



**BOYS & GIRLS CLUBS**  
OF GREATER CINCINNATI

600 Dalton Avenue Cincinnati, OH 45203  
513-421-8909  
www.bgcg.org

**Membership Application**

*The Positive Place For Kids*

Club Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Member Information**

Name: \_\_\_\_\_  
 Name of Person with whom Member lives: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Demographics**

*\*\* The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. \*\**

Gender Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Male  Female Family Totals : # Sisters/Stepsisters \_\_\_\_\_ #Brothers/Stepbrothers \_\_\_\_\_ Total in Household \_\_\_\_\_

<u>Ethnicity</u>	<u>Household Income</u>	<u>Member Lives With</u>	<u>Household Type and Family Setting</u>
<input type="checkbox"/> Black	<input type="checkbox"/> \$0-\$4,999	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Both Parents
<input type="checkbox"/> White	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> Mother	<input type="checkbox"/> Single Parent Family
<input type="checkbox"/> Hispanic	<input type="checkbox"/> \$10,000-\$12,499	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Asian	<input type="checkbox"/> \$12,500-\$14,999	<input type="checkbox"/> Guardian	<input type="checkbox"/> Extended Family
<input type="checkbox"/> Native American	<input type="checkbox"/> \$15,000-\$17,499	<input type="checkbox"/> Other	
<input type="checkbox"/> Appalachian	<input type="checkbox"/> \$17,500-\$19,999	School: _____	
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> \$20,000-\$24,999	Grade: _____	
	<input type="checkbox"/> \$25,000-\$29,999		
	<input type="checkbox"/> \$30,000-\$34,999		
	<input type="checkbox"/> \$35,000-\$39,999		
	<input type="checkbox"/> \$40,000 or more		

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**FOR OFFICE USE ONLY**

KidTrax ID \_\_\_\_\_ Membership Fees Paid:  \$ \_\_\_\_\_  Scholarship

<u>Member Status</u>	<u>Food Program</u>	<u>Employment Code</u>	<u>Data Entry</u>
<input type="checkbox"/> New	<input type="checkbox"/> Free	Mother _____	Date Entered _____
<input type="checkbox"/> Renew	<input type="checkbox"/> Paid	Father _____	Staff Name _____
	<input type="checkbox"/> Reduced	Other _____	Receipt Number _____
	<input type="checkbox"/> Too Old		



Member Name \_\_\_\_\_ KidTrax ID \_\_\_\_\_

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**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information**

Asthma	<input type="checkbox"/> no	<input type="checkbox"/> yes	
Allergies	<input type="checkbox"/> no	<input type="checkbox"/> yes	Please specify _____
Physical Restrictions	<input type="checkbox"/> no	<input type="checkbox"/> yes	Please specify _____
Medications	<input type="checkbox"/> no	<input type="checkbox"/> yes	Please specify _____
Medical Conditions	<input type="checkbox"/> no	<input type="checkbox"/> yes	Please specify _____

Other Issues: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Name/Policy Number: \_\_\_\_\_

How did you learn about the Boys & Girls Club?

Friend or Club Member  Family  School  TV/Radio/Newspaper  Court  Social Worker  Other: \_\_\_\_\_

**Authorization**

I hereby grant permission to my child to become a Member of the Boys & Girls Clubs of Greater Cincinnati.

In the event that neither I nor the persons listed above can be reached in an emergency, I authorize the attending physician to administer proper and necessary treatment for the safety of my child.

I authorize the organization to use photographs of my child and/or survey my child either through interviews or questionnaires for publicity purposes or data collection.

I understand that the Boys & Girls Clubs of Greater Cincinnati is not a licensed childcare facility or a custodial care service.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Dental Authorization (for Ohio residents only)**

I hereby request that the **Crest Smile Shoppe** and the **Cincinnati Health Department** provide my child dental services. I give clinic staff permission to perform all examinations, tests and treatments as needed for my child's dental care. I also understand that my child will receive these clinical services as performed by qualified staff regardless of gender unless otherwise requested. Clinic chaperone will be provided only upon request. I understand that there will be a charge for clinical services.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

In accordance with Federal law and U.S. Dept of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD), USDA is an equal opportunity provider and employer.

# Technology Use Policy

## Parent or Guardian

**This section must be signed by a parent or guardian for all Members under the age of 18.**

I have read the Boys & Girls Clubs of Greater Cincinnati Technology Use Policy.

I hereby release the Boys & Girls Clubs of Greater Cincinnati, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Boys & Girls Clubs of Greater Cincinnati Internet and Technology Systems, including, but not limited to claims that may arise from the unauthorized use of the Internet and Technology Systems to purchase products or services.

I understand that access to the Boys & Girls Clubs of Greater Cincinnati Network and the Internet is designed for educational purposes and that the Boys & Girls Clubs of Greater Cincinnati has taken available precautions to educate students on appropriate educational materials. However, it is understood that, no matter how much supervision and monitoring the Club can utilize, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold the Boys & Girls Clubs of Greater Cincinnati responsible for materials acquired on the Network.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the Boys & Girls Clubs of Greater Cincinnati Technology Use Policy. I will emphasize the importance of following the rules for personal safety.

\_\_\_\_\_ I give permission for my child to utilize the Boys & Girls Clubs of Greater Cincinnati Technology Program, including, but not limited to Computer Lab computers, printers, computer software, Internet access, network access, database access, and audio-visual equipment and to issue an account for my child and certify that the information contained in this form is correct.

\_\_\_\_\_ No, I do not wish to give permission for my child to use the Clubs' Technology Programs.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Printed Name of Member :** \_\_\_\_\_

**Parent/Guardian Email Address:** \_\_\_\_\_

# Member Technology Use Policy

## Computer Use

### **Do...**

- Understand that all regular Club rules apply to computer use, too.
- Use the Club's computers for educational purposes.
- Use the network to learn about computers and technology.
- Use the computers to play games provided for you by the Club.
- Use the Internet to search for appropriate information.
- Use the Club's computers to type papers and do projects for school.
- Use the computers and the Internet to learn about future careers.
- Tell a Staff Member if you receive a message that is inappropriate or makes you feel uncomfortable.
- Tell a Staff Member if someone you meet or talk to on-line asks to meet you in person

### **Do not...**

- Post personal information about yourself or anyone else (including full name, address, phone number, school name or address, Club name or address, parent's name(s)...).
- Offer, provide, or purchase products or services over the Internet.
- Agree to meet someone in person you have met on-line.
- Use the computer to discuss or plan any illegal activities.
- Share your password with anyone, or try to learn someone else's.
- Use any password other than your own.
- Change settings of any kind on the computers.
- Install/download software of any kind on any Club computer.
- Use obscene (cuss or bad words) or disrespectful language.
- Send anyone messages after they've asked you to stop.
- Say things about others that are un-true or might hurt them in any way.
- Take the ideas or writings of others and claim them to be yours.
- Use the computer to look at material that is obscene or that encourages violence or discrimination.
- Copy or distribute any material, including songs and music, found on the internet or on any copyright CD/DVD.

**I understand upon violation of any of these rules, I could be permanently suspended from the club. I agree to follow and I understand these rules:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Email Address: \_\_\_\_\_



## 2008-2009 Child Care Sponsors

Dear Parent/Guardian:

The \_\_\_\_\_ participates in the Child and Adult Care Food Program (CACFP) Administered by the United States Department of Agriculture (USDA). Sponsors are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Please help the center comply with the requirements of the CACFP by completing, signing and returning the attached form as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to your children in our program. The completed form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the center.

Foster child: Fill out a separate application for each foster child in your care. However, if the foster children are siblings, each child may be listed on the same form. If this is a foster child, please indicate with a check mark on the application. Enter the foster child(ren's) personal use income (print "0" if the child has no income). Complete the form by proceeding to Part 4 and Part 5.

The Kinship Care Program operates under similar guidelines as that of foster care but the children are placed with family members. Under the Kinship Care Program, the state has custody of the child(ren) until permanent placement takes place (about 2 years later).

If you receive food stamps or Kentucky Transitional Assistance Program (K-TAP) on behalf of your child(ren), then you need to list your food stamp case number or your K-TAP case number. In addition, you must complete Part 4 and Part 5.

If you do not receive food stamps or K-TAP, you must complete the following items on the income application: the total current household income by source, names of all household members, the signature and social security number of an adult household member and the date the form was completed. USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the center will receive a higher level of reimbursement.

If you list a food stamp or K-TAP case number, you must notify us when you no longer receive food stamps or K-TAP benefits for your child. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

### INCOME ELIGIBILITY GUIDELINES Effective July 1, 2008 – June 30, 2009

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$19,240	\$1,604	\$ 370
2	\$25,900	\$2,159	\$ 499
3	\$32,560	\$2,714	\$ 627
4	\$39,220	\$3,269	\$ 755
5	\$45,880	\$3,824	\$ 883
6.	\$52,540	\$4,379	\$ 1,011
7	\$59,200	\$4,934	\$ 1,139
8	\$65,860	\$5,489	\$ 1,267
For each additional member, add	\$ 6,660	\$ 555	\$ 129

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability, or national origin. There is to be no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to the Secretary of Agriculture, Washington, D.C. 20250.

\_\_\_\_\_  
Sponsor Representative

\_\_\_\_\_  
Phone Number

If you have questions about the CACFP and its administration, you may contact Paul McElwain, Division Director, or Denise Hagan, Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.

## ENROLLMENT FORM CHILD AND ADULT CARE FOOD PROGRAM

Name of Participant(s)	Date of Birth

Dear Parents,

This child care center participates in the Child and Adult Care Food Program (CACFP). This program assists the center in providing nutritious meals to your child. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

In an effort to improve our program, we periodically conduct household contacts, where we ask parents to provide input and to verify attendance of their children at this day care center. If you have any questions regarding the completion of this form, please contact \_\_\_\_\_ (sponsor name) at \_\_\_\_\_ (phone number). **Please fill in ALL of the following information:**

Name of Parent/Guardian		
Home Address:		
Home #:	Cell #:	Work #:

Is the participant in full time attendance?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

What are the days the participant is normally in care?  
 \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

What are the hours the participant regularly spends at the center? \_\_\_ am/pm to \_\_\_ am/pm  
 (example—7:30 am. to 4:00 pm.)

What meals is the participant served while at the center?  
 \_\_\_ Breakfast \_\_\_ AM Snack \_\_\_ Lunch \_\_\_ PM Snack \_\_\_ Supper \_\_\_ Late Night Snack

Do you supply any food to the center for the participant's meals due to medical or religious reasons? If Yes, please list foods supplied. \_\_\_\_\_

**\*The CACFP enrollment form is based on the federal fiscal year that begins October 1. The date of enrollment should be 10/1/09 if the participant attends before or by October 1, 2009. After October 1, 2009, list the participant's actual first date of attendance.**

\_\_\_\_\_  
**Parent/Guardian and/or Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Determining Official Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant's Date of Enrollment**

If you have any questions about the CACFP and its administration, you may contact Denise Hagan, Acting Division Director and Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.

**Note: All other CACFP Enrollment Forms are Obsolete**

# KENTUCKY DEPARTMENT OF EDUCATION

## Division of Nutrition and Health Services Civil Rights Grievance Report Procedures

In accordance with FNS Instruction 113.6, the \_\_\_\_\_ Sponsor/Sponsoring Organization provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability in the food service program provided by the \_\_\_\_\_ Sponsor / Sponsoring Organization.

### GENERAL INSTRUCTIONS

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

#### Procedure for Filing Complaints of Discrimination

**1. Right to File a Complaint**

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

**2. Acceptance**

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health Services and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

**3. Verbal Complaints**

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complainant for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.