



2016-2017 SCHOOL YEAR PROGRAM APPLICATION

Member's Info Please print & fill out application completely, BGCB will NOT accept incomplete applications.

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

First Name: Middle Initial: Last Name:

Gender: Birthdate: School: Grade:

First Name: Middle Initial: Last Name:

Gender: Birthdate: School: Grade:

First Name: Middle Initial: Last Name:

Gender: Birthdate: School: Grade:

Address: Home Phone:

City: State: Zip Code: Cell Phone:

Race/Ethnicity:
Caucasian Hispanic Native American
Multi Racial Asian African American

Household Info (Please Print)

Is Member(s) from a Single Parent Household:
 Yes
 No

Gender of Head of Household:
 Female
 Male

Military Household
 Yes
 No

Member Lives With: (Circle one)

Both Parents Mother Father
Grandparents Other _____

Aunt/Uncle

If yes, do you live on base:
 Yes
 No

Member(s) Medical Concerns (Please Print)

Allergies:

Medical Problems/Medicine Needs:

Please Explain Any Special Needs/Concerns For Member(s)



2016-2017 SCHOOL YEAR PROGRAM

APPLICATION Parent/Guardian Info (Please Print)

First Name: <input type="text"/>	Last Name: <input type="text"/>	Phone Number: <input type="text"/>
Employer & Work Numer: <input type="text"/>	Rank/Grade: <input type="text"/>	Occupation: <input type="text"/>

Secondary Parent/Guardian

First Name: <input type="text"/>	Last Name: <input type="text"/>	Phone Number: <input type="text"/>
Employer & Work Numer: <input type="text"/>	Rank/Grade: <input type="text"/>	Occupation: <input type="text"/>

Emergency Contact Info (Please Print)

If same as Parent/Guardian, write 'Same as Above'

Name: <input type="text"/>	Phone Number: <input type="text"/>
-------------------------------	---------------------------------------

Persons other than parents/guardians who are authorized to pick up child (Please Print)

Name: <input type="text"/>	Phone Number: <input type="text"/>
Name: <input type="text"/>	Phone Number: <input type="text"/>

I have read the completed application; understand the rules of the Boys & Girls Club of Borinquen and request that my child/children be admitted into membership. I have explained the rules to my child/children and agree to compensate the club for any damages caused by my child through intentional misuse or misconduct.

Parent/Guardian Signature

Date

To be Completed by BGCB Staff

Membership Rate: # of Membership: <input type="text"/> Total Amount Owe: <input type="text"/>	Membership Type: <input type="checkbox"/> US Coast Guard and Active Military <input type="checkbox"/> All other eligible Patrons
Payment: <input type="checkbox"/> Amount <input type="text"/> Receipt Number: <input type="text"/> Staff Initials: <input type="text"/>	
<input type="checkbox"/> Check Check # <input type="text"/>	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Monthly payment installment Book #: <input type="text"/>	

*Remember to make your payments on time. A \$10/membership late fee will be applied.



2016-2017 SCHOOL YEAR PROGRAM APPLICATION

PLEASE READ CAREFULLY & INITIAL EACH BOX THAT APPLIES TO YOUR CHILD.

COMPUTERS (Initials Required)

___ My child **CAN USE** e-mail and the Internet while at the Club. As a user of the Club computer network, my child and I agree to comply with the stated rules and use the network in a constructive manner.

___ My child **CAN USE** the Internet ONLY (NO E-MAIL). As a user of the Club computer network, my child and I agree to comply with the stated rules and use the network in a constructive manner.

___ I would prefer that my child **NOT USE** e-mail or the Internet while at the Club.

MEDIA (Initials Required)

___ I **GIVE BGCB permission** to use my child's name, photographs, works of art and identity in various BGCB miscellaneous print publications and other media outlets.

___ I **DO NOT GIVE BGCB permission** to use my child's name, photographs, works of art and identity in various BGCB miscellaneous print publications and other media outlets.

MEDICAL TREATMENT (Initials Required)

In the event of an emergency, the club MUST have written consent to seek medical treatment for your child.

___ I authorize administration of basic first aid.

___ I **DO NOT** authorize the administration of basic first aid.

___ I **give BGCB permission** to seek medical treatment for my child in an emergency. 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.

___ I **DO NOT** give BGCB permission to seek medical treatment for my child.

MEMBER ASSESSMENT (Initials Required)

Member to participate in assessments including but not limited to: Surveys for outcome measurements, schools, household demographics, and customized surveys built for specific programs (i.e. SMART MOVES).

___ I **GIVE** permission for my child to participate in Member assessments.

___ I **DO NOT GIVE** permission for my child to participate in Member assessments.

Parent Handbook (Initials Required)

___ I **HAVE** read the Parent Handbook with the rules and regulations set forth by the Boys and Girls Club of Borinquen and USCG Air Station Borinquen.

___ I agree to abide to the rules and regulations

___ I also understand that a copy of this signed statement will be filed with my child(ren) registration form.



2016-2017 SCHOOL YEAR PROGRAM
APPLICATION BOYS AND GIRLS CLUB OF
BORINQUEN
ANTI BULLYING POLICY

- The Boys and Girls Club of Borinquen will offer a safe, caring, and supportive environment for its members
- Staff, parents and members will be aware that Bullying is not going to be tolerated, and treated as a serious offence

DEFINITION

Bullying can be defined as deliberately harmful behavior, repeated over a period of time, where it is difficult for the victim to defend him/herself.

Bullying can take many forms:

- | | | | |
|----------------------------------|---|--|------------|
| Physical | - | hitting, kicking, spitting, biting | |
| Verbal | - | threats, name calling (e.g sectarian, racial) | |
| Indirect
groups or activities | - | spreading rumors or excluding someone from social | activities |
| Extortion | - | demanding money/personal property | |
| Gesture
messages | - | non-verbal threatening gestures which carry intimidating | |
| Cyber | - | use of mobile phones or social networking sites | |

PREVENTIVE MEASURES

In order to prevent bullying, the BGC has put in place the following measures:

- Appropriate staff ratio to numbers of members in our facility
- A zero tolerance of bullying within the BGC
- Members are encouraged and supported to report possible bullying incidents to the staff
- Staff briefing on identifying bullying behavior and how to respond appropriately
- Staff and members received training on identifying and preventing bullying



2016-2017 SCHOOL YEAR PROGRAM

APPLICATION PROCEDURES WHEN BULLYING IS SUSPECTED

In cases where bullying is suspected or has occurred the following procedure will be followed based on risk assessment of the incident.

Level 1 - Low Risk (a onetime incident or repeated name calling)
Member is spoken to by a staff member
Incident recorded on file
Parent informed

Level 2 - Medium Risk (persistent harassment of a member by an individual or group of young people)
Incident recorded on file
Parents informed
A 30 days suspension is established

Level 3 - High Risk (where bullying is persistent and a previous Level 2 suspension has been issued)
Incident recorded on file
Parents informed
Termination of membership

MEMBERS:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

As parent/guardian of the child named above, I am aware of the new Anti Bullying Policy at the Boys & Girls Clubs of Borinquen. I understand and authorize the Boys & Girls Club staff to take whatever action is deemed necessary in their judgment for the above named child if at any point they are involved in an act of Bullying.

Parent Signature: _____ Date: _____