



CHILD ENROLLMENT FORM

BOYS & GIRLS CLUBS OF SOUTHEAST GEORGIA
St. Simons Island Unit, 729 Ocean Blvd. St. Simons Island, GA 31522

BOYS & GIRLS CLUBS
OF SOUTHEAST GEORGIA

www.apositiveplace.net

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: CHILD'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

Child's Physician Phone #

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

Name: Phone:

Name: Phone:

Address:

Person allowed to pick up my child from the club:

Name: Phone:

Name: Phone:

Name: Phone:

SECTION II: CHILD'S SCHOOL INFORMATION

A. Grade Level B. School Attending

C. Is the student (ELP)? English Language Proficient 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

DATE

SIGNATURE _____

Paid Weekly Dues

Paid Annual Membership



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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen or legal immigrant who is allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have at least one dependant child, 18 years old or under, living with you? <input type="checkbox"/> Yes <input type="checkbox"/> 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?
	<i>SELF</i>				

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



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SECTION III: CHILD'S DEMOGRAPHIC INFORMATION

- A. Ethnicity
- | | |
|---|---|
| <input type="checkbox"/> Black, Non Hispanic | <input type="checkbox"/> Hawaiian Native/Pacific Islander |
| <input type="checkbox"/> White, Non Hispanic | <input type="checkbox"/> Alaska Native/American Indian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Other - Specify: _____ | |

B. Is the student a special needs student? No Yes

If yes, please specify the child's special needs: _____

SECTION IV: CHILD'S HOUSEHOLD INFORMATION

- A. Participants Lives With:
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> One parent | <input type="checkbox"/> Both parents |
| <input type="checkbox"/> Guardian/Caregiver | <input type="checkbox"/> Foster Home |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Eligible for Temporary Assistance for Needy Families? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Eligible for Food Stamps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. DFCS Referral? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Eligible for Medicaid and/or Peachcare for Kids? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION VI: GUARDIAN EMPLOYMENT INFORMATION

Father's Place of Employment: Work phone:

Mother's Place of Employment: Work phone:

- Annual Family Income
- | | |
|---|---|
| <input type="checkbox"/> \$10,000 to \$20,000 | <input type="checkbox"/> \$30,001 to \$40,000 |
| <input type="checkbox"/> \$20,001 to \$30,000 | <input type="checkbox"/> \$40,001 and above |

SECTION VII: PROGRAM STAFF ONLY

NAME OF STAFF WHO COLLECTED THIS FORM (Print Please)

DATE

SIGNATURE _____



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SECTION VII: PARENTAL CONSENT FOR PARTICIPATION IN EVALUATION STUDY

An Evaluation Study of the Georgia Department of Human Resources' Youth Initiative Program

Principal Investigator: Dr. Sheryl Gowen
Sponsor: Georgia Department of Human Resources

I agree to allow _____ (Child's Legal Name) to participate in the research titled An Evaluation Study of the Georgia DHR Youth Initiative Program, which is being conducted by Georgia State University. I understand that my child's participation is entirely voluntary. I understand that I can withdraw my consent at any time (without penalty) and can have the results of my child's participation, to the extent that it can be identified as mine, returned to me, removed from the record, or destroyed.

I understand that my child's information such as his or her academic, guidance, permanent or cumulative record (i.e. grades or attendance records) may accessed by the program and/or GSU for the purposes of providing educational support and assistance, to evaluate individual progress and improvement, to evaluate the impact of the program on student achievement, and/or to obtain continued funding for the program. I also understand that the information obtained about my child will not be publicly reported with any personal identifiable information such my child's address, phone number, or social security number.

The benefits that I may expect from this research are improved services delivered to my child through the DHR Youth Initiative Program. I also understand that there are no risks outside of what my child ordinarily experiences during the regular school day associated with participation in the study.

I may talk to the person who supervises this study at Georgia State University. The researcher is Dr. Sheryl Gowen and can be reached at 404-651-2582. The Georgia State University Research Office (room G-76 Alumni Hall, 404-651-4350) can provide me with help if I have any questions about this research project.

I have read and understand the above and I agree to participate as a subject in this study.

Printed Legal Name of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Terrill Thomas Unit:
3836 Johnston Street
Brunswick, GA 31520
912-265-6464

Glynn Villa Unit:
1200 Albany Street
Brunswick, GA 31520
912-264-9882

Needwood Unit
669 Harry Driggers
Brunswick, GA 31520
912-264-1455

Elizabeth F. Correll Teen Center
4226 Coral Park Drive
Brunswick, GA 31520
912-466-9905

McIntyre Court Unit:
2102 Albany Street
Brunswick, GA 31520
912-262-6011

Saint Simons Island ;
729 Ocean Blvd
Saint Simons Island, GA 31522
912-638-6639

The Club at Jane Macon
200 McKenzie Dr.
Brunswick, GA 31520
(912) 265-3337 ext 4649

Adminstration Office:
912-265-1455
Brian Dolan, Executive Director
www.apositiveplace.net



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Member's Name: _____ DOB: _____

Child'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. Your child must be on time to depart and must wear his/her Boys & Girls Club T-shirt and member ID badge.

LATE NOTICE: The Boys & Girls Clubs of SE Georgia closes nightly during the school year at 6:30pm for children ages 5-12 years old and except on Wednesday we close at 6:00pm. We close nightly at 7:00pm for children ages 13-18 years of age during the school year. During the summer months the clubs close at 5:30pm. 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. (hours may vary at different clubs - ask staff at your club for specific hours)

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 please visit our web site at www.apositiveplace.net and click on *Join Us* then download the *Club Technology Acceptable Use Policy*.

Signature of Parent/Guardian: _____

Date: _____

Parental Authorization for Water-Related Activities

I give permission for my child to participate in water related activities occurring in water more than two feet deep.

Signature of Parent/Guardian: _____

Date: _____



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SMART KIDS

AGES 6-9

MAKING SMART MOVES: Preparing Kids for the future and how to make smart decisions. Provide them with the knowledge needed to avoid risky behavior, and dealing with unhealthy situations.

START SMART

AGES 10-12

Prevention for young people to make smart decisions. Provide them with the knowledge, skills, self-esteem and peer support they will need to become productive citizens. Resistance training to prevent the use of drugs, alcohol, tobacco, and sex.

STAY SMART

AGES 13-15

Provides young teenagers with accurate information resistance training and other critical skills for avoiding alcohol, tobacco and other drugs.

STREET SMART

AGES 11-13

“GANG AWARENESS AND RESISTANCE”

Create a learning environment and to build group consensus on the meaning of a gang

“CONFLICT RESOLUTIONS”

To help participants recognize signs of anger, learn to control it and examine how it can be channeled for positive purposes.

“POSITIVE PEER HELPERS”

To teach members the decision making skills and processes needed to reach appropriate decisions.

Measuring Program Outcomes: This survey is highly effective with evaluating our daily programs of the clubs. It also helps the club learn how well it is meeting the needs of the children we serve.

SMART LEADERS

AGES 15-17

Booster program offering extra benefits of preparing youth to assume leadership roles in the organization. They encourage their peers to resist alcohol, drugs, and tobacco.

PASSPORT TO MANHOOD AGES 10 – 18

Promotes and teaches responsibility in boys. This program concentrates on specific aspects of manhood. This program reinforces positive behaviors, and talks about the journey for maturation and growth.

ABSTINENCE PROGRAM

AGES 10 – 18

A highly effective program for helping young people make wise, responsible decisions for their future by choosing abstinence until marriage. Club members are taught that their choices today can have significant implications for their future, particularly on whether and to what extent they will accomplish their goals and dreams in life.

Our programs only discuss topics that are relevant to your child’s stage of development. We do not discuss our personal theories or beliefs, only the facts.

PARENTS SIGNATURE: _____

PARENTS NAME: _____

PRINTED

I GIVE PERMISSION FOR _____ TO PARTICIPATE WITH THE
ABSTINENCE PROGRAM AND SMART MOVES PROGRAMS.



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POWER HOUR

AGES 6-18

Club staff makes minutes count by encouraging club members to be more successful in school, by providing homework help and tutoring. They encourage members to become self-directed learners.

PROJECT LEARN

AGES 6-18

Project learn reinforces and enhances the skills and knowledge young people learn at school during the day. All areas of the club create opportunities for "high yield learning".

GOALS FOR GROWTH

AGES 8-18

Teaches club members skills for setting and achieving goals. Helps them identify their own strengths and enhances their self-esteem by reinforcing their progress and recognizing their success in realizing their goals.

JR. STAFF CAREER

AGES 10 – 18

Through hands on experiences with helping others in the club and community, field trips to other service organizations and one on one guidance from club staff, youth prepare for a future role as a professional or volunteer in their community.

FITNESS AUTHORITY

AGES 6-18

Promotes fitness in all youth through fun, engaging weekly activities. This program last for 12 weekly sessions for each of the age groups. The children can compete with local, regionally and nationally.

THE GOLF CLUB

AGES 6-18

Step by step guidance is given for organizing and conducting a junior golf tournament. Practical tips, golf skills and etiquette are taught.

ULTIMATE JOURNEY

AGES 6-12

Teaches the children about the environment they live in and how to protect the world they live in.

MONEY MATTERS

AGES 10-18

Promotes financial responsibility and independence to club members. By building basic money management skills. The children will learn how to manage a checking account, budget, save and invest.

TORCH CLUB

AGES 11-13

This program empowers youth to support and influence their club and community, sustain meaningful relationships with others, develop a positive self-image, participate in the democratic process and respect their own and others' cultural identities. Focuses on character development.

CLUB FEES: Annual Fee: \$25.00 per member (incl. Club T-shirt) Annual dues are collected January 1 of every year no matter when the member joined.

Program	Active member fee	Non-active member fee
Member Weekly Rate:	\$35 weekly fee during school year	n/a
Holiday / Summer Program	\$70.00 per week/per student	\$120.00 per week / per student
Drop in Rate	\$15.00 per day / (\$25 in summer)	\$30.00 per day / per student
Replacement Fee for Club Card:	\$5.00	

PARENT'S SIGNATURE: _____

PARENT'S NAME: _____

PRINTED

I give permission to the Boys & Girls Clubs of Southeast Georgia to copy my child's report cards. I understand by the club doing this, they can encourage my child _____ to become self motivated and improve his/her grades. I give permission for my child to participate in all programs of the club.



VEHICLE EMERGENCY FORM

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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: _____

Child'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: _____



TRANSPORTATION AGREEMENT

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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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SUMMER CAMP INFORMATION

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Welcome to the Boys & Girls Clubs of Southeast Georgia! This packet was created to provide you with information, policies and procedures of our clubs. Our staff members will be happy to give you a tour of the facilities and answer any questions that you may have that are not covered in this packet of information. We encourage all parents and children to visit our units and welcome any comments that you may have on our operation.

Our goal at the club is to provide a safe and fun environment for your children as well as provide them with the quality programming.

HOURS OF OPERATION

Summer Camp hours begin at 7:30am and end at 5:30pm.

MEMBERSHIP

To attend the Boys & Girls Clubs and participate with our daily programs your child must become a member. A yearly membership fee is required. We serve boys & girls between the ages of 5 and 18 years of age.

CLUB IDENTIFICATION CARDS

An identification card (ID) will be issued to every child who becomes a member. Your child must wear his/her card to participate in activities offered. Wearing his/her card also ensures the safety of your child by providing emergency contact information printed on the card. A \$5.00 fee is charged to replace the card if it is lost. We encourage parents to purchase a lanyard for their card.

LATE FEES

There is a \$1.00 late fee for every minute you are late in picking up your child. This fee is strictly enforced and must be paid prior to your child's acceptance to attend the next camp. Our staff members have families that they need to go home to be with and their being delayed is not fair to them.

STAFF

Each staff member has had a national criminal background check and are certified in CPR and 1st Aide certified.

VOLUNTEERS AND PARENTS

Anyone expressing a desire to volunteer at the Boys & Girls Clubs of Southeast Georgia must pass a background check before he/she are able to assist.

TRANSPORTATION

Only paid employees are permitted to ride on Boys & Girls Clubs of Southeast Georgia vehicles. We encourage family members to attend special events of the club, however they must have their own transportation. Your child can ride with you and still participate in the Club event but you can not transport other members with you.

CAMP FEE

Money for camp fees will be accepted on Thursday and Friday ONLY! Each child attending a field trip must have paid the camp fee first and then the field trip fee on top of that. Again we request you have correct change if paying by cash.



FIELD TRIP PROCEDURES

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FIELD TRIPS

Field trips are offered daily. Your child **MUST** have his/her Boys & Girls Club card and wear current year T-shirt to attend. They will not be able to attend the field trip if they do not have either of the above listed items. All field trips are paid in advance by our organization, therefore no refunds, reimbursement or transfer of funds will be given out if your child is not able to attend a field trip. Unfortunately with the number of children we are transporting we do not have time to call parents for their children's shirt or card. It is the responsibility of each member to remember these two items.

WATER FIELD TRIPS

The ratio of staff members to club members is 1 staff person per every 15 club members. Please do not send your children on field trips involving water slides, beach, or pools if they can not swim. T-shirts are no required on the days that we have water field trips. We will place a wrist band on your child when they arrive. Old towels and flip flops are recommended for these field trips for the children often have problems keeping up with their personal items. **ALWAYS APPLY SUN SCREEN ON YOUR CHILD BEFORE THEY LEAVE YOUR HOUSE IN THE MORNING.**

MONEY FOR FIELD TRIPS

Money for field trips is due in advance, the Friday before the actual field trip. We pay all our field trips in advance therefore we must enforce this policy with no exceptions. Your child will not be allowed to pay for a field trip the week of the trip. If paying by cash, please have the correct change, we do not have banks at the clubs for change.

LIMITED NUMBERS

Many trips are limited in the number of children we are able to take due to transportation issues or the size of the facility. We encourage your child to sign up early to avoid the possibility of your child not being able to attend.

SUMMER CALENDAR

We hand out summer calendars at the conclusion of summer camp orientation. The calendar states the field trip's pricing, departure and estimated return time. A listing of events is also on our web site at www.apositiveplace.net/calendar.html

LABELED PERSONAL ITEMS

We recommend you label every item (use permanent marker) your child brings to the club. When children misplace items, it makes it easier to locate if their name is printed on it.

STAFF TO CHILD RATIO

Our goal is to provide adequate safe supervision for your children. In order to accomplish that goal we provide a one staff person to every twenty five children. This policy is strictly enforced in-house and on trips.

SNACKS

Morning and afternoon snacks are provided. They can bring their own or purchase snacks from the vending machines as well. We do not have a change machine. It is best you send change with your child. **WE DO NOT REFUND MONEY LOST IN ANY SNACK MACHINE.**

LUNCH

Lunch is provided for the children at 11:30am. If you arrive late, it is your responsibility to provide for your child. We do not have the time, staff, or the equipment to warm, cook, or prepare each child's lunch. Please send sandwiches or items that do not require cooking. Children are allowed to buy from the snack center during lunch time. We have limited refrigerated space; therefore it is imperative you send your child's lunch in an insulated container if they have items that need to be kept cool.

OUTSIDE ROTATION

Part of our daily programming is spending time outside. Every child is required to participate and there is not staff coverage to allow an individual child to remain inside. The operations are similar to public school where all children in the class remain together. If your child is too sick or is unable to go outside during the day, then he/she needs to stay home for the day.



BOYS & GIRLS CLUBS
OF SOUTHEAST GEORGIA

SUMMER CAMP ENROLLMENT

BOYS & GIRLS CLUBS OF SOUTHEAST GEORGIA
St. Simons Island Unit, 729 Ocean Blvd. St. Simons Island, GA 31522

www.apositiveplace.net

DISCIPLINE

All of the Boys & Girls Clubs of Southeast Georgia travel to and from field trips together. Staff from any of the clubs can and will discipline your child. If your child is removed from the bus due to poor behavior, money will not be reimbursed. When attending field trips if your child refuses to follow the rules or remain with their group he/she will lose the privilege of attending field trips in the future. This policy must be enforced for the safety of your child and others.

MEDICATION

Medication cannot be given to your child by a Boys & Girls Club staff member or volunteer. If your child requires medication during the day, it is the responsibility of the guardian to administer. Relatives of children who are employed by the club are not allowed to dispense medication.

BUG SPRAY/ SUN SCREEN

We encourage you to send bug spray and sun screen to protect your child. However, it is not the responsibility of an employee to apply this protection to your child.

DROP OFF AND PICK UP

Please take the time to walk your child inside the building in the morning. You cannot call for your child to meet you out front, therefore you need to walk inside and pick your child up at departure time.

PARKING LOT

Due to so many parents picking children up at the same time, we ask that you park your car and not block the parking lot. Do not park in unauthorized parking spots such as fire lanes, non designated parking, or reserved parking physically disabled.

CHILD'S NAME: _____

PRINTED

GUARDIAN'S SIGNATURE: _____

PARENT'S NAME: _____

DATE: _____