



Membership Application School Year 2022-23

Membership materials take 24-48 hours to process. You will receive a confirmation phone call/email to notify you when your child may begin attending.

For your child's well-being, the information you provide must be complete and accurate. This information is necessary for compliance with Wisc. Dept. of Children & Families Administrative Code for Group Child Care Centers and Boys & Girls Club records.

BGCGM is committed to creating a learning and recreational environment that meets the needs of its diverse members, including those with disabilities. If you anticipate or experience any barriers to participating in our programs, please feel welcome to discuss your concerns with the Club Manager.

Please see the registration form for information regarding fee waivers. The inability to pay is not a barrier to participation in the program. Waivers are available for all program fees. No documentation is required to waive fees.

Please select preferred Boys & Girls Club to attend

For club site start dates and more information visit: bgcgmilwaukee.org/membership or call: 414-267-8174

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 53rd Street School
3618 N. 53rd St., 53216 | <input type="checkbox"/> Carver Academy
1900 N. 1st St., 53212 | <input type="checkbox"/> Greenfield Bilingual
1711 S. 35th St., 53215 | <input type="checkbox"/> Mitchell
1728 S. 23rd St., 53204 |
| <input type="checkbox"/> 81st Street School
2964 N. 81st St., 53222 | <input type="checkbox"/> Cass Steet
1647 N. Cass St., 53202 | <input type="checkbox"/> Hayes Bilingual
971 W. Windlake Ave., 53204 | <input type="checkbox"/> North Division
1011 W. Center St., 53206 |
| <input type="checkbox"/> Allen-Field
730 W. Lapham Blvd., 53204 | <input type="checkbox"/> Clarke Street School
2816 W. Clarke St., 53210 | <input type="checkbox"/> Kagel
1210 W. Mineral St., 53204 | <input type="checkbox"/> Riverwest
2765 N. Fratney St., 53212 |
| <input type="checkbox"/> Audubon
3300 S. 39th St., 53215 | <input type="checkbox"/> Engleburg
5100 N. 91st St., 53225 | <input type="checkbox"/> Kluge
5760 N. 67th St., 53218 | <input type="checkbox"/> Sherman
5110 W. Locust St., 53210 |
| <input type="checkbox"/> Barack Obama
5075 N. Sherman Blvd., 53209 | <input type="checkbox"/> Escuela Vieau
823 S. 4th St.
Milwaukee, WI 53204 | <input type="checkbox"/> LaFollette
3239 N 9th St., 53206 | <input type="checkbox"/> Siefert
1547 N. 14th St., 53205 |
| <input type="checkbox"/> Bay View
2751 S. Lenox St., 53207 | <input type="checkbox"/> Fratney
3255 N. Fratney St., 53212 | <input type="checkbox"/> Lincoln
1817 W. Lincoln Ave., 53215 | <input type="checkbox"/> Townsend
3360 N. Sherman Blvd., 53216 |
| <input type="checkbox"/> Bethune
1535 N. 35th St., 53208 | <input type="checkbox"/> Gaenslen
1250 E. Burleigh St., 53212 | <input type="checkbox"/> Maple Tree
6644 N. 107th St., 53224 | <input type="checkbox"/> Washington High School
2525 N. Sherman Blvd., 53210 |
| <input type="checkbox"/> Bradley Tech
700 S. 4th St., 53204 | <input type="checkbox"/> Grantosa
4850 N. 82nd St., 53218 | <input type="checkbox"/> Marvin E. Pratt
5131 N. Green Bay Ave., 53209 | <input type="checkbox"/> Zablocki
1016 W. Oklahoma Ave., 53215 |
| <input type="checkbox"/> Carson Academy
4920 W. Capitol Dr., 53216 | | | |

Weekly Fee: \$125 per child, (sliding fee scale/scholarships available)

All forms must be completed, signed and checked off below before registration packet can be turned in.

- | | |
|--|---|
| <input type="checkbox"/> Youth Participant Registration Form | <input type="checkbox"/> State Alternate Arrival/Release Agreement |
| <input type="checkbox"/> Health History & Emergency Care Plan | <input type="checkbox"/> BGCGM Alternate Arrival/Release Agreement |
| <input type="checkbox"/> Am I Eligible for WI Shares Child Care | <input type="checkbox"/> Parent/Guardian Consent & Waiver Form |
| <input type="checkbox"/> Child Care Immunization Record | <input type="checkbox"/> Mentoring Program Parent Consent Form |
| <i>Please include a most recent copy of your child's immunization record (shot record) for a complete registration form. If you don't have access to your child's immunization records, please complete the Child Care Immunization Record that is included with this registration packet.</i> | <input type="checkbox"/> Parent/Guardian Technology Consent & Waiver Form |

Drop off your completed application at any Club listed above. Please check the website for location days and hours. Digital applications are also available on our website at bgcmilwaukee.org/registration. For additional information please email membership@bgcmilwaukee.org or call (414) 267-8174.



A department of MPS

CLC Youth Participant Registration Form



Site: _____

Early Drop-off

Late Pick-up

Both

Last Name First Name MI Date of Birth Age Student ID#

Please check one for each of the following.

Gender: Male Female

Address: _____

Zip Code: _____ Phone: _____

Email: _____

School: _____ Grade: _____

Elem. Teacher Name: _____

Math Teacher Name: _____

English Teacher Name: _____

Ethnicity:

African-American

Asian

White

Hispanic

Native American

Native Hawaiian/Pacific Islander

Other: _____

Primary Language:

English

Spanish

Burmese

Karen

Rohingya

Arabic

Hmong

Somali

Other: _____

Lives with: Both Parents Father (single parent) Foster Care Grandparent(s) **Check this box if you would like to request a fee waiver.**

Guardian Joint Custody Mother (single parent) Other: _____

Transportation: City Bus: Route: _____ CLC Bus/Van Pick-up Walk Home Other: _____

Special Needs (allergies, medication, diet, etc.): _____

Household Information Page – Fill out only once per family

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the checkboxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick up?	Emergency Contact?	Lives With?

[] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name

Parent/Guardian Permission For Community Learning Center (CLC) - Please Read Carefully -Must be signed by Parent/Guardian for participants 17 and under

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named Community Learning Center (CLC). In the event of any injury requiring medical attention, I hereby grant permission to the CLC 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 activities that are not reasonably within the control of the CLC staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School 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.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview children within the CLC and MPS. By signing this release, I also give permission to MPS 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. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS 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 for the duration of the current CLC program. I further give my consent to the CLC program and MPS (in aggregate form) to share the participant's records with each other, for purposes of educational support and assistance. In addition, I understand that the CLC may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18: Signature: _____ Date: _____

Revised 2/2020 MPS

OFFICE USE ONLY	
Site #:	_____
Bus #:	_____
Date entered in computer:	____/____/____
Data Staff Initials:	_____

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
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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.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder		
<input type="checkbox"/> 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: _____

Boys & Girls Clubs Participation Rates

Payment Options to Meet Family Needs

The cost for Boys & Girls Clubs of Greater Milwaukee to provide high quality after school programming is \$125 per week per child. We recognize that this weekly expense for afterschool care is difficult for many Milwaukee families to afford, and for this reason, the Clubs fundraise to substantially offset this expense for our member families. In this way, the Clubs offer a sliding scale rate for families based on income level, which is provided below. It is important to note that ALL fees are waived (free attendance) for families that secure a childcare authorization through the Wisconsin Shares – Child Care Subsidy Program (information follows). Additional opportunities for full scholarships can be provided.

Boys & Girls Club Sliding Scale Rates (effective 8/2022)

Annual Family Income Level (self-reported)	School Year - Weekly Cost of Attendance per Child (after-school care)	Summer - Weekly Cost of Attendance per Child (all day care)
0-\$50,000	\$10/week	\$40/week
\$50,000-\$75,000	\$20/week	\$50/week
\$75,000-\$100,000	\$30/week	\$60/week
\$100,000 +	\$40/week	\$70/week

Multiple Children Discount

Families will only be asked to pay for a maximum of two children at a time. Additional children from one household are enrolled at no additional cost.

No Partial Attendance Discounts

The Clubs do not differentiate based on how many hours a week a child attends, or how many weeks they attend. All fees are flat rates - per child, per week.

Payment Dates

Weekly fees should be paid the Friday before programming (*Special arrangements will be considered on a case-by-case basis. Please talk with your Club Manager for more information*).

Payment Method

The Clubs offer two methods for fee payment at most locations. Please check with your Club Manager to determine which method is right for you. They include:

Checks or money orders (no cash please) must be made payable to:
Boys & Girls Club of Greater Milwaukee

[Late Fee Collection](#)

Failure to pay to the agreed upon payment schedule for your child(ren) may result in additional charges.

[Fee Reductions and Scholarship Opportunities](#)

BGCGM will never turn a child away for the inability to pay. The Boys & Girls Clubs want to ensure clear and open pathways for all children to attend regardless of payment history. Full scholarships can be provided upon request, please speak with your Club Manager for more information. All conversations with Boys & Girls Club staff regarding individual family payment arrangements will be handled in strict confidence.

[Member Fee Agreement](#)

Once a weekly fee rate is established between you and the Club Manager, we ask that a parent/guardian sign a customized Member Fee Agreement establishing the rate and payment schedule. Once this is complete, your child is welcome to begin attending the Clubs.

[WI Shares](#)

Please see the following page about getting your fees waived using WI Shares.

Weekly Fee **WAIVED** by securing Wisconsin Shares Program Authorization

For income eligible families, if you would like to avoid a weekly fee altogether (saving you hundreds or thousands of dollars annually), please work with your Club Manager OR call the BCGM Family Resource Center for assistance in securing a Wisconsin Shares authorization. By providing the information below, we will be able to better determine your potential eligibility for this wonderful childcare cost subsidy program provided by the State of Wisconsin:

Do you Currently Receive WI Shares Child Care or W2

Please complete the form below. Not completing this form in no way affects your child's ability to participate in the 21st Century CLC program.

Please Select One:

<input type="checkbox"/>	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.
<input type="checkbox"/>	Yes, I receive W2. My Case Number is: _____ . I will contact my FEP worker to update my Child Care Authorization.
<input type="checkbox"/>	No, I currently do not receive WI Shares Child Care or W2.
<input type="checkbox"/>	I choose not to complete this form.

Signature: _____ Date: _____ Phone Number: _____

IF you do not know whether you qualify for the FREE Wisconsin Shares childcare subsidy Program, complete the table below and a member of the Boys & Girls Clubs staff will assist you in exploring your eligibility (many Milwaukee families are eligible):

Please complete the following information.

List all Adults in Household		
First Name	Current Health Insurance?	Currently Working?
	Yes	Yes
	Yes	Yes
List all Children in Household		
(Continue list on back of sheet if needed.)		
First Name	Child's Age	Current Health Insurance?
		Yes
		Yes
		Yes
		Yes
		Yes

Monthly Income Information	
Total Monthly Gross Income for your Household from Job(s):	\$ _____
OR	
Hours Worked Per Week	
Amount Earned Per Hour:	\$ _____
Do you receive any Additional Income? Circle all that apply:	
Child Support W2 Payments Social Security / SSI Unemployment Other: _____	
Total Additional Monthly Income Received:	\$ _____

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

- Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR**

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

- For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

 Physician's Signature Required

- For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

- For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

 SIGNATURE - Parent, Guardian or Legal Custodian

 Date Signed

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child _____
(Child's name)

will arrive at _____
(Name of center)

from _____
(School, home or other activity)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

at _____ A.M. OR P.M.
(Time of arrival)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(Days of the week)

My child will arrive from this destination with OR without center supervision.

RELEASE INSTRUCTIONS

My child _____
(Child's name)

will leave _____
(Name of center)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

to go to _____
(School, home or other activity)

at _____ A.M. OR P.M.
(Time of departure)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(Days of the week)

My child will travel to this destination with OR without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)



ALTERNATE ARRIVAL/RELEASE AGREEMENT

By completing and signing the attached Alternate Arrival/Release Agreement (hereinafter "Agreement") you are authorizing Boys & Girls Clubs of Greater Milwaukee (hereinafter "BGCGM") to release your minor child from BGCGM without a parent/legal guardian present. Please note, by signing the Alternative Arrival/Release Agreement you are acknowledging the following:

1. Safety is BGCGM's number one priority. Because BGCGM values safety, and due to a general presumption of maturity of most 13-year-olds or older, it is our position that members, 12-year-olds or younger should only be released directly to a parent/legal guardian or authorized person, and that person must be present and sign the member out.
2. You understand that BGCGM's policy is to only allow members 13-year-olds and older to sign him/herself out.
3. You are requesting that this policy be waived and that your child, who is 12-years-old or younger, be allowed to sign their self out.
4. You understand that once your child has signed themselves out from BGCGM:
 - a. They will not be allowed back to sign back into the Club site within the same day.
 - b. BGCGM will no longer be responsible for the safety of your child after they exit the building.
 - c. BGCGM staff will not monitor with whom or where your child goes after departing.
 - d. BGCGM will not make any special notations or phone calls to you, regarding your child signing out.
5. You agree to waive and hold BGCGM harmless from any damage, harm, misconduct, disappearance, or any other circumstance that may occur after your child exits BGCGM's building/site, which includes but is not limited to injury caused by others, self-inflicted, or traffic/motor vehicles.
6. You understand that this Agreement shall remain enforced and on file until revoked in writing.

By signing below, you (the legal guardian/parent with custodial rights to sign on behalf of the below named child), acknowledges your understanding and agreement of the above release and waiver, and voluntarily sign below.

Child's Full Legal Name

Child's Date of Birth

Legal Guardian's Name - Print

Best Phone Number

Legal Guardian's Signature

Date



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

Child's Legal Name: _____

PARENT/GUARDIAN CONSENT & WAIVER FORM

PERMISSION: I hereby grant permission for my child/myself to participate in Boys & Girls Clubs. In the event of any injury requiring medical attention, I hereby grant permission to 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 Boys & Girls Clubs activities that are not reasonably within the control of the BGC 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 Boys & Girls Clubs request the opportunity to videotape, take photographs and/or interview children within Boys & Girls Clubs. By signing this, I understand that I am giving permission for Boys & Girls Clubs to allow media coverage with respect to my child. I also understand that by signing this release, I give permission to Boys & Girls Clubs and/or its agents 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 Boys & Girls Clubs. I understand that by signing this, I am, on behalf of myself and my child, releasing 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 ALL OF THE ABOVE INFORMATION.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

MENTORING PROGRAM PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by _____.

(date)



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

PARENT/GUARDIAN TECHNOLOGY CONSENT & WAIVER FORM

Acceptable Use Policy for Members

An **Acceptable Use Policy** defines appropriate use of computer equipment and the internet for both staff and members, as approved by the Board of Directors and signed by each staff member and placed in their membership file.

Responsible Computer Use Guidelines for Members:

Boys & Girls Clubs of Greater Milwaukee' ("Club" or "Clubs") computer network and internet access are available to members to enhance their educational experience and help them become literate in an increasingly technological world.

The purpose of this Acceptable Use Policy is to foster the appropriate use of that network, email and the internet. The following guidelines apply to all users, whenever they access any of the Clubs' network connections.

Educational Purpose:

The Clubs' network has been established for educational purposes limited to classroom activities, school-to-career development and scholastic research on appropriate subjects. The Clubs' network has not been established as a public access service or a public forum. The Club has the right to place reasonable restrictions on the material members access or post through the system. Members are expected to follow this Acceptable Use Policy (as well as other Club rules and policies applicable to members) when in the Technology Center or accessing the network.

The Clubs' network is considered a limited forum, similar to a school and, therefore, the Club reserves the right to regulate that forum for valid educational reasons. The Club will not restrict speech on the basis of a disagreement with opinions you, the members, are expressing.

You should expect only limited privacy with the content of your personal files on the Clubs' network. This situation is similar to the rights you have in the privacy of your locker at school.

The Club reserves the right to search your files, if there is a reasonable suspicion you violated this Acceptable Use Policy, Club rules and policies, or the law.

Unacceptable Uses and Personal Safety:

You must not post personal contact information about yourself or other people. Personal contact information includes (but is not limited to) home, school or work addresses; telephone numbers; and email addresses.

You must never agree to meet with someone you have met online without your parent's approval. A parent or guardian should always accompany you to such meetings.

You must promptly disclose to a Club staff member any message you receive that is inappropriate or makes you feel uncomfortable.



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PARENT/GUARDIAN TECHNOLOGY CONSENT & WAIVER FORM, *cont'd* **Acceptable Use Policy for Members**

Illegal Activities:

You must not attempt to gain unauthorized access to the Clubs' network, or to any other computer system through the Clubs' network. This includes attempting to log in through another person's account or accessing another person's files. These actions are illegal, even if only for the purpose of "browsing."

You must not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses.

You must not use the Clubs' network to engage in any illegal act, including, but not limited to, arranging for the purchase or sale of alcohol, tobacco or other drugs; engaging in criminal activity; or threatening the safety of another person.

System Security:

You are responsible for your individual user account and should take all reasonable precautions to prevent others from being able to use your account. Under no circumstances should you provide your password to another person.

You must immediately notify a Club staff member if you have identified or witnessed a possible security problem.

Do not look for security problems, because this may be construed as an illegal attempt to gain access.

Inappropriate Use:

Restrictions against inappropriate use apply to public message, private message and material posted on web pages. Within reason, freedom of speech and access to information will be honored.

The following are not permitted:

- Sending or displaying unkind or offensive messages or pictures, pornography or hate literature
- Using unkind or obscene language
- Harassing, insulting or attacking others
- Intentionally damaging computers, computer systems or computer networks
- Violating copyright law
- Using another person's password
- Trespassing into another person's folders, work or files
- Intentionally wasting limited resources (i.e., distributing mass email messages, participating in chain letters, creating or participating in unauthorized newsgroups, and storing files on file servers without proper authorization)
- Employing the network for commercial purposes, political activities or lobbying
- Installing additional software without prior approval
- Using portal or proxy websites

Violations may result in the loss of access, as well as other disciplinary or legal action.



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PARENT/GUARDIAN TECHNOLOGY CONSENT & WAIVER FORM, *cont'd* **Acceptable Use Policy for Members**

Respect for Privacy:

You must not re-post a message that was sent to you privately, without the permission of the person who sent the message.

You must not post private information about another person.

Plagiarism and Copyright Infringement:

You must not plagiarize works you find on the internet. Plagiarism is taking ideas, writing or pictures of others and presenting them as your own. It is dishonorable, and it is a prohibited use of this facility.

You must respect the rights of copyright owners. Copyright infringement occurs when you reproduce a work that is protected by a copyright without authorization. If a work contains language that specifies appropriate use of that work, you should follow the expressed requirements. Copyright law can be confusing; therefore, if you have any questions, please ask a teacher or Club staff member.

Disciplinary Actions:

Members who violate the Acceptable Use Policy may be denied future internet and/or network privileges for a defined period of time, and may be subject to other disciplinary measures as set forth by Club policies.

By signing below, I agree that I have read, understand and will abide by these regulations.

Member's Name _____ Date _____

As the parent/guardian, I acknowledge I have reviewed and read these rules and regulations with my child.

Parent/Guardian Signature _____ Date _____