p>_____ I <b><u>DO NOT</u></b> authorize administration of basic first aid.</p> <hr/> <p>_____ I <b><u>give BGCMA permission</u></b> to seek medical treatment for my child. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.</p> <hr/> <p>_____ I <b><u>DO NOT</u></b> give BGCMA permission to seek medical treatment for my child.</p>	<p><b>HOLD HARMLESS AND LIABILITY RELEASE:</b></p> <p><b>WAIVER AGREEMENT (Checkmark OR Initial Required)</b></p> <p>_____ I voluntarily submit my child for registration as a member at BGCMA. Activities at the Club may include, but are not limited to <b>BGCMA SWIM, WEIGHT ROOM and other SPORTS/REC ACTIVITIES, which at my discretion may choose to allow my child to participate in.</b> I will hold harmless BGCMA, Department of Human Services and their subsidiaries/affiliates 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.</p>
<p>I represent that I am the below-named parent/guardian, that I am over the age of 21, that I have read the foregoing and fully understand the contents thereof, that the consideration that I have received for this Agreement, Release and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice. This Agreement, Release and Waiver shall ensure to the benefit of the successors, assigns, licensees and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives. I request that my son/daughter be admitted into membership and I grant permission for my child to participate in current and future programs, including virtual programming and support with virtual school. I have explained the rules to my son/daughter and agree that BGCMA will not be responsible for any accident to him/her while on the premises of BGCMA or while engaged in any of its activities away from BGCMA. BGCMA participates in the USDA snack program. USDA is an equal opportunity provider and employer. I understand that BGCMA has adopted a Safe Passage Policy that prohibits members from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized person arrives to retrieve them. I understand that the Club is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent/guardian permission. I have read and agree to abide by the BGCMA policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from the Club programs.</p>	

**Print Child's Name:** \_\_\_\_\_ **Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Code of Conduct for Participation in The Boys & Girls Clubs of Metro Atlanta's Virtual Club Experience**

The purpose of The Boys & Girls Clubs of Metro Atlanta Youth/Teen Virtual Club Experience is to provide safe and engaging platforms, where youth can continue to strive to expand their horizons and build on the future that awaits them. Every participant, together with staff, volunteers and parents, contributes to the success of this program. Below is an outline of expectations that we ask of all participants, their parents/guardians, and program staff.

### **I agree to meet these program expectations:**

- Treat my fellow participants and staff with respect.
- Plan ahead for personal needs so that I can participate fully and on time in all activities.
- Challenge myself to learn and advocate for my needs, including requesting help or accommodation when I need it.
- Be an active bystander: do what I can to help others or find help when needed.
- Follow staff, volunteer and guest instructions and raise concerns respectfully.
- Complete assigned individual and group projects on time.
- Respectfully contribute ideas to staff that can improve the Virtual Club Experience.

### **What are the consequences if I do not meet expectations of the program?**

- Staff will give me a warning regarding behaviors and actions that are not allowed and, in most cases, give me an opportunity to correct the behavior.
- Depending on the behavior, they may also contact my parent or guardian.
- In some cases, staff may discuss with me and require me to sign a Behavioral Reflection plan in order to stay in the program.
- Some behaviors may result in immediate suspension or termination.

### **The following may result in being dismissed from the program:**

- Bullying, harassing or using derogatory language towards another person or group of people. This includes sending, posting, or sharing negative, harmful, false, or mean content about others online. This can include sharing personal or private information about someone else online.
- Engaging in and or pretending to engage in illegal activity. (Using alcohol, tobacco, drugs or brandishing a weapon).
- Repeated absences or failure to meet agreed upon program work requirements.

### **As the parent/guardian I will support my child's participation in this program by:**

- Making arrangements so my child is available to participate in the program during specified times.
- Allowing time for my child to complete required assignments.
- Communicating with Club staff prior to program start time if my child is experiencing technical challenges.
- Not making inappropriate requests of staff that conflict with program guidelines.
- Working together with program staff to resolve issues that arise with my child.
- Having a conversation with my child about online safety and understanding that program staff are not able to monitor, nor responsible for, what my child does online outside of program activities.

### **Your Youth Development Professionals' commit to:**

- Respectful and effective communication with all participants and their parents
- Helping you have a safe and fun experience
- Addressing problems that are brought to our attention
- Creating an environment where everyone is welcomed and given the opportunity to succeed. Everyone contributes to the success of this program!

**By signing, you are acknowledging your understanding of and a commitment to following this Code of Conduct.**

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**Parent/Guardian Signature**

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**Youth Name**

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**Date**



Georgia Division of Family and Children Services  
Afterschool Care Program  
Youth Participation Eligibility Form  
Updated 10/2019



Page 1 of 3 - DFCS Afterschool Care Program Eligibility Form

**Boys & Girls Clubs of Metro Atlanta** 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 6 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 afterschool/summer 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.	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.

***Family Income Eligibility for the DFCS Afterschool Care Program Income Eligibility Guide***

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Afterschool Care Program Annual Household Income Guidelines **	DFCS Afterschool Care Program Monthly Household Income Guidelines
1	\$12,490.00	\$37,470.00	\$3,122.50
2	\$16,910.00	\$50,730.00	\$4,227.50
3	\$21,330.00	\$63,990.00	\$5,332.50
4	\$25,750.00	\$77,250.00	\$6,437.50
5	\$30,170.00	\$90,510.00	\$7,542.50
6	\$34,590.00	\$103,770.00	\$8,647.50
7	\$39,010.00	\$117,030.00	\$9,752.50
8	\$43,430.00	\$130,290.00	\$10,857.50
Each additional person, add	\$4,420	Multiply total Federal Poverty Level by 300%	Divide DFCS Afterschool Care Annual Household Income by 12.

\* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 84 FR 1167, Page 1167-1168, Document Number: 2019-00621)

\*\* 300 % of the federal poverty level in effect January 11, 2019.

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 individual that contributes to the household income and provide the applicable proof. See Appendix B for income verification proof sources

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



**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 Funded Afterschool/Summer Service 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 Afterschool Care Program 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 PeachCare**: Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care 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