



## 21<sup>st</sup> Century Community Learning Centers 2011-2012 School Year Registration Form



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.

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.

**Student Last Name:** \_\_\_\_\_ **First Name:**  
\_\_\_\_\_

**Middle Name:** \_\_\_\_\_ **Student Pin #**  
\_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:**  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Student Date of Birth:**  
\_\_\_\_\_

**Age** \_\_\_\_\_ **Gender:**  Male  Female

**Ethnicity:**  White  African American  Hispanic  Other:  
\_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Homeroom Teacher:**  
\_\_\_\_\_

**Math Teacher:** \_\_\_\_\_ **English/LA Teacher:**  
\_\_\_\_\_

**Lunch Status:**  Free Lunch  Reduced Lunch  Paid **Special Ed Status:**  Yes-Special Ed  No-Not Special Ed

**Eligible for Temporary Assistance for Needy Families?**  Yes  No

**Eligible for Food Stamps?**  Yes  No

**DFCS Referral?**  Yes  No

**Eligible for Medicaid and/or Peachcare for Kids?**  Yes  No

**Primary Language:**  English  Spanish  Other: \_\_\_\_\_

**Is the student English-language proficient (ELP)?**  Yes  No

**Lives with:**  Both Parents     Single Parent Mother     Guardian     Single Parent  
Father  
 Grandparent(s)     Joint Custody     Foster Care     Parent and  
Stepparent  
 Other: \_\_\_\_\_

**Please List Any Special Needs** (allergies, medications, diet, transportation issues, etc.):

**Parent/Guardian Information:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

**Annual Family Income:**

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

**Persons to Notify in an Emergency If Parents cannot be reached:**

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.

**Additional Contact Information:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Transportation**

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

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:

Name of Child: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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](http://www.apositiveplace.net) and then click on registration, posted on this page is the Technology Acceptable Use Policy download.

Name of Child: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**LEAD TEACHER USE ONLY:**

**Student's First Day of Program:** \_\_\_\_\_ **Date Form Received:** \_\_\_/\_\_\_/\_\_\_

**Student GTID:** \_\_\_\_\_ **[ ] Student Added as 21<sup>st</sup> Century in Infinite Campus**

**[ ] Consent Form Completed** (checked, signed and dated by parent)

Name of Staff who collected (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**This form must be signed AND completed or your child cannot attend the 21<sup>st</sup> Century CLC Program!**

**Parent/Guardian Permission for CLC \* Please Read Carefully\***

**Accept** **Decline**

***Must be signed by parent/guardian of participant 18 and under.***

I agree to participate in the Community Learning Center (CLC) programs and activities and I hereby give permission for the participant(s) listed on the reverse side to take part in the School Districts 21<sup>st</sup> Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs.

If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21<sup>st</sup> Century Community Learning Center staff.

I hereby give my consent to the School District's 21<sup>st</sup> Century Community Learning Centers (CLC) programs to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the School District's 21<sup>st</sup> Century Community Learning Centers (CLC) programs.

I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the School District's 21st Century Community Learning Centers (CLC) programs to be used for education and public relations purposes.

I understand that the information to be posted may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number.

I further give my consent to the School District and the 21st Century Community Learning Centers (CLC) to share the participant's student records with each other for purposes of providing educational support and assistance.

I understand that the School District will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

I hereby certify that I have read and do understand the above information.

**Parent/Guardian Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_



# 21<sup>st</sup> Century Community Learning Centers 2011-2012 School Year Registration Form



## 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.**



## 21<sup>st</sup> Century Community Learning Centers 2011-2012 School Year Registration 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					
Gross Monthly Income is income before taxes and deductions.					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often paid?
	SELF				



# 21<sup>st</sup> Century Community Learning Centers 2011-2012 School Year Registration Form



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

## 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.



## 21<sup>st</sup> Century Community Learning Centers 2011-2012 School Year Registration Form



Page 1 of 2 - DHS Afterschool Care Program Income Eligibility Form Appendix

### 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.*



## 21<sup>st</sup> Century Community Learning Centers 2011-2012 School Year Registration Form



Page 2 of 2 - DHS Afterschool Care Program Income Eligibility Form Appendix

### 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