

**MEMBERSHIP APPLICATION 2023-2024
Boys & Girls Clubs of Rochester, Inc.**

Date: _____

Child/Parent Information

Last Name: _____ First Name: _____ Gender: (M/F) _____

Address: _____ City: _____ State: _____ Zip Code: _____ D.O.B: _____

Ethnicity: (circle one) *Black/African American *White/Caucasian *Hispanic/Latino *Asian *Multi-racial/Mixed *other: _____

Parent/Guardian's Information (person signing child up)

Cell/Home Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Parent/Guardian's Name: _____ Relationship to child: _____

Do parents serve or have served in the military? Yes _____ No _____ If yes, which branch? _____

Education Information

Current School: _____ Current Grade: _____ Special ED: Yes _____ No _____

I.E.P: Yes _____ or No _____ Rochester City School ID#: _____

Medical Information

Doctor's Name: _____ Doctor's Phone: _____ Insurance Carrier: _____

*Permission for Doctor/Hospital: Yes _____ No _____ *Does your family have health insurance: Yes _____ No _____

Health Problems: Yes _____ No _____ *If yes, explain _____

*Medications: Yes _____ No _____ * Food Allergies: Yes _____ No _____ If yes, explain _____

Other: Does applicant receive services from any other agencies? If yes, please list: _____

Household:

(Please check one)

(NOTE: This information is collected for Grant writing purposes ONLY)

Less than \$15,000 \$15,000- \$24,000 \$25,000- \$44,000 \$45,000- \$74,000 \$75,000 or greater

(For Official Use)

Date	Card #	Age	School	Date Expired

Disclaimer:

I _____ do hereby give my child permission to attend and participate in the activities sponsored by the Boys & Girls Clubs of Rochester. I hereby release the Boys & Girls Club, its employees, associates, and contributors from liability form any injury, loss or theft incurred by my child while participating. I understand that the Boys & Girls Club is no longer responsible for any lost or stolen items. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. I further understand that the Boys & Girls Club has an "Open Door" policy, which means that my child may come and go at will. Pictures taken of the undersigned member and parent may be used for publicity reasons. **The undersigned member has parental permission to obtain student information from All School District's for which the member attends** and participate in programs and field trips at or sponsored by the Boys & Girls Club. My signature indicates that I completely understand the above statements.

Parents Signature: _____ Member Signature: _____

OFFICE USE ONLY: New Member _____ Renewal _____ Bus _____ Staff initials _____

Housing:

Child lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other: _____

Is there a Member of the Household 65 years old or older: _____ Yes _____ No

Is there a Member of the Household Handicapped: _____ Yes _____ No

Current Head of Household: _____ Female _____ Male

Current Number in Household: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

General:

Birth Certificate on File: ___ Yes ___ No Birth City: _____ Birth State/Country: _____

Parent Understood Signed Insurance Disclaimer and Permission Statement: ___ Yes ___ No

My child has permission to be used in public relations materials: ___ Yes ___ No

My child may participate in all Boys & Girls Club activities in or adjacent to the club building: ___ Yes ___ No

Does child belong to:

___ Boy Scouts or Girl Scouts ___ School Club ___ YMCA or YWCA ___ Church Group

___ Other: _____

***How did you hear about the Club?** () TV () Radio/Pandora () Social Media () Friends () Relatives () Bus Ad
() Website () Other (Please specify) _____

*I (guardian) am active on these social media platforms – () Facebook () Twitter () Instagram

***New Members Background Information:**

What type of activities/programs interest you and your child? () Sports Leagues () Music () Arts & Crafts
() Educational Programs () Group Clubs () Camping () Other _____

What are your strongest subjects in school? _____

What are your weakest subjects in school? _____

Have you ever repeated a grade? _____ If so, which grade? _____

Are you in any of the following programs? Map () Non-Regents () Regents () Non-Regents () Others

Member's Emergency Contacts

Name of Emergency Contact: _____ Relationship _____

Current Address: _____

Phone: _____ Cell: _____ Alt. Phone: _____

Other Person (s) Authorized Contacts:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

**ROCHESTER CITY SCHOOL DISTRICT
AUTHORIZATION FOR DISCLOSURE OF EDUCATIONAL INFORMATION
2023-2024 PARENTAL CONSENT FORM**

Student: _____ **DOB:** _____ **RCSD School ID:** _____

Telephone: _____ **School:** _____

Grade: _____

Relationship to student: **Parent** **Legal Guardian**

I am the person legally responsible for the above named individual and I authorize the RCSD to release the following student data information to (Name of program), United Way of Greater Rochester, and Children's Institute.

RCSD STUDENT DATA INFORMATION

Assignments	Report Card Information
Attendance data	Results from AIMS WEB, NWEA, or Scholastic Reading
English Language Learner (ELL) status	Inventory
Grade Point Average	Student schedule
Grades	Student test scores
IEP status (student having an Individual Education Plan, IEP)	Suspension data
Interim results	Transcript
Local Exams	

I understand that the program will record and share information about my student with the United Way of Greater Rochester, including name, demographics, and participation in the program. I also authorize United Way and the program to release the following information about my child to RCSD personnel.

PROGRAM STUDENT INFORMATION

Name/dob and RCSD ID	Dates of participation
Program(s) participated in	Program attendance/contacts
Results of program assessments	Student progress notes

The purpose of these disclosures is to advance the education of the student and to evaluate the effectiveness of the program at improving student performance.

By signing below I am stating that:

- I hereby authorize the disclosure of educational and program information between organization(s) or name of person(s) listed above and Rochester City School District (District), in accordance with the Family Educational Rights and Privacy Act (FERPA).
- I understand that the information disclosed will be provided to the organization(s) or name of person(s) listed above.
- I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the District's General Counsel. Any revocation shall not apply to the extent the District has already taken action in reliance on this authorization.
- I authorize the periodic, on-going disclosure of the above information.
- Period for this authorization is 8/31/2022 to 8/31/2023.

Please be sure to date this form in order for the District to process.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____