



# **2021 Summer Program Application**

Date:			
Member First Name:*		Last Name:*	
Date of Birth:*	Age: *		

## Please select which weeks you would like your child to attend our Summer Program:

<sup>\*</sup>Orientation is mandatory for parents of new and returning members, and <u>MUST</u> be completed in order for your child to attend. You may schedule your orientation by calling our Front Desk at 978-458-4526, or emailing <u>membership@lbgc.org</u>

Dates:	Circle one:	Summer Program Fee:	To be complete	ed by staff.
Dutes.	Circle one.	Summer Frogram Fee.	Date of Payment:	Staff Initials:
Week 1				
July 6 <sup>th</sup> -9 <sup>th</sup>	Yes / No	\$30.00		
Payment due no later than July 1st				
Week 2				
July 12 <sup>th</sup> -16 <sup>th</sup>	Yes / No	\$30.00		
Payment due no later than July 8 <sup>th</sup>				
Week 3				
July 19 <sup>th</sup> -23 <sup>rd</sup>	Yes / No	\$30.00		
Payment due no later than July 15 <sup>th</sup>				
Week 4				
July 26 <sup>th</sup> -30 <sup>th</sup>	Yes / No	\$30.00		
Payment due no later than July 22 <sup>nd</sup>				
Week 5				
August 2 <sup>nd</sup> -6 <sup>th</sup>	Yes / No	\$30.00		
Payment due no later than July 29 <sup>th</sup>				
Week 6				
August 9 <sup>th</sup> -13 <sup>th</sup>	Yes / No	\$30.00		
Payment due no later than August 5 <sup>th</sup>				
Week 7				
August 16 <sup>th</sup> -20 <sup>th</sup>	Yes / No	\$30.00		
Payment due no later than August 12 <sup>th</sup>				

<sup>\*</sup>Note that registration and payment <u>MUST</u> be received by Thursday the previous week in order for your child to attend.





Type of Membership (Check one from each c	olumn): □ New Members □ Renew Membe	•	□ Summer Program 2021 □ Virtual-Only Program 2021
How many years has the member been at			, ig
	Membership A	nnlication	
Date:	Membership A	ophication	
First Name:*	Last Name	e:*	
Date of Birth:* Age.			
Gender:*   Male   Female   Gender non-conforming		☐ Trans female ☐ Other	☐ Gender queer ☐ Choose not to answer
Address:			
City:*			
Home Phone:*	Cell Ph	one:*	
Work Phone:*			
Parent/Guardian Email:			
	School Inform	mation	
Name of School:*		_ Grade in Septembe	r 2021:*
Did your child advance to the next grade	on time? Yes No		
Current Homeroom Teacher's Name:*		<del></del>	
Expected High School Graduation Date (	Year):		
Reading Level:   Behind Age Group	□ Appropriate f	for Age Group	□ Advanced for Age Group
Medical Information	(Fill out completely a	nd include insurance	e policy number)
Insurance Carrier:*	Insur	ance policy #:*	
Doctor's Name:	Docto	or's Phone:	
Do you have a family dentist? Yes No			
Emergency Hospital:			
Medical Disability** explain medical, ph	ysical, emotional, or be	havior issues	
	☐ Hearing impairment☐ Anxiety/Depression		pairment □ ADHD nal Defiant Disorder
Other:			
Please list any allergies (i.e. food, medicii			

Please list any medications we should be aware of:\*\*





# **Parent/Guardian Information**

Parent/guardian Name: (1)*			Relationship to member:*
Parent/guardian phone:*	_Work ph	one:*_	
Parent/guardian email:		_	
Parent/guardian address if different than member:*_			
Parent/guardian employed: ☐ Yes ☐ No			
Name of employer:*			<u> </u>
Parent/guardian occupation:*			
Parent/guardian a former club member:		□ No	
Parent/guardian Name: (2)*			Relationship to member:*
Parent/guardian phone:*	_Work ph	one:*_	
Parent/guardian email:		_	
Parent/guardian address if different than member:*_			
Parent/guardian employed: ☐ Yes ☐ No			
Name of employer:*			
Parent/guardian occupation:*			
Parent/guardian a former club member:   □ Yes		□ No	
Emergency Contact Information			
			Relationship to member: (1)
Emergency Contact able to pick up member:			□ No
Emergency Contact phone:			
Emergency Contact work phone:			
Does Emergency contact live with member:			
Emergency Contact address if different than member			
Emergency Contact employed:	□ No	Name	e of employer:
Emergency Contact Name: (2)			Relationship to member:
Emergency Contact able to pick up member:	$\square$ Yes		□ No
Emergency Contact phone:			
Emergency Contact work phone:			
Does Emergency contact live with member:	□ Yes		□ No
Emergency Contact address if different than membe	er:		
Emergency Contact employed:	□ No	Name	e of employer:





#### **School Information**

I give permission to the Boys & Girls Club of Greater Lowell and my child's school to exchange information regarding my child. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's school or the Boys & Girls Clubs in writing.

NOTE - Parents/Guardians by your signature on this application you authorize the release of any/all of your child's school's academic progress reports and report cards to Boys & Girls Club of Greater Lowell for purposes of copying & submitting <i>the data only</i> to Boys & Girls Club of Greater Lowell funding sources, not your child's name.
Please initial if you <b>do not</b> want to give permission your child's school and BGCGL to share to information:
Outcome Tracking I give permission for my child to participate in the tracking of BGCGL outcomes/goals, which includes taking surveys, pre/post-tests, participating in focus groups and tracking progress against goals.
Please initial if you <b>do not</b> want to give permission your child to participate in outcome tracking:
<b>Technology</b> As a member of the Boys & Girls Club, my child will have access to the internet. While precautions are taken by the Boys & Girls Clubs of Greater Lowell, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Greater Lowell or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.
Please initial if you do not want to give permission your child to participate in technology programs:
Public Relations & Media My child has permission to be used in public relation materials for the Boys & Girls Club of Greater Lowell. This may include, but is not limited to, having his/her photo or name in newspapers, newsletters, TV, BGCGL website, YouTube, BGCGL Facebook and Twitter pages).
Please initial if you <b>do not</b> want to give permission your child or their likeness to be used:
My child has permission to be used in public relations materials of funders and partner organizations or companies that are associated with the Boys & Girls Club of Greater Lowell (includes, but is not limited to having his/her photo or name in newspapers, newsletters, website, YouTube, Facebook, and Twitter).
Please initial if you <b>do not</b> want to give permission your child or their likeness to be used by funders or partners:
<b>Disclaimer</b> I hereby give permission for my child to become a member of the Boys and Girls Club of Greater Lowell. I understand that the Club I not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child.
Open Door Policy The Boys & Girls Club of Greater Lowell maintains an Open Door Policy. It is the responsibility of the Parent/ Guardian to set and enforce their expectations regarding how and when their child/teen may leave the club. The Club is not a licensed child care center and cannot be responsible for the supervision of children beyond closing time. Parents/ Guardians are responsible for their children/teen's transportation to and from the Club.
Member's Name:
Parent/Guardian Signature:Date:





**Demographic Information:** All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.

Ethnicity: (check all that apply)  American Indian or Alaska Native Asian Black or African American Brazilian Haitian Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White Bi-racial Multi-racial Other_ Choose not to answer	*Member lives with (check all that apply)    Father   Mother   Step Father   Step Mother   Aunt   Uncle   Grandparent/s   Foster Parents   Other	*Total # of People in Household: (check one)  2 3 4 5 6 7 8 or more	*Assistance Programs: (check all that apply)  None Childcare Assistance Food Stamps/SNAP Medicaid Medicare Social Security SSI (Social security income) SSDI (Social security Disability income) MIC (Women, Infants, and Children) TANF (Temporary Assistance for Needy Families) Veteran's Compensation Housing (Section 7, Section 8, etc) Mass Housing Other Choose not to answer	*School Lunch Program: (check one)  □ Free □ Reduced □ Unknown □ Not Applicable  *Child of military and does not live on base? (Check one) □ Yes □ No
*Primary language Spoken at home: (check one)  □ English □ Haitian Creole □ Khmer □ Portuguese □ Spanish □ Swahili □ Vietnamese □ Other  Foster Child □ Yes □ No	*Single Parent Household? (check that apply to you)  Yes No ***********************************	*Household Annual Income:  \$ Is your child on a IEP? Individual Education Plan)  \( \text{Yes}  \text{No} \)  Is your child enrolled in ESL classes (English as Second Language) \( \text{Yes}  \text{No} \)	*Housing:  Permanent (Own, rent, etc) Public Housing Group home Foster home Military Base Transitional housing Homeless Other  *Homeless in the last 12 months? Yes No	*Does Member have a history with Juvenile Justice? (Check one)  Yes No  Was child adjudicated? Yes No

## **APPENDIX C**

# SELF-DECLARATION OF INCOME REPORT / FY2020-21 / CARES Act CDBG-CV2

(Effective July 1, 2020)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

### INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

#### PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMSENT

## **PARTICIPANT INFORMATION**

☐ INDIVIDUAL

☐ FAMILY

(Original signature is required)

1. PARTICIPANT STATUS:

ddress:		_ City, State, Z	Lip Code:	
ETHNICITY (please	select only one):			
Hispanic or Latino	☐ Not Hispan	ic or Latino		
RACE (please select o	only one):			
White Black/African America Asian American Indian/Alask Native Hawaiian/Other	a Native	<ul><li>☐ Asian <i>and</i> White</li><li>☐ Black/African Amer</li></ul>	askan Native <i>and</i> Black/Afric	an American
HOUSEHOLD INFO  1) Circle the n  2) Circle the c	umber of family and nor orresponding income lev	n-family members living in y el (FY2020-21 Median Fam ld be accurate yearly housek	ily Income) Note: Does	not need to be on sam
HOUSEHOLD INFO  1) Circle the n  2) Circle the cas number of	umber of family and nor orresponding income lev of household size ~ shou	el (FY2020-21 Median Fam ld be accurate yearly househ #2	nily Income) Note: Does noted income.  #3	#4
HOUSEHOLD INFO  1) Circle the n  2) Circle the c as number of	umber of family and nor orresponding income lev of household size ~ should #1 (0% - 30%)	el (FY2020-21 Median Fam ld be accurate yearly househ #2 (31% - 50%)	ily Income) Note: Does not income.  #3 (51% - 80%)	#4 (81% and above)
HOUSEHOLD INFO  1) Circle the n  2) Circle the c as number of	umber of family and nor orresponding income lev of household size ~ show #1 (0% - 30%) \$0-\$22,700	#2 (31% - 50%) \$22,701-\$37,800	nily Income) Note: Does noted income.  #3	#4
1) Circle the n 2) Circle the cas number of  Household Size	umber of family and nor orresponding income lev of household size ~ should #1 (0% - 30%)	el (FY2020-21 Median Fam ld be accurate yearly househ #2 (31% - 50%)	#3 (51% - 80%) \$37,801-\$54,950	#4 (81% and above) \$54,951+
1) Circle the n 2) Circle the cas number of  Household Size 1 2	umber of family and nor orresponding income lev of household size ~ show #1 (0% - 30%) \$0-\$22,700 \$0-\$25,950	#2 (31% - 50%) \$22,701-\$37,800 \$25,951-\$43,200	#3 (51% - 80%) \$37,801-\$54,950 \$43,201-\$62,800	#4 (81% and above) \$54,951+ \$62,801+
1) Circle the n 2) Circle the cas number of  Household Size  1 2 3	#1 (0% - 30%) \$0-\$22,700 \$0-\$25,950	#2 (31% - 50%) \$22,701-\$37,800 \$25,951-\$43,200 \$29,201-\$48,600	#3 (51% - 80%) \$37,801-\$54,950 \$43,201-\$62,800 \$48,601-\$70,650	#4 (81% and above) \$54,951+ \$62,801+ \$70,651+
1) Circle the n 2) Circle the cas number of  Household Size  1 2 3 4	#1 (0% - 30%) \$0-\$22,700 \$0-\$25,950 \$0-\$29,200 \$0-\$32,400	#2 (31% - 50%) \$22,701-\$37,800 \$25,951-\$43,200 \$29,201-\$48,600 \$32,401-\$54,000	#3 (51% - 80%) \$37,801-\$54,950 \$43,201-\$62,800 \$48,601-\$70,650 \$54,001-\$78,500	#4 (81% and above) \$54,951+ \$62,801+ \$70,651+ \$78,501+
HOUSEHOLD INFO  1) Circle the n 2) Circle the cas number of  Household Size  1 2 3 4 5	#1 (0% - 30%) \$0-\$22,700 \$0-\$25,950 \$0-\$29,200 \$0-\$32,400 \$0-\$35,000	#2 (31% - 50%) \$22,701-\$37,800 \$25,951-\$43,200 \$29,201-\$48,600 \$32,401-\$54,000 \$35,001-\$58,350	#3 (51% - 80%) \$37,801-\$54,950 \$43,201-\$62,800 \$48,601-\$70,650 \$54,001-\$78,500 \$58,351-\$84,800	#4 (81% and above) \$54,951+ \$62,801+ \$70,651+ \$78,501+ \$84,801+