



OUTREACH Application (OYS)

Boys & Girls Clubs of the Tennessee Valley

FOR OFFICE USE ONLY	CLUB NAME:	USDA: Free	Reduced	Paid
Other Youth Served APPLICATION:	Entry Date: (Paper File)	Membership #: (OYS)		
Weekly Fee:				

Member Information

Child's Name (first, middle and last)					
Gender			Birthdate		
Social Security Number			Phone		
Address (line one)					
Address (line two)					
City			State	Zip	
Arrival Time	School In	School Out	Departure Time	School In	School Out
Normal Days of Care (check <input type="checkbox"/> all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday
Previous Club Member (check <input type="checkbox"/> one)	Yes	No	Previous Club Location		

Ethnic/Racial Identity (You are not required to answer this question)

Please check one of the following for Race / Ethnicity Race

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Asian

School Name:

School Address:	Phone Number		
Current Teacher:	Health Records on File (check one)	Yes	No
Current Grade Level:	Immunizations on File at School (check one)	Yes	No
<i>If immunizations and health records are not on file with school, please provide signed, written statement for exceptions.</i>			

The following information is used for USDA verification and grant purposes only.

Member lives with	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Step Mom	<input type="checkbox"/> Step Dad	<input type="checkbox"/> Grand Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other
Household Income:	Number in Household:						
<i>Definition of Household Income: Income before taxes, earned or unearned for all household members.</i>				<i>Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.</i>			

Medical Information:

Doctor Name and Address:					
Phone Number:					
Do you have medical insurance?	Yes	No	Do you have Medicaid?	Yes	No
Insurance Carrier:			Policy #:		
Describe any operations, serious injuries, chronic illness, special needs or relevant history:					

Other Information

Is the Club Member a foster child or ward of the state? (check <input checked="" type="checkbox"/> one) (if yes, see below)		Yes	No
DCS Caseworker Full Name, if applicable			
Phone Number			
Number of individuals in household			
Does the child receive SNAP or TANF benefits? (check <input checked="" type="checkbox"/> one)		Yes	No
Case Number			

Allergies

Please list any/all allergies and attach Physician's statement with instructions:

Medication

Please list medications used and complete Medication Form with instructions:

Special Instructions

(please initial)	If your child has any known food restrictions, physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please attach a physician's statement which identifies the condition and gives the physician's special instructions for your child's care.
------------------	--

I authorize the Club to administer first aid that may include sunscreen, antibiotic ointment, Tylenol, bee sting ointment (or the generic of each) in case of injury and/or secure or transport child for emergency medical treatment. Every attempt will be made to contact parent. If any injury appears serious enough for hospitalization or medical care, such expenses will be borne by guardian or parent. I hereby authorize transportation to a medical facility and/or the calling of a physician at my expense to provide whatever emergency medical treatment is necessary.

I verify that the above information on my child is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency.

Child's Name

Date

Print Name of Parent or Legal Guardian

Parent / Legal Guardian Signature

Transportation Authorization & Contact Listing Boys & Girls Clubs of the Tennessee Valley

Member's Name: _____ **Club Name:** _____

Please initial below:

	My child has permission to be transported from school to the Boys & Girls Clubs.
	My child may be released only to me unless prior arrangements have been made with the Facility Administration
	My child has permission to be transported from the Boys and Girls Clubs to home
	My child may be released to the following (see below)

<p>MOTHER'S / GUARDIAN CONTACT INFORMATION</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pick up Member: YES NO</p> <p>Name: _____</p> <p>Birthdate: _____ SSN: _____</p> <p>Home Address: _____</p> <p>Employer: _____</p> <p>Employer Address: _____</p> <p>Work Schedule: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p>	<p>FATHER'S / GUARDIAN CONTACT INFORMATION</p> <p>Parent/Guardian: _____ Emergency: _____</p> <p>Person Authorized to Pick up Member: YES NO</p> <p>Name: _____</p> <p>Birthdate: _____ SSN: _____</p> <p>Home Address: _____</p> <p>Employer: _____</p> <p>Employer Address: _____</p> <p>Work Schedule: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p>
<p>PERSON AUTHORIZED TO ACT FOR PARENT IN EMERGENCY (NOT IN SAME HOUSEHOLD)</p> <p>Relationship to Member: _____</p> <p>Person Authorized to Pick up Member: YES NO</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p>	<p>EMERGENCY CONTACT</p> <p>Relationship to Member: _____</p> <p>Person Authorized to Pick up Member: YES NO</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p>
<p>EMERGENCY CONTACT</p> <p>Relationship to Member: _____</p> <p>Person Authorized to Pick up Member: YES NO</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p>	<p>EMERGENCY CONTACT</p> <p>Relationship to Member: _____</p> <p>Person Authorized to Pick up Member: YES NO</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p>

Walk Home Privileges

(please initial)	My child has permission to sign-out and walk home. I understand a child under 10 years of age cannot walk home unless accompanied by someone 10 years of age or older. I understand Boys & Girls Clubs of the Tennessee Valley is not responsible for my child once they sign out. If my child walks to the Club, I understand Boys & Girls Clubs of the Tennessee Valley is not responsible for my child until they enter the facility and sign in.
------------------	--



Member Confidentiality and Release of Information

Boys & Girls Clubs of the Tennessee Valley will maintain all member files in a confidential manner. Pertinent information (i.e. all academic information, report card information or tutorial information) including the verbal exchange of information may be shared professionally with a **Boys & Girls Club** staff member, the Tennessee Department of Education, Tennessee Department of Mental Health & Substance Abuse Services, a Tennessee Department of Human Services Case Manager (if applicable), or the school system child attends (i.e. Knox County Schools, Blount County Schools, Alcoa City Schools, Maryville City Schools, Lenoir City Schools, Loudon County Schools, Anderson County Schools, etc.).

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

Release of Information

(please initial)	A Boys & Girls Clubs staff person has explained the above information regarding the release of information in my child's file maintained by the Boys & Girls Clubs of the Tennessee Valley. I agree to the release of information to persons or agencies listed above. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.
------------------	---

Permission to Photograph

(please initial)	Because the Tennessee Valley is a non-profit organization, a UNITED WAY AGENCY and receive both state and federal funding, it is sometimes requested that a member be photographed. As a result, I understand my child may be involved in marketing for this organization.
------------------	--

Child Abuse Regulations

(please initial)	The Boys & Girls Clubs of the Tennessee Valley and its sites are required by law to report to the TN Department of Children's Services any suspected child abuse of our members. All suspected child abuse will be reported immediately.
------------------	--

Family Handbook

(please initial)	I have received, read and discussed with a staff member a summary of licensing requirements, a parent letter regarding child abuse and the Family Information Booklet. Also, I completed a preplacement visit.
------------------	--

Child's Name

Name of School Child Attends

Print Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date