



MEMBER ENROLLMENT FORM

The Elizabeth F. Correll Teen Center
4226 Coral Park Drive
Brunswick, GA 31520
www.apositiveplace.net
(912) 466-9905

Welcome to the Boys & Girls Clubs of Southeast GA and the Elizabeth F. Correll Teen Center. The intent of this packet is to provide general information concerning the operations of the Elizabeth F. Correll Teen Center. Our staff will be glad to give you a tour, or answer any questions not discussed in this packet. We encourage and welcome your visits and comments.

Our goal is to have programs of excellence in Character & Leadership, Education & Career, Health & Life Skills, Arts & Music, Fitness & Recreation, Drug & Alcohol Prevention, and Environmental Awareness. It is also our goal to provide a safe and positive experience for our members. In order to reach these goals we demand a united effort from staff, club members, club parents and guardians, the administration, and the surrounding community.

Hours of Operation

School year hours of operation:

Monday, - Thursday	3:00 PM to 9:00 PM
Friday	3:00 PM to 11:00 PM
Saturday	2:00 PM to 11:00 PM
Sunday	2:00 PM to 6:00 PM

Wednesdays during school year

All teens wishing to earn membership payment may work anytime between the hours of 4:30 PM and 7:00 PM. For each hour worked, students will receive 5 points credit. 100 points equals a full quarter membership. All credit earned will only be applied to membership fees.

Summer hours of operation:

Monday through Thursday	12:00 PM to 9:00 PM
Friday	12:00 PM to 11:00 PM

Closings

Teen Center will be closed the following days:

MLK Birthday	Labor day
Memorial Day	Thanksgiving and the Friday after
Independence Day	Christmas Eve and Christmas Day
New Year's Eve and New Year's Day	

Additional closings may be added. All closings will be posted a minimum of a week prior to closing. Exception includes closings due to inclement weather.

Late Fee

Members are expected to leave club premises promptly at closing time. We ask that all members have prearranged transportation. Any member who remains after operating hours will be charged a late fee of \$1.00 per minute. Late fee must be paid in full before he/she may return to the club.



Membership

Any boy or girl enrolled in the 8th through 12th grades may become a member of the Elizabeth F. Correll Teen Center upon completion of membership packet and full payment of current quarterly dues.

To attend the Elizabeth F. Correll Teen Center and participate in our activities, a teen must be a registered member.

Quarterly membership is \$50.00 per member.

Membership is paid through a quarterly system. At anytime during the quarter, a teen may join. Payment is not prorated during the quarter and must be paid in full at anytime during the quarter. Membership payment is due four times a year and is based on the following schedule:

January 1st through March 31st
April 1st through June 30th
July 1st through September 30th
October 1st through December 31st

If a payment deadline should fall on a weekend or holiday, payment must be received no later than the last operating day prior to weekend or holiday.

It is the responsibility of the member and/or member's parent or legal guardian to update registration forms as necessary throughout the year.

All new and returning members will be expected to fill out new registration forms every year between December 1st and December 31st regardless of any changes in information.

Drop-in/Visitor Pass

Visitors may have a one day pass to enter the club. A drop-in fee of \$5.00 is expected at time of each visit.

Membership Cards

Upon initial membership, all members will receive a Boys & Girls Club I. D. label that they can affix to their current school I.D. or their Driver's License. All members must bring their card with them every time they wish to enter the club. **Members who come to the club without their card will be asked to leave, regardless if they are a member or not.** Members are not allowed access to the club without their club card. No exceptions.

Staff to Member Ratio

The Elizabeth F. Correll Teen Center maintains a 1:25 ratio (1 staff to every 25 members). For water field trips the ratio becomes 1:15.

Attendance/Health Policies

Any teen who has not attended school on a particular day will not be permitted to attend the club for the corresponding day.

Teen Center Director has right to send home any member who has a fever over 100 degrees, is vomiting, has head lice, surfaced ringworm, of any other symptoms considered contagious.

Labeled Personal Items

We highly recommend that every personal item brought to the club is labeled with the member's name. Members are discouraged to bring hand held computer games, ipods, and other electronics to the club. The club offers many forms of entertainment and personal items are not considered necessary.

The club will not be held responsible for any lost or stolen items.



Bus/Van

Only paid employees and current members are permitted to ride on the vehicles of the Boys & Girls Club. We encourage family members to attend special events; however, they must follow the bus/van in their personal car. Permission cannot be granted for parent/legal guardians to transport other members.

Personal Vehicles

Members with driver's licenses and personal vehicles may transport themselves to and from the club. It is assumed by staff that members transporting other members to and from the club have received permission from parent/legal guardians to transport participating members or transport other participating members.

All members entering and exiting club property are expected to following guidelines:

- Comply with all basic traffic laws
- Maintain designated speed in parking lot
- Music volume must be kept at a reasonable level
- Vehicles may not be used as a "hanging out" venue

Open Door Policy

The Elizabeth F. Correll Teen Center operates under an "Open Door Policy". Members are at any time allowed to leave the premises. Members are allowed one reentry to the premises at any time after exiting the premises. **The Boys & Girls Clubs of Southeast GA and the Elizabeth F. Correll Teen Center are not responsible for any member after he/she has left the club property.**

The Teen Center Director or standing authority has the right at any time to ask a member to leave the club property as outlined in the Elizabeth F. Correll Teen Center Discipline Policy. The Teen Center Director or standing authority has the right at any time to turn away a returning member if he/she feels that the member has engaged in inappropriate behavior while off club property.

No loitering is allowed in the Teen Center parking lot by either members or non-members. People loitering in the parking lot will be asked to leave the property.

The Teen Center or its surrounding property may not be used as a drop-off or pick-up meeting point for non-members.

Medication/Bug spray/ Sunscreen

No employee of the Elizabeth F. Correll Teen Center is allowed to administer or apply medication, bug spray, and/or sunscreen.

Injuries

Every precaution is taken to aid a member in avoiding injury. All activities are supervised either by a staff member or a qualified adult volunteer. In case of a serious injury, parents/legal guardians will be contacted immediately. Should the parents/legal guardians of an injured member not be located, a staff member will accompany the youth to the hospital. A medical release form that is attached to the membership application will be used for treatment of the member. Minor injuries will be treated at the club by a staff member. It is the responsibility of the teen member to notify parent/legal guardian of injury if deemed necessary by the member.

Behavior Policy

All members and parent/legal guardians of members are required to read and sign the Elizabeth F. Correll Teen Center Behavior Code. The behavior code is strictly adhered to. The Elizabeth F. Correll Teen Center operates under a "zero tolerance" policy. Horseplay, Bullying, Public Displays of Affection, Disrespect, and general misbehavior will not be tolerated whatsoever.

Dress Code

All members and parent/legal guardians of members are required to read and sign the Elizabeth F. Correll Teen Center Dress Code. The dress code is strictly adhered to and members will be asked to leave the club for any deviation from the dress code.

I have read and understood the above guidelines and information concerning the Elizabeth F. Correll Teen Center and agree to follow all guidelines.



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Special Activities

All guidelines set forth in the Elizabeth F. Correll Teen Center Behavior Code and Dress Code apply to any special events hosted by the club. Non-members may be allowed to participate in activities intended for the open community. These events will be designated as "community events". Additional costs may be applied to special activities and payments must be received in full prior to participation.

Member signature: _____

Member's printed name: _____

Date: _____

Parent/legal guardian signature: _____

Parent/legal guardian's printed name: _____

Date: _____



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The Boys & Girls Clubs of Southeast Georgia, along with the Georgia Department of Human Resources (DHR), are partnering to provide safe, engaging environments that motivate and inspire learning, while providing fun and interesting activities to youth during the afterschool hours. These activities will help increase opportunities for successful academic and physical youth development, and will allow participants to expand their future personal and professional goals. If you agree to your child participating in the DHR Youth Initiative sponsored afterschool program at the Boys & Girls Clubs of Southeast Georgia, please complete the information below and return it to your school's DHR Youth Initiative afterschool program staff.

Club Attending:

School Attending:

SECTION I: MEMBER'S PERSONAL INFORMATION

A. Legal Last Name

B. Legal First Name

C. Legal Middle Name

D. Date of Birth (MM/DD/YYYY) _____ / _____ / _____ E. Age _____

F. Gender Male Female

G. Parent(s) Name:

H. Home Address:

I. P.O. Box/Apt #

J. City

K. State

L. Zip Code

M. Home Phone Number

N. Alternate #

O. Glynn Student ID

Person to contact in case of an emergency when parents cannot be reached: (Name/Phone/Address)

Name: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

SECTION II: MEMBER'S SCHOOL INFORMATION

A. Grade Level _____

B. School Attending

C. Is the student English -language proficient (ELP)? Yes English Language Proficient
No Not English Language Proficient

D. Was this student a previous program participant? Yes No

SECTION VII: PROGRAM STAFF ONLY

NAME OF STAFF WHO COLLECTED THIS FORM (Print Please)

DATE

SIGNATURE _____

Paid Weekly Dues

Paid Annual Membership



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SECTION III: MEMBER'S DEMOGRAPHIC INFORMATION

A. Ethnicity Black, Non Hispanic Hawaiian Native/Pacific Islander
 White, Non Hispanic Alaska Native/American Indian
 Asian Hispanic/Latino
Other - Specify: _____

B. Is the student a special needs student? No Yes
If yes, please specify the child's special needs:

SECTION IV: MEMBER'S HOUSEHOLD INFORMATION

A. Participants Lives With: One parent Both parents
 Guardian/Caregiver Foster Home
 Group Home Grandparents
 Other

B. How many people are in your household?

SECTION V: INCOME ELIGIBILITY INFORMATION

Is the participating child or child's family:

A. Eligible for Free and/or Reduced Lunch? Yes No
B. Eligible for Temporary Assistance for Needy Families? Yes No
C. Eligible for Food Stamps? Yes No
D. DFCS Referral? Yes No
E. Eligible for Medicaid and/or Peachcare for Kids? Yes No

SECTION VI: GUARDIAN EMPLOYMENT INFORMATION

Father's Place of Employment: _____ Work phone: _____

Mother's Place of Employment: _____ Work phone: _____

Annual Family Income \$10,000 to \$20,000 \$30,001 to \$40,000
 \$20,001 to \$30,000 \$40,001 and above

SECTION VII: PROGRAM STAFF ONLY

NAME OF STAFF WHO COLLECTED THIS FORM (Print Please)

DATE

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Member's Name: _____

Sex: M F Age _____ Birthdate: _____

Address: _____

City/State/Zip: _____

Father's Name: _____

Work phone: _____

Cell Phone: _____

Work phone: _____

Mother's Name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Medical Facility the Center Uses: _____

Address: _____

Member's Allergies: _____

Current Prescribed Medication: _____

Special Medical Needs and Conditions: _____

PERSONS TO NOTIFY IN AN EMERGENCY IF PARENTS CANNOT BE REACHED

Name	Phone
------	-------

In the event of an emergency involving my child, and if the Boys & Girls Clubs of Southeast Georgia cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name: _____

Signature of Parent or Guardian _____ Date: _____



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A. Ethnicity Black, Non Hispanic Hawaiian Native/Pacific Islander
 White, Non Hispanic Alaska Native/American Indian
 Asian Hispanic/Latino
Other - Specify: _____

B. Is the student a special needs student? No Yes
If yes, please specify the child's special needs:

SECTION IV: MEMBER'S HOUSEHOLD INFORMATION

A. Participants Lives With: One parent Both parents
 Guardian/Caregiver Foster Home
 Group Home Grandparents
 Other

B. How many people are in your household?

SECTION V: INCOME ELIGIBILITY INFORMATION

Is the participating child or child's family:

A. Eligible for Free and/or Reduced Lunch? Yes No
B. Eligible for Temporary Assistance for Needy Families? Yes No
C. Eligible for Food Stamps? Yes No
D. DFCS Referral? Yes No
E. Eligible for Medicaid and/or Peachcare for Kids? Yes No

SECTION VI: GUARDIAN EMPLOYMENT INFORMATION

Father's Place of Employment: _____ Work phone: _____

Mother's Place of Employment: _____ Work phone: _____

Annual Family Income \$10,000 to \$20,000 \$30,001 to \$40,000
 \$20,001 to \$30,000 \$40,001 and above

SECTION VII: PROGRAM STAFF ONLY

NAME OF STAFF WHO COLLECTED THIS FORM (Print Please)

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SIGNATURE _____



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This is to certify that I give the Boys & Girls Clubs of Southeast Georgia permission to transport my child

Name of Member: _____

from (pickup location): _____

at _____ (am / pm)

to (delivery location): _____

My child will be transported from _____ at _____ (am / pm)
pick up location

to _____ at _____ (am / pm)
delivery location

On the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

The Boys & Girls Clubs is authorized to receive my child. In the event the authorized person is not present to receive my child the following procedures are to be followed:

In the event that my child is not to be escorted as outlined above, I agree to notify the Boys & Girls Club Unit

Signature of Parent / Guardian: _____

Date: _____



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Member's

Name: _____ DOB: _____

Member's Allergies:

My child has the following special needs:

Known medical conditions: (diabetic, asthmatic, drug allergies) List all medications taken daily:

In the event of an emergency and the parent(s) cannot be reached, I, _____ herby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child. Guardian's printed name

PHOTO RELEASE: I hereby give consent to the Boys & Girls Clubs of Southeast Georgia to use photographs taken of my child (ren) while attending the club or on any field trips. These photographs may be used in any media outlet for advertisements, press releases, banners, website, or marketing materials for the Boys & Girls Clubs of Southeast Georgia.

SCHOOL GRADE RELEASE: I hereby give consent to the Boys & Girls Clubs of Southeast Georgia to view and copy my child's report card and progress reports. These reports will help my child's progress and help the staff at the clubs to better serve my child.

FIELD TRIPS / REIMBURSEMENTS: Please be aware that field trips are paid in advance, therefore money collected will not be reimbursed and cannot be transferred for any reason. All field trip participants must have his/her club I.D. card to attend.

SPECIAL ACTIVITIES: Please be aware that varying special activities may require extra costs. Money collected will not be reimbursed and cannot be transferred for any reason. All members must have his/her club I.D. card to attend.

LATE NOTICE: Elizabeth F. Correll Teen Center closes nightly Monday, Tuesday, Thursday during the school year at 9:00 pm. We close nightly Friday and Saturday at 11:00 pm during the school year. During the summer months the clubs close nightly Monday through Thursday at 9:00 pm and Friday at 11:00 pm. A late fee of \$1.00 per minute will be charged if your child is picked up late. Your child cannot return until this fee has been paid.

COMPUTER LAB: I understand that my child will be given use of computer labs as well as access to acceptable internet sites, while at the Boys & Girls Club with club staff supervision. Each child will be trained in the acceptable use of technology and internet access. After the child has received their training they will be held responsible for their conduct and must adhere to the computer lab's rules and regulations. For more information on Acceptable Use go to the website at www.apositiveplace.net and then click on registration., posted on this page is the Technology Acceptable Use Policy download.

Signature of Parent/Guardian:

Date: _____



Georgia Department of Human Services Afterschool Care Program Income Eligibility Form

Updated 5/10

Page 1 of 3 - DHS Afterschool Care Program Income Eligibility Form

_____ (DHS funded Organization Name), along with the Georgia Department of Human Services (DHS), are partnering to provide valuable and exciting out-of-school programs for youth in Georgia. The information provided on the following form will help ensure that eligible youth are benefiting from the partnership. We thank you for your cooperation and for allowing us to have an impact on your child's life!

Form to be completed by Parent/Guardian/Caregiver

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Social Security Number _____ - _____ - _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last, First, MI) _____

Social Security Number ____ - ____ - ____ Gender: ____ Male ____ Female

Date of Birth (mm/dd/yy): ____ / ____ / ____

Section 1

Are you GA resident? Yes No

Are you a U.S. citizen or legal immigrant who is allowed to work in the U.S.? Yes No

Do you have at least one dependant child, 18 years old or under, living with you? Yes No

If the answer to ANY of the questions in Section 1 is NO, the family and youth ARE NOT eligible to benefit from the DHS funded services. If the answer to all of the questions in Section 1 is YES, the parent/guardian/caregiver may proceed and complete the form.

Section 2

Do you currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide verification):

1. TANF ____ yes ____ no
2. Food Stamps ____ yes ____ no
3. Medicaid or Peachcare for Kids ____ yes ____ no
4. Reduced or free lunch program at school ____ yes ____ no

If the answer to one or more questions in Section 2 is YES, the youth are eligible to benefit from the DHS funded services and the parent/guardian/caregiver may proceed and complete Section 5. Please be advised, verification fro receipt of services for items checked in Section 2 must be obtained and a copy of the verification must be attached to the respective youth's income eligibility form.

If the answer to ALL of the questions in Section 2 is NO, the parent/guardian/caregiver MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Please be advised, income verification for items listed in Section 3 and Section 4 must be obtained and a copy must be attached to the respective youth's income eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review this chart and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DHS Services at 300%– Afterschool Care Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DHS Services Annual Household Income Guidelines **	DHS Services Monthly Household Income Guidelines
1	\$10,830	\$32,490	\$2,707
2	\$14,570	\$43,710	\$3,642
3	\$18,310	\$54,930	\$4,577
4	\$22,050	\$66,150	\$5,512
5	\$25,790	\$77,370	\$6,447
6	\$29,530	\$88,590	\$7,382
7	\$33,270	\$99,810	\$8,317
8	\$37,100	\$111,030	\$9,252
Each additional person, add	\$3,740	\$11,220	\$935

* Income based on the U.S. Department of Health and Human Services (HHS) 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: HHS website: Federal Register, Vol 74, No. 431, March 6, 2009, pages 9781-8782)

** 300 % of the federal poverty level

Family Unit Size* _____

Gross Household Yearly Income \$ _____ **Gross Household Monthly Income \$** _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often paid?
	SELF				

Applicant Notification and Signature

Section 5

Please review and sign Section 5 as notification and signature of verification.

We are asking for your Social Security number(s) because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

To be Completed by DHS Funded Afterschool/Summer Service Provider

By signing below, I certify the information presented within this form was verified and confirmed** and meets the DHS Income Eligibility rules and guidelines indicated within this form.

Authorized Program Staff Signature

Title

Date

** See Appendix B for income verification proof sources.

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- SUCCESS screen information; and/or
- STARS.

See page 2 of Appendix for applicable income sources.

Applicable Income

Each of the following sources of income is considered in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan