



**VACAVILLE NEIGHBORHOOD
BOYS & GIRLS CLUB**

2024-2025 MEMBERSHIP APPLICATION

Date Received: _____
Received By: _____
Payment Received: Cash Check CC \$ _____

CLUB MEMBER INFORMATION			
Last Name:	First Name:	MI:	Date of Birth:
Home Address:	City:	Zip:	Gender: M ale Female
Grade Level Upcoming School Year:	School Attending:		

GUARDIAN INFORMATION			
Mother/Guardian Last Name:	Mother/Guardian First Name:	Main Phone:	Work Phone:
Employer:	Title:	Cell Phone:	Current Email:
Father/Guardian Last Name:	Father/Guardian First Name:	Main Phone:	Work Phone:
Employer:	Title:	Main Phone:	Current Email:

CLUB MEMBER SIGN OUT AUTHORIZATION	
Authorized:	Unauthorized: (Please note, certain circumstances may warrant legal documentation)
1.)	1.)
2.)	2.)
3.)	3.)

It will be required that all Individuals show proof of identification upon signing Club Member out of programming.

WALKER AUTHORIZATION
<p style="font-size: small;">Because our Centers are located within neighborhoods of many children, the Vacaville Neighborhood Boys & Girls Club allows members to walk home. Members may walk home although they are advised to stay at the Centers and we cannot legally require them to stay. It is the responsibility of the child AND parent/ guardian to determine if walking home is an appropriate departure method.</p> <p style="text-align: center; font-size: small;"> <input type="checkbox"/> Member may walk home <input type="checkbox"/> Member requires pick up </p>

EMERGENCY CONTACT INFORMATION			
Emergency Contact #1	Phone	Emergency Contact #2	Phone

MEDICAL INFORMATION	
Please list medical conditions:	List any medications taken:
Allergies:	Learning Impairments:
Physician Name/Phone:	Health Insurance Group #:

PARENT OR GUARDIAN APPROVAL OF MEMBERSHIP (Please read and sign below):

_____ An "Active Member" attends 4 days per week to maintain active membership. Members who are not active and do not fulfill this requirement could be in jeopardy of losing their membership.

_____ I understand my child is free to come anytime the Club is open and is required to check in and check out of the Club. If my child chooses to leave, they will not be permitted to return. It is the responsibility of me and my child to determine whatever arrival and departure method is the best for us.

_____ I hereby agree to give my child permission to participate in activities at The Vacaville Neighborhood Boys & Girls Club (VNBGC). Activities will mainly occur onsite but may occasionally be offsite. I understand that this is not a licensed childcare facility. I will not hold the VNBGC responsible for any actions, accidents, injuries, or losses which may occur as a result of my child's participation in this program. I agree to indemnify and hold harmless the VNBGC, Its Board of Directors, officers, staff and its agents, the City of Vacaville, and the Vacaville Unified School District from all liability which may occur as a result of my child's participation.

_____ I authorize Club personnel, EMT, physician, or hospital to administer emergency medical treatment in the event of an accident or sudden illness.

_____ I understand my child will be required to do academics while at the club.

_____ I hereby give permission to my child to utilize computer equipment and the internet at the VNBGC. I understand that my child must follow Club computer rules in order to maintain this privilege. I also am liable for replacing equipment or software if my child damages and/or makes the equipment useless.

_____ I give my consent and allow my child to be photographed and or video'ed and their picture, without identification, may be used for promotional purposes in publications and social media.

_____ I voluntarily submit my child in programs and I understand that prevention-based programming is available for my child at the Club. A trained staff member has my permission to discuss, at a level determined to be age appropriate, the following subject matters: drugs and alcohol, chemical abuse, human anatomy, mental health issues, interpersonal relationships, and values clarification.

_____ I understand that if my child is picked up after closing time, I will be charged a late pick-up fee of \$1 per minute. Any child left 30 minutes after the Club is closed is by law considered abandoned and must be reported to the authorities, who will then pick up your child.

_____ I agree to notify the VNBGC if there are changes in the members' contact information.

_____ I have received and read a copy of the parent/member handbook.

_____ **Travel & Transportation:** I authorize travel on the city transit system, in the Club van, or on a chartered bus for the purpose of a field trip. I understand that the VNBGC can revoke my child's ride privileges at any time due to negative behavior and that VNBGC is not liable for any injuries that may occur while traveling.

Parent/Guardian: I have read the information above and give my consent and authorization for my child to join The Vacaville Neighborhood Boys & Girls Club.

Parent/Guardian Signature _____ Date: _____

Registration must be completed in full and registration payment provided. Registration fees are waived for Kairos families who qualify for the ELOP program.

**Community Development Block Grant Program
2024-2025**

The information being requested is not meant for public dissemination but only for monitoring or audit purposes as required by HUD. Thank you for your cooperation. **This form is also used to qualify families for scholarships. Parents/guardians interested in scholarship assistance must also provide past 30 days of wage statements and a copy of the 2023 tax return.**

1. Is Parent/Guardian Active Military: ____ Yes ____ No

2. Is The Child Living On Base: ____ Yes ____ No

3. Name of military parent: _____

4. Branch of Service and Rank: _____

5. Total Annual Household Income: _____

6. Number Of People In Household: _____

7. Head of household ____ Male ____ Female

8. Disabled ____ Yes ____ No

9. Race and Ethnicity (please check the ethnicity of the child enrolled):

- | | |
|---|---------------------------------------|
| ____ American Indian or Alaska Native | ____ Latino/Hispanic |
| ____ American Indian or Alaska Native & White | ____ Native Hawaiian/Pacific Islander |
| ____ Am. Indian or Alaska Native & Black or African Am. | ____ White |
| ____ Asian | ____ African American & Asian |
| ____ Asian & White | ____ Other (specify): _____ |
| ____ Black or African American | |
| ____ Black or African American & White | |

10. Please check below any circumstance that applies to your child:

- Eden Housing resident
- Qualifies for free/reduce lunch
- Foster youth
- Displaced or homeless

CONSENT FORM FOR RELEASE OF INFORMATION

I, _____, the parent or legal guardian of _____ grant permission and authorize staff of the Vacaville Neighborhood Boys & Girls Clubs to obtain school records, grade reports, and access to School Loop/AERIES by signing my signature below.

I also grant permission to the staff of the Vacaville Neighborhood Boys & Girls Clubs to speak to teachers, counselors, and administrators to exchange information regarding the above named child. The purpose of the exchange is to help both organizations work together to help the student be successful in school, at the Club, and in the community. This release is valid for one year and may be revoked at any time by contacting the Vacaville Unified School District or the Vacaville Neighborhood Boys & Girls Club in writing.

Parent Signature

Date

Name of Student

Student's School