Boys & Girls Clubs Summer Adventures Program
Sports • Games • Field Trips • Arts & Crafts • Swimming • And more

Give your child a summer full of fun activities at Boys & Girls Clubs. Your child will enjoy making new friends, participating in structured games and going on field trips every week. Lunch and dinner are served daily, and each child will receive a summer adventures t-shirt.

Early View

AGES: 4–18   DATES: June 17 – July 26 (closed July 4), 6 weeks
REGISTRATION FEE: $10, non-refundable
COST: $70.00 per week per child (sliding fee scale/scholarships available). See Club Manager for information.
HOURS: 9:00 AM – 4:00 PM, Monday – Friday
Early drop-off and Late pick up
Early drop-off available 7:00 AM – 9:00 AM, $10.00 per week, per child
Late pick-up available 4:00 PM – 6:00 PM, $10.00 per week, per child

SUMMER PROGRAM FREE FOR WISCONSIN SHARES AUTHORIZED FAMILIES
If your family has an open WI Shares Case, please call 1-888-947-6583 to update your authorization. Or you can go to the Coggs Center (1200 W. Vliet St.) — Window 200E (take the escalator to the second floor) to update your authorization in person. They will ask you to provide your summer program provider and location number.

PROVIDER #: 4000573254   LOCATION #: 013
TO REGISTER:
1. Complete registration packet in full for each youth wishing to attend.
   Incomplete applications will be added to the wait list.
2. Return registration packet to Club Manager or office.
3. Please allow up to 48 hours to process registration paperwork.

CONTACT INFORMATION: Club Manager: Toria Monroe
Phone: 414-431-0001   Email: Toria.Monroe@bgcmilwaukee.org

Scholarships Available: The inability to pay is not a barrier to participation in the program. Please see Club Manager for details.

Please remember your child must be picked up promptly. There is a $1 per minute per child charge for all members who remain after close time. If you have any questions or concerns, please do not hesitate to contact the Club Manager directly.

Camp Whitcomb/Mason
Hartland, Wi
Interested in overnight camp, registration available at bgcmilwaukee.org/camp or talk to a Club Manager about a paper application.
AGES: 7-14
# Boys & Girls Clubs Summer Program Locations

<table>
<thead>
<tr>
<th>Club</th>
<th>Program Dates</th>
<th>Age Range</th>
<th>Early Drop-off</th>
<th>Regular Program</th>
<th>Late Pick-up</th>
</tr>
</thead>
</table>
| **SS 53RD STREET:** 3618 N. 53rd Street, CP: 414-474-5586  
Provider #: 2000563892, Location #: 061 | 6/17/2019–8/9/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **BIST STREET:** 2964 N. 81st Street, CP: 414-852-4085  
Provider #: 2000563892, Location #: 047 | 6/17/2019–8/9/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **ALLEN FIELD:** 730 W. Lapham Blvd, CP: 414-902-9341  
Provider #: 2000563892, Location #: 068 | 6/17/2019–8/9/2019 | 4-13 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **BAY VIEW HIGH SCHOOL:** 2751 S. Lenox Street, CP: 414-294-2572 | 6/17/2019–7/26/2019 | 12-18 | No early drop-off | 11AM-5PM | No late pickup |
| **SS BETHUNE:** 1535 N. 35th Street, CP: 414-934-4600  
Provider #: 2000563892, Location #: 130 | 6/17/2019–7/26/2019 | 4-12 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **BRADLEY TECH HIGH SCHOOL:** 700 S. 4th Street, CP: 414-212-2561 | 6/17/2019–7/26/2019 | 12-18 | No early drop-off | 11AM-5PM | No late pickup |
| **CARSON:** 4920 W. Capitol Drive, CP: 414-393-4820  
Provider #: 2000563892, Location #: 072 | 6/17/2019–8/9/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **SS SuperSite:** CARVER ACADEMY: 1900 N. 1st Street, CP: 414-267-0527  
Provider #: 2000563892, Location #: 128 | 6/17/2019–8/9/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **CASS STREET:** 1647 N. Cass Street, CP: 414-212-2787  
Provider #: 2000563892, Location #: 001 | 6/17/2019–8/9/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **CLARKE STREET SCHOOL:** 2816 W. Clarke St, CP: 414-267-1039  
Provider #: 2000563892, Location #: 004 | 6/17/2019–8/9/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **EARLY VIEW ACADEMY:** 7312 W. Good Hope Rd, SP 414-431-6001, ext. 606, Provider #: 4000573254 Location #: 013 | 6/18/2019–7/26/2019 | 5-18 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **ENGLEBURG:** 5000 N. 91st Street, CP: 414-616-5631  
Provider #: 2000563892, Location #: 094 | 6/17/2019–8/9/2019 | 4-12 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **FRATNEY:** 3255 N. Fratney Street, CP: 414-267-1154  
Provider #: 2000563892, Location #: 008 | 6/17/2019–8/9/2019 | 4-12 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **SS GAENSLEN:** 1250 E. Burleigh Street, CP: 414-267-5781  
Provider #: 2000563892, Location #: 153 | 6/17/2019–8/9/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **SS GRANTOSA:** 4850 N. 82nd Street, CP: 414-393-4436  
Provider #: 2000563892, Location #: 160 | 6/17/2019–7/26/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **SS GREENFIELD BILINGUAL:** 1711 S. 35th Street, CP: 414-902-8293  
Provider #: 2000563892, Location #: 013 | 6/17/2019–8/9/2019 | 4-13 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **SS HAYES BILINGUAL:** 971 W. Windlake Avenue, SP: 414-902-7250  
Provider #: 2000563892, Location #: 166 | 6/17/2019–7/26/2019 | 4-13 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **LAFOLLETTE:** 3239 N. 9th Street, CP: 414-267-5345  
Provider #: 2000563892, Location #: 017 | 6/17/2019–7/26/2019 | 4-14 | 7AM-9AM | 9AM-4PM |
| **LINCOLN:** 1817 W. Lincoln Avenue, CP: 902-9716,  
Provider #: 2000563892, Location #: 154 | 6/17/2019–8/9/2019 | 4-13 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **MAPLE TREE:** 6644 N. 107th St, CP: 578-5100  
Provider #: 2000563892, Location #: 149 | 6/17/2019–7/26/2019 | 4-12 | 7:30AM-9AM | 9AM-4PM | 4PM-6PM |
| **SS MITCHELL:** 1728 S. 23rd Street, CP: 414-902-8152  
Provider #: 2000563892, Location #: 021 | 6/17/2019–8/9/2019 | 5-13 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **RIVERWEST:** 2765 N. Fratney Street, CP: 414-267-4527  
Provider #: 2000563892, Location #: 155 | 6/17/2019–8/9/2019 | 4-12 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **SHERMAN:** 5100 W. Locust Street, CP: 414-874-5814  
Provider #: 2000563892, Location #: 148 | 6/17/2019–8/9/2019 | 4-14 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **SIEFERT:** 1547 N. 14th Street, CP: 414-935-1566  
Provider #: 2000563892, Location #: 156 | 6/17/2019–8/9/2019 | 4-12 | 7AM-9AM | 9AM-4PM | 4PM-6PM |
| **TOWNSEND:** 3360 N. Sherman Blvd, CP: 414-874-5985  
Provider #: 2000563892, Location #: 028 | 6/17/2019–7/26/2019 | 4-14 | 7AM-9 AM | 9AM-4PM | 4PM-6PM |
| **WASHINGTON HIGH SCHOOL:** 2525 N. Sherman Blvd, CP: 414-875-6100 | 6/17/2019–7/26/2019 | 12-18 | No early drop-off | 11AM-5PM | No late pickup |
| **SS ZABLOCKI:** 1016 W. Oklahoma Avenue, CP: 414-294-2305  
Provider #: 2000563892, Location #: 042 | 6/17/2019–8/9/2019 | 5-13 | 7AM-9AM | 9AM-4PM | 4PM-6PM |

**SS** = Summer School
# ANNUAL YOUTH MEMBERSHIP APPLICATION

## Member's Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Address &amp; Apt #</th>
<th>City</th>
<th>Zip</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Social Security #</th>
<th>Birthdate</th>
<th>MPS ID# (If applicable)</th>
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<tbody>
<tr>
<td></td>
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</table>

### School Attending

<table>
<thead>
<tr>
<th>School District</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

### ETHNICITY

- [ ] American Indian/Alaska Native
- [ ] Asian
- [ ] Black/African American
- [ ] Hispanic/Latino
- [ ] Multi-Racial
- [ ] Native Hawaiian/Pacific Islander
- [ ] White/Caucasian
- [ ] Other_____________________

### GENDER

- [ ] Female
- [ ] Male
- [ ] Transgender

### LANGUAGE

- [ ] English
- [ ] Spanish
- [ ] Hmong
- [ ] Other_____________________

### MEMBER LIVES WITH

- [ ] Both Parents
- [ ] Mother Only
- [ ] Father Only
- [ ] Guardian
- [ ] Foster Care
- [ ] Group Home
- [ ] Other_____________________

### SCHOOL LUNCH PROGRAM ELIGIBILITY

- [ ] Free
- [ ] Reduced
- [ ] Not Eligible
- [ ] Unknown

### Has this member ever attended a Boys & Girls Club or program before?

- [ ] No
- [ ] Yes
- [ ] Club Location_____________________

---

Please indicate your child's swimming level:

- [ ] Expert
- [ ] Intermediate
- [ ] Beginner
- [ ] Cannot swim

---

### PARENT/GUARDIAN PLEASE COMPLETE, READ & SIGN

Are you or any member of your household on active military duty?

- [ ] Yes
- [ ] No

Are you or any member of your household a Club alumni?

- [ ] Yes
- [ ] No

How many members are in your household, including yourself?

|___________|

ANNUAL HOUSEHOLD INCOME

- [ ] Less than $9,999
- [ ] $10,000-14,999
- [ ] $15,000-22,999
- [ ] $23,000-33,999
- [ ] $34,000-49,999
- [ ] $50,000-74,999
- [ ] $75,000 or more

You can contact me through the following methods:

- [ ] Phone
- [ ] Email
- [ ] Text
- [ ] Mail

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email</th>
</tr>
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</table>

If for some reason we are unable to reach the parents/guardians listed above, who else should be contacted in case of emergency?

<table>
<thead>
<tr>
<th>Relation to Member</th>
<th>First Name</th>
<th>Last Name</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
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</tbody>
</table>
MEMBER HEALTH HISTORY & EMERGENCY CARE PLAN

Name of Doctor/Medical Facility ________________________________________________________

Address ____________________________________________________________ Phone __________

Insurance Policy Holder Name ________________________________________________________

Prescription or over the counter medications (check one) □ No □ Yes If yes, please list all ________

Special Medical Conditions (check one) □ No □ Yes If Yes, please check all applicable

□ ADD/ADHD □ Asthma □ Diabetes □ Cerebral palsy/motor condition

□ Emotional/behavior disorder □ Epilepsy/Seizure disorder □ Gastrointestinal or feeding concerns

□ Other medical conditions/reasons that would inhibit the member from taking part in certain physical activities__________

Does the member have any allergies or dietary religious restrictions? (check one) □ No □ Yes If Yes, please check all applicable

□ Beef □ Pork □ Fish/shellfish □ Milk/dairy products □ Peanuts/Peanut butter □ Tree nuts

□ Wheat/gluten □ Other __________

Member’s Information

TRANSPORTATION

My child will arrive to the club from (check all that apply) □ School □ Home □ Other__________

My child will arrive to the club by way of (check all that apply) □ Walking □ Parent/Guardian □ Other__________

My child is authorized to leave the club by way of (check all that apply) □ Parent/Guardian □ Sibling □ Walking □ Other__________

My child is authorized to be picked up by

Name __________________________________________ Phone ____________________________

Name __________________________________________ Phone ____________________________

Name __________________________________________ Phone ____________________________

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named Community Learning Center (CLC) and Boys & Girls Clubs. In the event of any injury requiring medical attention, I hereby grant permission to the CLC and Boys & Girls Clubs staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during CLC and Boys & Girls Clubs activities that are not reasonably within the control of the CLC staff (including volunteers). I/we therefore agree to release and hold harmless the Boys & Girls Clubs Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys’ fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

MEDIA/RELEASE: I understand, as parent/legal guardian of the above-named child, that there maybe times when the local news media, national news media and/or nonprofit organizations partnering with CLC and Boys & Girls Clubs request the opportunity to videotape, take photographs and/or interview children within CLC and Boys & Girls Clubs. By signing this, I understand that I am giving permission for CLC and Boys & Girls Clubs to allow media coverage with respect to my child. I also understand that by signing this release, I give permission to the CLC and Boys & Girls Clubs to make or use pictures, slides, digital images, or other reproductions of me, of my minor child, or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the CLC and Boys & Girls Clubs. I understand that by signing this, I am, on behalf of myself and my child, releasing CLC and Boys & Girls Clubs and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid unless revoked in writing by me (parent/legal guardian) to the attention of BGCGM (Mardak Administration Center).

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

Signature __________________________________________ Date ____________________________

Print Name __________________________________________
HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child’s file prior to the child’s first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION
Name (Last, First, MI) 
Address – Home (Street, City, State, Zip Code)
Telephone Number
Birthdate (mm/dd/yyyy) 
Date – First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION
Provide information where the parent(s) / guardian(s) may be reached while the child is in care.
Name
Telephone Number – Home
Telephone Number – Work
Telephone Number – Cellular

Name
Telephone Number – Home
Telephone Number – Work
Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION
Name – Physician
Address – Medical Facility
Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION
If provided by the parent, the sunscreen or insect repellent shall be labeled with the child’s name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

Yes  No  I authorize the center to apply sunscreen to my child. 
Brand Name
Ingredient Strength

Yes  No  I authorize the center to allow my child to self-apply sunscreen. 

Yes  No  I authorize the center to apply repellent to my child. 
Brand Name
Ingredient Strength

Yes  No  I authorize the center to allow my child to self-apply repellent. 

HEALTH HISTORY AND EMERGENCY CARE PLAN
If available, attach any health care plan information from the child’s physician, therapist, etc.

1. Check any special medical condition that your child may have.

- [ ] No specific medical condition
- [ ] Asthma  [ ] Diabetes  [ ] Gastrointestinal or feeding concerns including special diet and supplements
- [ ] Cerebral palsy / motor disorder  [ ] Epilepsy / seizure disorder  [ ] Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
- [ ] Other condition(s) requiring special care – Specify.

- [ ] Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- [ ] Food allergies – Specify food(s).
- [ ] Non-food allergies – Specify.
2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.
   a. 
   b. 
   c. 

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

**SIGNATURE** – Parent or Guardian

---

Date Signed (mm/dd/yyyy)

---

Review dates: __________________________  __________________________  __________________________  __________________________  __________________________
An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying Household Letter for instructions on completing this form.

### HOUSEHOLD SIZE—INCOME STATEMENT

<table>
<thead>
<tr>
<th>First and Last Name(s) of Enrolled Child(ren)</th>
<th>Center</th>
</tr>
</thead>
</table>

### PART 1: BENEFITS

If no one receives these benefits, skip to PART 2.

If any member of your household currently receives benefits from:

- Check the box for the benefit received AND list the case number

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FoodShare Wisconsin</td>
<td></td>
</tr>
<tr>
<td>Wisconsin Works (W-2) Cash Assistance</td>
<td></td>
</tr>
<tr>
<td>FDPIR</td>
<td></td>
</tr>
</tbody>
</table>

**DO NOT list a 16 digit Quest Card number for FoodShare benefits.**

Wisconsin Shares Child Care Subsidy benefits is NOT W-2 Cash Assistance.

### PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

(Complete a, b, and c)

If you completed PART 1, you do not need to list household and income information below.

**a) List full names of all household members below, including yourself and all children.**

#### Household Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Foster Child</th>
<th>Check</th>
<th>Check if No Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**b) List all income** on the same line as the person who receives it.

- Record each income source only once.
- Check the box for how often each income source is received.

#### Income Sources

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Monthly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross wages, Net income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commission, Tips, Cash bonuses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing/food/clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work comp, strike ben.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Additional Income Sources

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Monthly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement Social Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA benefits, SSI, Disability, Child Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption Assistance, Alimony</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**c) Record total # of household members:** __________

### PART 3: ALL HOUSEHOLDS

**ETHNICITY AND RACE DATA COLLECTION** — Completion is optional

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

- **IS YOUR CHILD(REN) HISPANIC OR LATINO?**
  - Yes, Hispanic or Latino
  - No, neither Hispanic nor Latino

- **SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):**
  - American Indian or Alaska Native
  - Black or African American
  - White
  - Asian
  - Native Hawaiian or Other Pacific Islander

**ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)**

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check “None” if he/she does not have a SS#.

I **CERTIFY** (promise) that all information on this form is true, and that all income is reported unless eligibility is established by receiving FoodShare, W-2 Cash Assistance, and/or FDPIR. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check the information). I am aware that if I purposely give false information, the center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

**Signature of Adult Household Member**

**Signature Date** Mo./Day/Yr.

**Last 4 digits of SS#** (or check “None” if you do not have a SS#)

**FOR CENTER USE ONLY** — Complete all 3 sections and the Effective Month of Determination

**Section 1:** Basis of Determining Eligibility (A or B)

<table>
<thead>
<tr>
<th>Total Household Size</th>
<th>Total Income $ ($ Amount)</th>
<th>Time Period</th>
</tr>
</thead>
</table>

**Section 2:** Eligibility Determination

<table>
<thead>
<tr>
<th>A. Household Size &amp; Income</th>
<th>B. Benefits/Foster</th>
<th>C. Eligibility Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Household Size</td>
<td>FoodShare WI</td>
<td>Free</td>
</tr>
<tr>
<td>Family Size</td>
<td>W-2 Cash Assistance</td>
<td>Reduced</td>
</tr>
<tr>
<td>*Total Income $ / (Time Period)</td>
<td>FDPIR</td>
<td>Non-Needy</td>
</tr>
<tr>
<td>Foster Child(ren)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 3:** Determining Official’s Initials & Approval Date

### Effective Month of Determination

Month/Year

*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers:

- Weekly x 52
- Every 2 weeks x 26
- Monthly x 12

Dear Parent or Guardian:

Boys & Girls Clubs of Greater Milwaukee

(Name of Agency)

is enrolled in the CACFP, a USDA program which provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office.

This information will be kept strictly confidential in our files. Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher (“Free” or “Reduced-price”) meal reimbursement rates for your enrolled children, for 12 months from the Effective Month of Determination regardless of any change in your household size and/or income or termination from Benefits Programs.

• You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), or the W-2 (Wisconsin Works) Cash Assistance Program and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with “N/A” written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs ➔ Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDPIR, or W-2 Cash Assistance.

W-2 Cash Assistance is Wisconsin’s Temporary Assistance for Needy Families (TANF) program. It provides temporary cash assistance through work placement and training programs and IS NOT the Wisconsin Shares Child Care Subsidy Program. W-2 Cash Assistance Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), W-2 Transitions (W-2 T), Custodial Parent of an Infant (CMI), and At Risk Pregnancy (ARP).

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDPIR, W-2 Cash Assistance:

(a) The names of your enrolled children;
(b) Checked box for the benefit your household receives and its case number; and
(c) The signature of an adult member in the household & signature date.

Determining Eligibility by Household Size and Income ➔ Complete Part 2 and Part 3 of HSIS form

Household-Size Income Scale (Effective July 1, 2018 to June 30, 2019)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual Income Level (at or below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 22,459</td>
</tr>
<tr>
<td>2</td>
<td>$ 30,451</td>
</tr>
<tr>
<td>3</td>
<td>$ 38,443</td>
</tr>
<tr>
<td>4</td>
<td>$ 46,435</td>
</tr>
<tr>
<td>5</td>
<td>$ 54,427</td>
</tr>
<tr>
<td>6</td>
<td>$ 62,419</td>
</tr>
<tr>
<td>7</td>
<td>$ 70,411</td>
</tr>
<tr>
<td>8</td>
<td>$ 78,403</td>
</tr>
</tbody>
</table>

For each additional Household Member, add: +$ 7,992

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates (“Free” or “Reduced-price” meal rate) for your children.

For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):

(a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
(b) Income received by each household member identified by source of income and its pay frequency;
(c) Total number of household members;
(d) The signature of an adult member of the household and signature date; and
(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

• Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below.

• Foster children: Your completed HSIS with the ‘Foster Child’ box checked next to your foster children’s names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the “Free” meal rate. Your non-foster children’s eligibilities will be based on the benefits or income information provided on your household’s completed HSIS form.

• Children Enrolled in Head Start: Written certification of your child’s Head Start enrollment eligibility period from the Head Start administering agency.

• Runaway, Homeless, and Migrant Children: Written certification of the child’s status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, the W-2 Cash Assistance Program, or FDPIR; or when the household member signing the HSIS checks “None” for not having a SSN.

Sharing Eligibility Information: Children’s eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children’s eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, unless you tell us not to. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Please note that filling out this HSIS does not automatically enroll your children in these programs.

If you do not want your information to be shared with these programs, please notify us in writing. This notification will not change whether your children’s meals are eligible for meal reimbursement. Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication in order to participate in USDA programs should contact theAgency (State or local) where they are served.

Signature of Agency Representative

http://dpi.wi.gov/community-nutrition/cacfp/child-care/memos/ Guidance Memorandum 3C
Do you Receive WI Shares Child Care or W2?

Please Select One:

- Yes, I have an Open WI Shares Child Care Case. My Case Number is: _________________. I will call MECA (1-888-947-6583) to update my Child Care Authorization.
- Yes, I receive W2. My Case Number is: _________________. I will contact my FEP worker to update my Child Care Authorization.
- No, I currently do not receive WI Shares Child Care or W2. I understand that I must complete the information below to determine if I am eligible.

Signature: _______________________ Date: __________ Phone Number: _____________

Am I Eligible?
Please complete the following information.
All information is required for a completed BGCGM Membership application if you do not have an open WI Shares Child Care or W2 case.

<table>
<thead>
<tr>
<th>List all Adults in Household</th>
<th>Monthly Income Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Total Monthly Gross Income for your Household from Job(s): $ ____________</td>
</tr>
<tr>
<td>Current Health Insurance?</td>
<td>OR</td>
</tr>
<tr>
<td>Currently Working?</td>
<td>Hours Hours Worked Per Week: ____________</td>
</tr>
<tr>
<td>Yes</td>
<td>Amount Earned Per Hour: $ ____________</td>
</tr>
<tr>
<td>No</td>
<td>Do you receive any Additional Income? Check all that apply:</td>
</tr>
<tr>
<td>Yes</td>
<td>Child Support W2 Payments</td>
</tr>
<tr>
<td></td>
<td>Social Security / SSI</td>
</tr>
<tr>
<td></td>
<td>Unemployment Other: ____________</td>
</tr>
<tr>
<td></td>
<td>Total Additional Monthly Income Received: $ ____________</td>
</tr>
</tbody>
</table>

List all Children in Household
(Continue list on back of sheet if needed.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Child's Age</th>
<th>Current Health Insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
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<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Office Use Only:
Club Location: ________________________
Eligible? Yes No Parent Needs to Update Auth
If Eligible, Date Contacted: ________________ By: ________________________
Notes:
2019 SUMMER ADVENTURES PROGRAM
WRITTEN PAYMENT AGREEMENT

By signing this agreement, Boys & Girls Clubs of Greater Milwaukee and parents agree to abide by the agreement and written polices for the summer program. I understand that I remain responsible for full payment until my Wisconsin Shares authorization is confirmed. Boys & Girls Clubs may amend the policies by giving the parents a copy of the new or changed policy.

1. Provider’s Policy for Deposits or/Holding a Slot: General programming is from 9 AM to 5 PM with early drop-off and late pick up arrangement available, but to hold a slot for all day care, a parent must pay a registration fee (or deposit) at least one week prior to the beginning of summer programming. A $20 non-refundable registration fee must be paid to the Club one week prior to the beginning of summer day camp. Full payment must be made by the Friday before programming starts.

2. Provider’s anticipated closure dates and policy for payment during closures: During summer services, the program will be closed for July 4th and weekends. For WI Shares authorized families, programming is enrollment based and parents will not be refunded for closures dates.

3. Provider’s policy, and payment expectations for expected and unexpected child absences: The summer program encourages all families to notify their club if a child will miss programming for 3 consecutive days or more. If a child misses programming for 3 consecutive days or more, a child may lose his or her slot and be placed on a waiting list for failure to notify their site. For WI Shares authorized families, programming is enrollment based and parents will not be refunded for unexpected child absence dates.

4. Provider’s WI Shares payment dispute policy: Disputes regarding WI Shares Payments will be resolved on a case-by-case basis as long as a parent has receipt-based proof of payment.

5. Provider’s Reasons and Procedures for Termination/ Expulsion/ Disenrollment of a Child(ren): Violation of any summer program rules may lead to suspension or termination of membership based upon the severity of the situation and the discretion of the summer program manager. Please see parent handbook for further details about the specific reasons and procedures.

6. Discounts or scholarship available to parents/ children: The summer program strives to serve youth regardless of ability to pay the membership/ summer weekly service fee. If a youth’s parent(s) or guardian(s) cannot afford the membership/program fees, the youth may perform service at the summer program in lieu of any fee. A Payment Plan for the fees is also available. No child will be turned away for inability to pay.

Parent/Guardian Signature: ____________________________ Date: ____________________

Club Management Signature ___________________________ Date ____________________

PLEASE COMPLETE AND RETURN ALL FORMS.
BOYS & GIRLS CLUBS
MEMBER EXPECTATIONS

Boys & Girls Clubs of Greater Milwaukee (BGCGM) has rules that every member, youth and adult guest must follow to ensure a positive experience for all members. All Club rules are designed and enforced to create a safe, respectful, fun and orderly environment.

Members and guardians receive the Member Expectations (ME) as part of the application process. Any violations of these rules may have consequences varying from a verbal warning to suspension or even termination of membership. Additional rules for specific programs, situations or ages may be set and used by Club staff as needed.

The code of conduct is as follows:

• I will honor the BGCGM Member Expectations when I participate in all Club activities.
• I will respect myself, fellow members, employees, and the facilities.
• I will have my coat, hat and book bag in the designated Club location.
• I will be responsible for all my personal belongings, including electronic devices. I agree not to use my electronic devices while attending Club programming, unless given permission by staff.
• I will remain drug, alcohol and tobacco free at the Club.
• I will use words that are respectful.
• I will report inappropriate behavior that is uncomfortable, unwanted or dangerous.
• I will cooperate with all directions and requests by BGCGM employees.
• I will eat or drink only in designated areas and dispose of garbage properly.
• I will refrain from inappropriately touching other Club members.
• I will only use approved entries and exits as I arrive at or depart from the Club.
• I will remain free of all weapons, including objects that resemble real weapons.
• I will refrain from intimate behavior

All youth (guests and members) must sign the Member Expectations with the membership/guest form. By signing my name, I agree to honor Boys & Girls Clubs’ Member Expectations and am prepared to accept the consequences of my actions.

____________________________________________         ___________________________________________
Club Member’s Signature                          Parent/Guardian’s Signature

____________________________________________         ___________________________________________
Date                                                        Date