



BOYS & GIRLS CLUBS
OF Chambersburg AND **SHIPPENSBURG**
SCHOOL YEAR MEMBERSHIP APPLICATION

Date Received: _____

Payment: Cash/Check # _____

Member ID # _____

Shippensburg Clubhouses

- Rising Hope – Crossroads
593 Walnut Bottom Road
Shippensburg, PA 17257
- James Burd & Nancy Grayson

Begins Tuesday, September 8

Club Hours:

6:00 AM – 6:00 PM

For Membership:

1. Fill out Application
2. Submit form along with payment. Form and fee may be brought in or mailed to the Shippensburg address above or paid by credit card using Paypal through www.bgccs.org.

Member Information:

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____ County: _____

State: _____ Zip: _____ Telephone: _____ Cell Phone: _____

Birthdate: ____/____/____ Ethnicity: _____ Gender: Male / Female

School Information (for 2020-21 school year):

Current School: _____ Current Grade: _____ Education Type: Public School / Online Schooling

Reduced Lunch Program? Free? _____ Reduced? _____ None _____

*****Parent/Guardian Information:**

Name: _____

Employer: _____

Occupation: _____

Home Address: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email: _____

Relationship to child: _____

Emergency Contact – Yes _____ No _____

Authorized to pick up child? Yes _____ No _____

*****Parent/Guardian Information:**

Name: _____

Employer: _____

Occupation: _____

Home Address: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email: _____

Relationship to child: _____

Emergency Contact – Yes _____ No _____

Authorized to pick up child? Yes _____ No _____

*****Please list two emergency contacts that, if necessary, could transport your child (other than the 2 listed above):**

Name: _____ Phone #: _____ Relationship to child: _____

Name: _____ Phone #: _____ Relationship to child: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Emergency Room/Ambulance if necessary? Yes _____ No _____ (All attempts would be made to notify you first)

Health Insurance? Yes _____ No _____ Health Insurance Carrier: _____

Policy # _____ Group # _____

Health issues/special needs? Yes _____ No _____ Please explain: _____

Food or other Allergies: _____

Medicines taken _____

MY CHILD HAS PERMISSION TO WALK HOME FROM CLUB AT TIME OF DISMISSAL YES _____ NO _____**General :**

Birth City: _____ Birth State/Country: _____

Name of siblings who are/were B&G Club members:

PLEASE COMPLETE. The information below helps us to apply for grants and other monetary awards. We will keep your personal information confidential. This information is always requested on applications by the Boys and Girls Club of America.**Household:** Annual Gross Household Income: (Please check one)

\$0 - \$5,001		\$30,001 - \$35,000		\$60,001 - \$65,000		
\$5,001 - \$10,000		\$35,001 - \$40,000		\$65,001 - \$70,000		
\$10,001 - \$15,000		\$40,001 - \$45,000		\$70,001 - \$75,000		
\$15,000 - \$20,000		\$45,001 - \$50,000		\$75,001 - \$80,000		
\$20,001 - \$25,000		\$50,001 - \$55,000		\$80,001 - \$85,000		

Do you live with your: Mom _____ Step Mom _____ Dad _____ Step Dad _____ Grandparent _____ Other _____

Is there a member in the household 65 years or older? Yes _____ No _____

Is there a member of the household handicapped? Yes _____ No _____

Current head of household: _____

Current Single Parent? Yes _____ No _____ Current number in household: _____

of Brothers: _____ Ages: _____ # of Sisters: _____ Ages: _____

Are you in the military (active duty, Guard, Reserve, veteran)? Yes _____ No _____ If yes, what branch? _____

TUITION COLLECTION AND PROCEDURES

See sliding scale below. All applications **MUST** include proof of income or you will be charged the full tuition.

In the event of non-payment, the Boys & Girls Club of Chambersburg and Shippensburg reserves the right to terminate you child's enrollment and fill the slot with a waiting list candidate.

****Parents are required to pay the full tuition rate regardless if their child/ren attends every day/week.**

Tuition – All Day Programs – 6 AM – 6PM - Weekly

Family Size	Level 1	Level 2	Level 3	Level 4
2	\$22,456	\$25,664	\$30,476	\$32,081
3	\$28,588	32,672	38,798	40,841
4	\$34,440	39,360	46,740	49,201
5	\$40,292	46,048	54,682	57,561
6	\$46,144	52,736	62,624	65,921
7	\$51,996	59,424	70,566	74,281
8	\$57,848	66,112	78,508	82,641
Weekly 4-5 days	\$80	\$90	\$100	\$110
Weekly 2-3 Days	\$40	\$50	\$60	\$70

Your application will not be approved until:

NEW MEMBERS – we receive your \$20 deposit.

ALL MEMBERS – we receive a minimum \$50 holding fee. This amount will be applied to your first week's tuition.

Before/After School Care – 2:00 PM – 6:00 PM

Students not doing the all day program may participate in our after school program at the All Day site or at one of the elementary schools. All students, including home school students are welcome for this part of the day.

Before/After Care – cost/month (M,T,TH,F)

	1	2	3	4
2	\$22,456	\$25,664	\$30,476	\$32,081
3	\$28,588	\$32,672	\$38,798	\$40,841
4	\$34,440	\$39,360	\$46,740	\$49,201
5	\$40,292	\$46,048	\$54,682	\$57,561
6	\$46,144	\$52,736	\$62,624	\$65,921
7	\$51,996	\$59,424	\$70,566	\$74,281
8	\$57,848	\$66,112	\$78,508	\$82,641
Before Care 2 days	\$15	\$15	\$20	\$20
After Care 2 days	\$10	\$10	\$15	\$15

Shippensburg Parental Release Form (Please check Yes or No for all releases)

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Chambersburg and Shippensburg, and Boys & Girls Clubs of America, 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.

Authorization for Treatment Yes _____ No _____

In case of an emergency, I authorize the Boys & Girls Club of Chambersburg & Shippensburg to administer first aid and to transport my child to the nearest hospital emergency room and to order X-rays; routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above and hereby release and hold harmless the above names organizations and any individual associated therewith with any and all liability arising therefrom. I will be responsible for any/all costs of medical attention and treatment.

Photo Release Yes _____ No _____

I authorize the Boys and Girls Club of Chambersburg and Shippensburg to have my child's photo appear in camp brochures, videos, public relations materials, promotional materials and on our bgccs website and other websites.

Data Collection Yes _____ No _____

I give my permission to the Boys & Girls Club of Chambersburg and Shippensburg to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application and hereby release and hold harmless the above names organizations and any individual associated therewith with any and all liability arising therefrom.. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

School Information Yes _____ No _____

I give my permission to the Boys & Girls Club of Chambersburg and Shippensburg and Chambersburg or Shippensburg School District to exchange information regarding the minor child listed on this application and hereby release and hold harmless the above named organizations and any individual associated therewith with any and all liability arising therefrom.. The purpose of the exchange is to help both organizations 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 Chambersburg or Shippensburg School District or the Boys & Girls Club in writing.

Data Sharing Yes _____ No _____

I understand that the Boys & Girls Club of Chambersburg and Shippensburg may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness and consent to the sharing of my child's information as described herein. 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 Boys & Girls Club of Chambersburg and Shippensburg including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. I hereby release and hold harmless the above names organizations and any individual associated therewith with any and all liability arising from sharing the information contained herein.

Technology Yes _____ No _____

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible that they may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access hereby release and hold harmless the above names organizations and any individual associated therewith with any and all liability associated with such inappropriate access should it occur.

Transportation Yes _____ No _____

I give permission for my child to be transported by a staff members of the Boys & Girls Club for club programming purposes and hereby release and hold harmless the above names organizations and any individual associated therewith with any and all liability arising therefrom.

Miscellaneous Yes _____ No _____

I understand that the **Boys & Girls Club is not responsible for lost or stolen items** and hold the above names organization and any individual associated therewith harmless should a loss occur. Parents and Club members are **responsible for their own transportation to and from the Club**. As a drop-in facility, we are not responsible for Club members' whereabouts and I release and hold harmless the above names organizations and any individual associated therewith from any and all liability in regards to my child's whereabouts.

***I give permission for my child to go for **walks through the neighborhood and downtown** with the club staff hereby release and hold harmless the above names organizations and any individual associated therewith with any and all liability arising therefrom.

Acknowledgment of Risk and Waiver Yes _____ No _____

I understand and acknowledge my child may participate in a variety of activities including; swimming, outdoor games, sports, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless the Boys & Girls Club of Chambersburg and Shippensburg and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request that my child be admitted into membership. I agree to follow the Boys & Girls Club Membership Handbook. I agree to the tuition costs listed in this application and I agree to pay them on time or work out an arrangement with the Executive Director.

Parent / Guardian Signature

Club Member's Signature

Date: ____/____/____

Commitment Page
2020-2021 School Year

All Day option:

_____ I will be enrolling my child in the all day option. I understand that this option opens at 6:00 AM and closes at 6:00 PM. My child can attend anytime during those hours.

What days? _____

Does your child have an IEP? _____ Yes _____ NO If yes, before accepting registration we must see a copy of the IEP to make sure we can provide the adjustments your child needs.

I understand that the Boys & Girls Club staff are not certified teachers. The Boys & Girls Club is providing the care, supervision, environment, and help needed so that my child has every opportunity to get their school work completed. If a child refuses to work, we will inform the parents, but we cannot make a child do their school work. Even though my child will be supervised and helped, it is still the responsibility of the parent/guardian to do a final check of the work and make sure it is up to the parents' expectations.

Parent/Guardian's Signature

Parent/Guardian's Signature

Before/After Care Program:

_____ I am enrolling my child in the after school option. I understand the hours at 2:00 PM – 6:00 PM Monday – Friday. My child can attend anytime during those hours. During these hours, no school work assistance will be given. This will be done the next day at all Day programming. We will still provide academic, character/leadership, and healthy lifestyle programs.

_____ My child will be attending the before care program. Which days? _____

_____ My child will be attending the after care program. Which days? _____

Parent/Guardian's Signature

Parent/Guardian's Signature