



Lincoln LION Club MEMBERSHIP INFORMATION FORM

Office Use Only:
Comments: _____
Date: _____ Staff: _____
Data Entered: _____

Please Print or Type

Member's Legal Name: _____
First Middle Last

Household Address: _____ City: _____ Zip: _____

Birth Date: ____/____/____ Gender: Female Male Member Status: New Member Renewing Member

Home Phone: (____) _____ School: **Lincoln Elementary** Grade: _____

Family email address _____

Emergency Contact Information - Adults Living in Household

1. Circle One: Mother Father Stepmother Stepfather Guardian Other _____

Last Name _____ First _____

Employer _____ Daytime Phone (____) _____ Ext. _____

Cell Phone _____ E-Mail _____

2. Circle One: Mother Father Stepmother Stepfather Guardian Other _____

Last Name _____ First _____

Employer _____ Daytime Phone (____) _____ Ext. _____

Cell Phone _____ E-Mail _____

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

Ethnicity: (Circle) African American Asian/Pacific Islander Caucasian Other: _____

Hispanic/Latino Multi-Racial Native American

Is English the primary language spoken at home: Yes No If no, please explain: _____

Family Setting: (Circle One) 1 Parent Family 2 Parent Family Other: _____

How many people live in your household? (Circle one or fill in the blank) 1 2 3 4 5 6 7 8 9 10 Other _____

Is there a separation, or divorce or custody problem the program staff should be aware of? No Yes

If yes, please explain: _____

Annual Household Income: (check one)

\$0-12,000 \$12,000-17,000 \$17,000-25,000 \$25,000-35,000 \$35,000-45,000

\$45,000-\$65,000 \$65,000-85,000 \$85,000 +

PLEASE COMPLETE BACK SIDE

Local Emergency Contact (other than parents):

1. Name _____ Home Phone _____ Relationship to member: _____
2. Name _____ Home Phone _____ Relationship to member: _____

Medical Information:

Please list all medications your child is taking and any medical problems/allergies (please print):

Does your child have any special needs? (ADHD, ADD, Autism, Disabilities, etc.) _____

I have read the completed application. I understand the rules of the Boys & Girls Club of Corvallis Lincoln LION Club program and request that my son/daughter be admitted into membership. I agree that I am 18 years or older and the legal parent/guardian of this child. I have explained the rules to my son/daughter and assume all risks of participation, including transportation to and from activities. For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and hold harmless the Boys & Girls Clubs of Corvallis, their officers, agents, and employees against any claim, loss, liability, or expense, including attorney fees, resulting directly or indirectly from participation in this program, except for claims arising out of sole negligence of the sponsors. This includes any accident to my son/daughter while on the premises or while engaged in any Club activities away from the Lincoln Elementary School.

MEDICAL/SPECIAL NEEDS: I give permission to the Lincoln LION Club program staff to assist my child with medical/special needs noted at my expense, to take emergency action — including ambulance transportation and or/obtaining medical treatment — should my child become ill or injured. I give my consent to my child being given a physical exam or treatment by a physician or hospital in case of emergency. I will not hold the members of the Board, Staff, or Volunteers responsible for injury that may occur while participating in any of the programs.

RELEASE OF INFORMATION: I give permission for the Lincoln LION Club program staff and 509J school district to exchange information about my child to provide continuity between the school day and our after school services. I understand and agree that the Boys & Girls Club of Corvallis and Lincoln Elementary School may exchange information regarding my income to confirm my eligibility for scholarships and financial aid. I give my consent for photographs of my son or daughter to be used for Boys & Girls Club of Corvallis marketing, funding applications, and all other uses.

WALKING FIELD TRIPS: I give the Boys & Girls Club of Corvallis permission to take my child on walking field trips and/or field trips using the Corvallis Transit System. The Club assumes no responsibility for members before they arrive or once they leave the Club's premises. Program fees may be adjusted without notice and are not transferable. A 10% or \$10 (whichever is less) processing fee will be deducted from all refunds. Please review the Club's refund policy on our website at www.bgccorvallis.org.

Parent or Guardian Signature

Club Member's Signature

Date: Month _____ Day _____ Year _____



Lincoln LION Club Registration Contract

Child's name: _____

The following agreements are between this child's parent/guardian and the Boys & Girls Club of Corvallis (BGCC). Please read and initial each item:

1. We encourage parents and family members to volunteer for the Lincoln LION Club program in the classroom, office, or for special events. Volunteer applications are available in the LION Club office.

_____ I am interested in volunteering. (Please list how you'd like to help: _____)

2. **Timely payments** are necessary for your child's continued attendance. Children may not attend Lincoln LION Club unless registered and payments must be made by the due dates for your child to continue to attend. Scholarship assistance is available for full-time program participation. Please inquire at the BGCC office if you think you might qualify for financial assistance.

_____ I understand that it is my responsibility to make payments on time, and that I may be asked to keep my child home from LION Club if I have missed a payment.

3. **Regular attendance** is encouraged and expected. For full-time participants, please wait until 6:00 to pick up your child in order to give children the full benefits of LION Club programming. In the event of a waiting list, priority will be given, in part, to students who attended the full program hours. If your child is registered for the full-time program and repeatedly misses days or leaves early, we reserve the right to fill your child's spot with someone on the waiting list.

_____ I understand that my child's attendance affects his/her registration eligibility.

4. We need to maintain **accurate records** in our offices and need your help updating important information including contact information, "pick-up list" (adults authorized to pick up your child), your family's plan for getting your student home, medical information, and emergency contacts. Please call us at 541-243-3076 or send a signed note to change this information.

_____ I agree to provide LION Club with updated contact information, including home address and phone numbers, as well as emergency contact information.

5. Please keep school teachers informed of your child's attendance plans. We expect all registered students to attend LION Club.

_____ I agree to inform and update my child's school teacher about my student's LION Club schedule.

6. Students may be **picked up at 6:00 pm**. Parents/guardians must make arrangements for their child to be picked up or transported home no later than 6:00 pm. Students will only be released to adults listed on the registration card (call or send a note to the LION Club office to update names).

_____ I agree that if my child is picked up late, a fee of \$1 per minute past 6:00 pm may be assessed at the discretion of the Site Manager.

Please note:

Your child's acceptance is based not only on a first come first serve basis, but also on regular attendance and behavior history while attending Boys & Girls Club programs.

PLEASE COMPLETE BACK SIDE

By signing below, you and your child agree to the participation and payment expectations outlined in this contract:

Student Name (print clearly) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (print clearly) _____ Phone No. _____

Parent's email address: _____

Boys & Girls Club of Corvallis ~ Office phone: 541-243-3076 ~ Program office hours: 2:00-5:30pm school days

Updated 8/4/15



Lincoln LION Club Transportation Agreement

How will your child get home from LION Club program each day? (Fill out all that apply)

My child will be picked up (check all that apply): Mon. Tues. Wed. Thurs Fri

For security reasons, all pick-ups must show ID and be listed in your child's file in order to enter our program spaces. Please contact the LION Club office in advance if anyone new will be picking up your child.

Authorized pick up names: _____

My child will walk home (check all that apply): Mon. Tues. Wed. Thurs Fri

Students will be excused to walk or bike home at 6:00pm unless you make other arrangements at our LION Club office in advance.

***My child will take the school bus at 6:00pm** (check all that apply): Mon. Tues. Wed. Thurs Fri

Please provide your child's drop-off address and make sure that someone is waiting for your child when they are dropped off:

Phone Number: _____

I understand that once my child leaves the LION Club program, the Boys & Girls Club is no longer responsible for my child. I agree to notify the LION Club office promptly if we make any changes to my child's pick-up plan.

Child's name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

- Please note that it will take **3 business days** for **bus** transportation to be set up for your child.



Rec: _____	Call date: _____	Approved by: _____
Scholarship Amt. _____ %	Total Due	

LEARNING & ENRICHMENT CLUBS SCHOLARSHIP REQUEST FORM

At the Boys & Girls Club of Corvallis, it is our policy to strive to make our programs available to all families, including those who are in financial need. **Please be aware that to be eligible for consideration, we require income verification and proof of any other assistance you are receiving. Scholarships are not retroactive. Please attach proof of income to this form prior to turning it in.**

PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION

INCOMPLETE FORMS WILL NOT BE PROCESSED!

Once all required information is submitted, there is a one-week verification period for the Learning & Enrichment Clubs program. We will contact you with the results and the amount of Scholarship, if applicable. You are responsible for the balance of program fees above the scholarship amount. This balance must be paid before your child can be registered in the Club program.

Child's Name _____		Date _____	
Address _____		City _____	Zip _____
School _____	Grade (circle) K 1 2 3 4 5		
Parent or Legal Guardian _____		Day phone: _____	
E-mail _____			
<u>Program Requesting Scholarship For:</u>			
Program _____		Cost _____	

<u>Financial Information</u>	
<i>(All blanks must be filled in with amount or N/A)</i>	
Family Size _____	Number of Children _____
Parent(s) Name(s) _____	
Total Gross Monthly Wages (your wages & spouse or other) \$ _____	Monthly Child Support \$ _____
TANF/AFDC/Welfare \$ _____	SSI \$ _____
SSDI \$ _____	Grant/Scholarships \$ _____
Food Stamps \$ _____/Month	DHS \$ _____
Other \$ _____	
Total Family Income (add ALL above amounts) \$ _____	

I certify that the above information is accurate and complete to the best of my knowledge. I give the Boys & Girls Club of Corvallis permission to verify all of the above information. I have provided proof of income and all financial assistance received. I understand that any incorrect information will result in immediate termination of this request.

Parent Signature _____ Date _____