



Port Charlotte High 21<sup>st</sup> Century Soaring to Success M-F, 2-4:20 pm

## MEMBERSHIP APPLICATION PACKAGE

**Confidentiality:** Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted by asterisks (\*).

### Parent/Guardian (Please Print)

**Parent First Name:**

**Parent Last Name:**

**Address: \***

  
(Line 1)  
(Line 2)  
(City)  
(State)  
(Zip)

**Gender: \***

Male

Female

**Phone Number: \***

**Home/Work/Cell:\***

H  W  C

**Phone Number: \***

H  W  C

**Phone Number: \***

H  W  C

**Family Income:\***

- \$9,000 or Below
- \$9,001 - \$12,000
- \$12,001 - \$15,000
- \$15,001 - \$19,000
- \$19,001 - \$23,000
- \$23,001 - \$28,000
- \$28,001 - \$32,700
- \$32,701 - \$ 37,500
- \$37,501 - \$42,000
- \$42,001 and Above

**Household Size:**

**Names and ages of all individuals living in household (include member):**

**Employer:**

**Occupation/Title:**

**Email Address:**

**Additional Parent/Guardian (Please Print)**

**Parent First Name: \***

**Parent Last Name: \***

**Address: \***

(Line 1)

(Line 2)

**Gender: \***

- Male  
 Female

(City)

(State)

(Zip)

**Phone Number: \***

**Home/Work/Cell: \***

- H    W    C

**Phone Number: \***

- H    W    C

**Phone Number: \***

- H    W    C

**Employer:**

**Occupation:**

**Email Address:**

This afterschool program, held at Port Charlotte High School, is facilitated by the Boys & Girls Club of Charlotte County. This program's mission is to enhance academics for our students. One to two hours of the three hour a day program will be directly in the area of academic need for that individual student. Examples would be, but not limited to: Homework Help, Study Sessions for tests, FCAT Enrichment, and Literacy/Reading programs. Attendance is required for students, M-F, 2-4:20 p.m. on school days.

Parents/guardians will be required to attend an orientation program with the Boys & Girls club staff to review the program goals and expectations for your child. For information, call Dr. Hayman @ 941-979-6757.

## Member Information (Please Print)

**First Name: \***

**Middle Name: \***

**Last Name: \***

**Nick Name:**

**Birth Date: \***

**Social Security Number: \***

**Gender: \***

- Male  
 Female

**Ethnicity: \***

- African American    Asian American    Caucasian  
 Hispanic/Latino    Native American    Other \_\_\_\_\_

**Membership Type: \***

- School Year  
 Summer

**School: \***

**Grade: \***

**Teacher:**

**Family Setting: \***

- Both Parents    Mother    Father    Sister/Brother  
 Aunt/Uncle    Grandparent    Other \_\_\_\_\_  
 Foster

**Can Member go into Pool?**

- YES    NO

**Check all that apply: \***

- Can Swim  
 TANF  
 Food Stamps  
 General Assistance  
 SSDI  
 SSI  
 Veteran's Compensation  
 Day Care Voucher  
 School Lunch (Free/Reduced)  
 Medicaid  
Limited English Proficiency  
Homeless  
Special Needs or Disability  
(please specify):

## Member Medical Information

**Insurance Company: \***

**Medications: \***

**Medical Problems/Allergies: \***

**Insurance Policy Number: \***

**Physician: \***

**Physician Phone: \***

**Hospital: \***

**Hospital Phone: \***

## Pickup Information

Four People Authorized to Pick Up Member other than Parent/Guardian listed on front:

First Name:*	Last Name:*
<input type="text"/>	<input type="text"/>
Phone Number:*	Home/Work/Cell
<input type="text"/>	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
Relation:*	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Sister/Brother	
<input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent	
<input type="checkbox"/> Other _____	

First Name:*	Last Name:*
<input type="text"/>	<input type="text"/>
Phone Number:*	Home/Work/Cell
<input type="text"/>	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
Relation:*	
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<input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent	
<input type="checkbox"/> Other _____	

First Name:*	Last Name:*
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Phone Number:*	Home/Work/Cell
<input type="text"/>	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
Relation:*	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Sister/Brother	
<input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent	
<input type="checkbox"/> Other _____	

Attach the following documents with your application:

- **Proof of Charlotte County Residence:** Current driver's license (with correct address), current lease, voter's registration card or vehicle registration.
- **Positive Identification and Social Security Numbers:** All household members. This could be official birth certificate, passport, social security cards, etc.
- **Dates of Birth:** All household members
- **Proof of Income for all Household Members:** All income received for the **month prior** to your application, including wages, retirement/pensions, Worker's Comp, Unemployment Compensation, Self employment income, Veteran's Benefits, Disability Insurance, child support, alimony or TANF (cash assistance from state), Social Security and/or SSI gross benefit award letter (current year).
- **Two-parent Households:** At least one parent must be involved in an activity-minimum requirement is working or in school at least 20 hours weekly. Verification must be provided.

## **Acknowledgment and Authorization**

I have read the completed application, understand the rules of the Boys & Girls Clubs of Charlotte County and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs of Charlotte County will not be responsible for any accident to the boy/girl while on any of our premises or while engaged in any activities away from the Boys & Girls Clubs of Charlotte County. I give my consent to photographs and video, in which my son/daughter may appear, to be used in any way the Boys & Girls Clubs of Charlotte County may care to use them. I hereby authorize Charlotte County Public Schools to release the student records including, but not limited to academic records (including, but not limited to: school grades, standardized testing information, IEPs, LEPs and 504 plans), behavioral records, social/developmental records, medical records and any other records necessary to the Boys and Girls Club of Charlotte County for the purpose of assisting the student during his/her participation in the 21st Century Community Learning Centers (21st CCLC) program. The information will be for the use of program staff only. Reporting functions for the 21st CCLC program will not contain identifiable individual student information.

**Student's Name:** \_\_\_\_\_

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

**Parent's/Guardian's Signature:** \_\_\_\_\_

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