

 <p>New York 21st Century Community Learning Centers SOARING BEYOND EXPECTATIONS</p>	<p>Schenectady City School District and Boys & Girls Clubs of Schenectady 2022-2023 21st Century Afterschool Program Membership Application KEANE ELEMENTARY SCHOOL ONLY (GRADES 1-6) <i>Required information for membership processing indicated by *</i></p>
Applicant (Child) Name: *	

PRIMARY CONTACT - PARENT/GUARDIAN DETAILS				
Role in Household: <i>(Please select the role in household for Primary Parent/Guardian only) *</i>				
Mother	Father	Step-Parent	Foster Parent	Grandparent
Life Partner	Aunt/Uncle	Sibling	Guardian	Other Relative
First Name: *				
Last Name: *				
Suffix:				
Street Address: *				
City: *				
State: *				
Zip Code: *				
Email: *				
Mobile Phone: *				
Home Phone:				
Work Phone:				
Employer/Org:				

MEMBER DETAILS	
MEMBER INFORMATION	
First Name: *	
Middle Name:	
Last Name: *	
Suffix:	
Date of Birth: *	
Street Address: *	
City: *	
State: *	
Zip Code: *	
Email:	
Mobile Phone:	



MEMBER DEMOGRAPHICS

Member's Age: *			
Member's Gender: <i>(Please select only one)</i> *			
Male	Female	Non-Binary	Transgender
Member's Racial/Ethnic Identity: <i>(Please select only one)</i> *			
American Indian or Alaskan Native	Asian	Black or African American	
Bi-Racial	Guyanese	Hispanic or Latino	
Middle Eastern or North African	Multi-Racial	Other	
White	Native Hawaiian or Other Pacific Islander		

SCHOOL INFORMATION

School Name: *			
School ID Number:			
Grade: *			
Teacher:			
School Lunch Status: <i>(Please select only one)</i> *	Free/Reduced	Not Eligible	Entire School is Free
Additional Support in School/Community: <i>(Select all that apply)</i> *			
None	IEP/504 (Accommodation)	Speech Coach	
Meets with School or Private Counselor		Other <i>(Please specify below)</i>	
Other Additional Support:			

21st CENTURY SCHOOL PROGRAM INFORMATION

Please Note: If your child is attending the 21st Century Community Learning Center they are eligible to ride the late bus home if they currently receive transportation to and from school normally.

Days I expect my child to attend: <i>(Circle all that apply)</i> *				
Monday	Tuesday	Wednesday	Thursday	Friday
How will your child be transported home? My child will: <i>(Select only one)</i> *				
Take the late bus home at 5:10 PM		Walk home	Be picked up no later than 5:10 PM	
If being picked up, by whom?:				

MEMBER MEDICAL INFORMATION

Diagnosed Medical Conditions: <i>(Select all that apply)</i> *		
None	ADD/ADHD	Anxiety/Depression
Asthma	Autism	Diabetes
Hearing Impairment	Seizures	Visual Impairment
Oppositional Defiance Disorder (ODD)		Other <i>(Please specify below)</i>
Other Diagnosed Medical Condition:		
Other Physical/Mental/Medical Limitation:		

MEMBER MEDICAL INFORMATION CONTINUED

Does the member use insulin? *	YES	NO
Does the member use an inhaler? *	YES	NO
Does the member use an EpiPen? *	YES	NO
Does the member self-administer medication? *	YES	NO
Has your Child been vaccinated for Covid-19? *	YES	NO

HEALTH INSURANCE INFORMATION

Insurance Carrier:	
Member / Policy Number:	
Group Number:	

ALLERGY INFORMATION

Food Allergies: <i>(Select all that apply)</i> *		
None	Dairy/Lactose	Eggs
Gluten	Peanuts	Seafood/Shellfish
Soy	Tree Nuts	Other <i>(Please Specify Below)</i>
Other Food Allergies:		
Environmental Allergies: <i>(Select all that apply)</i> *		
None	Bee Stings	Dust
Grass	Mold	Pollen
Seasonal	Other <i>(Please Specify Below)</i>	
Other Environmental Allergies:		
Medication Allergies: <i>(Select all that apply)</i> *		
None	Amoxicillin	Aspirin
Penicillin	Other <i>(Please Specify Below)</i>	
Other Medication Allergies:		
Other Allergies: <i>(Select all that apply)</i> *		
None	Latex	Lotions
Perfumes/Colognes	Other <i>(Please Specify Below)</i>	
Any Additional Allergies:		

HOUSEHOLD DEMOGRAPHICS				
Household Composition: <i>(Please select only one)</i> *				
Single Parent/Guardian Household	Two or More Parent/Guardian Household		Self (Emancipated/18 years old)	
Who Are the Adults Living in the Household? <i>(Select all that apply)</i> *				
Mother	Step-Mother	Aunt	Grandparent(s)	Siblings
Father	Step-Father	Uncle	Foster Parent(s)	Legal Guardian(s)
Other Relative:				
Number of Adults in Household: <i>(Include only adult parents/guardians)</i> *				
Number of Youths in Household: <i>(Include youths aged 18 unless emancipated)</i> *				
Primary language spoken in the home: <i>(Please select only one)</i> *				
English	Spanish		Other	
Housing Type: <i>(Please select only one)</i> *				
Permanent (Own or Rent)	Foster Home		Group Home	
Public Housing	Transitional Housing		Homeless	
Household Income Range: <i>(Collected for grant purposes only)</i> *				
\$0-\$10,000	\$45,001-\$50,000	\$85,001-\$90,000	\$125,001-\$130,000	\$165,001-\$170,000
\$10,001-\$15,000	\$50,001-\$55,000	\$90,001-\$95,000	\$130,001-\$135,000	\$170,001-\$175,000
\$15,001-\$20,000	\$55,001-\$60,000	\$95,001-\$100,000	\$135,001-\$140,000	\$175,001-\$180,000
\$20,001-\$25,000	\$60,001-\$65,000	\$100,001-\$105,000	\$140,001-\$145,000	\$180,001-\$185,000
\$25,001-\$30,000	\$65,001-\$70,000	\$105,001-\$110,000	\$145,001-\$150,000	\$185,001-\$190,000
\$30,001-\$35,000	\$70,001-\$75,000	\$110,001-\$115,000	\$150,001-\$155,000	\$190,001-\$195,000
\$35,001-\$40,000	\$75,001-\$80,000	\$115,001-\$120,000	\$155,001-\$160,000	\$195,001-\$200,000
\$40,001-\$45,000	\$80,001-\$85,000	\$120,001-\$125,000	\$160,001-\$165,000	\$200,001+
Assistance Programs: <i>(Select all that apply)</i> *				
None	Childcare Assistance	Financial Assistance	Food Stamps/SNAP	
Housing Assistance	Medicaid	SSDI	SSI	
TANF	Veteran's Compensation	WIC	Other <i>(Please specify below)</i>	
Other Income Sources:				
MILITARY STATUS				
Does the Member's family include a Parent/Guardian that is in the military? *			YES	NO
If yes, which branch?				
Army	Navy	Air Force	Marines	
Coast Guard	National Guard		Veteran	
If yes, are they currently deployed/will be deployed within the next 6 months?			YES	NO
Please provide the Parent/Guardian's Department of Defense ID:				



EMERGENCY CONTACT INFORMATION

Please provide contact information for Additional Parent/Guardian (if applicable) and at least 2 Emergency Contacts

ADDITIONAL PARENT/GUARDIAN CONTACT INFORMATION

Relationship to the Member:

Mother	Father	Step-Parent	Foster Parent	Grandparent
Life Partner	Aunt/Uncle	Sibling	Guardian	Other Relative

First Name:		Last Name:	
Mobile Phone:		Alternate Phone:	
Street Address:		City and Zip Code:	

Are there any custody issues? Select Yes if does NOT have permission to pick up member

YES

NO

If yes, please explain:

EMERGENCY CONTACT 1 INFORMATION

Relationship to the Member: *

Mother	Father	Step-Parent	Foster Parent	Grandparent
Life Partner	Aunt/Uncle	Sibling	Other Relative	Friend of Family/Other

First Name: *		Last Name: *	
Mobile Phone: *		Alternate Phone: *	
Street Address: *		City and Zip Code: *	

Is Emergency Contact 1 authorized to pick up the member? *

YES

NO

EMERGENCY CONTACT 2 INFORMATION

Relationship to the Member: *

Mother	Father	Step-Parent	Foster Parent	Grandparent
Life Partner	Aunt/Uncle	Sibling	Other Relative	Friend of Family/Other

First Name: *		Last Name: *	
Mobile Phone: *		Alternate Phone:	
Street Address: *		City and Zip Code: *	

Is Emergency Contact 2 authorized to pick up the member? *

YES

NO

EMERGENCY CONTACT 3 INFORMATION

Relationship to the Member:

Mother	Father	Step-Parent	Foster Parent	Grandparent
Life Partner	Aunt/Uncle	Sibling	Other Relative	Friend of Family/Other

First Name:		Last Name:	
Mobile Phone:		Alternate Phone:	
Street Address:		City and Zip Code:	

Is Emergency Contact 3 authorized to pick up the member?

YES

NO



IMMUNIZATION STATUS

My child has received all required immunizations to date, and I will provide a copy of their most current immunization record for their member records.

Parent/Guardian Signature: *

Date: *

PARENT/GUARDIAN AUTHORIZATION AND ATTESTATION

I understand the Boys & Girls Clubs of Schenectady has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I understand that the Boys & Girls Clubs of Schenectady shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the Boys & Girls Clubs of Schenectady, or in connection with any activities of any of its branches or day camp. In the event of a medical emergency, I understand every effort will be made to contact a parent or guardian. If I cannot be reached, I grant permission to the physician selected by staff to hospitalize, secure proper treatment, and order injection, anesthesia or emergency surgery for my child named above.

I give my permission for photographs, video images or any other graphic depiction or likeness to be used by Boys & Girls Clubs of Schenectady and its affiliates, donors and partners and acknowledge neither my child nor I will receive payment for same.

I give permission for release of school records, DSS and for my child to participate in surveys conducted by the Boys & Girls Clubs of Schenectady for data purposes to evidence program effectiveness and/or Club impact on our members.

The Boys & Girls Clubs reserves the right to remove members and/or adults from any facility for what the organization determines to be disruptive or inappropriate behaviors.

Member Expectations:

- Play fairly and be honest
- Respect and care for equipment
- Be respectful of staff and others
- Say only good things about others
- Resolve disagreements in a positive manner
- Bring my membership card each day
- Follow all rules that apply to my Clubhouse
- Use appropriate language

The Boys & Girls Clubs of Schenectady requires each parent/guardian to review and discuss the above member expectations with their child.

I hereby attest that I have read & understood the above information, and that all of the information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Signature: *

Date: *

FOR USE BY OFFICE ONLY:

Date Recv'd:		Amt Recv'd:	
Receipt #:		Recv'd by:	
Membership #:		Type: (Select one)	NEW or RENEWAL
Date Entered in MCH:		MCH Updated by Staff:	