



Child's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## 2022-2023 School Year Programming

Welcome to the South Beloit Boys & Girls Club where Great Futures Start! All components of this packet must be completed in order to be eligible for the program. Contact 815-389-3634 with any questions.

We realize that families sometimes need help accessing our services and established a scholarship program to support those that demonstrate need, Club scholarship funds are limited, distributed fairly, and granted on a first-come, first-served basis. **Scholarships do not cover fieldtrips.**

**\*Teens 13+ come for free with the cost of yearly membership**

After School Programs	Teen Nights
Monday - Friday 2:30PM - 5:30PM	Monday & Thursday- Teens (5th grade+) 5:30PM – 7:30PM
Daily Benefits: <ul style="list-style-type: none"><li>- Homework Help</li><li>- Snack &amp; Dinner</li><li>- Quality programs that kids enjoy</li><li>- 60 minutes of active play</li><li>- Computer-based programming</li></ul>	Teen Nights provide a space to hang out in an unstructured, but supervised environment. Dinner is served nightly to all participants.

### Registration Paperwork Checklist

- ☐ Membership Registration Form
- ☐ Parent Statement of Understanding
- ☐ Emergency Care Plan

Fee Type	Cost
Membership	\$20.00 / \$30.00 per year
After School Programs	\$40 per month
Youth 13+ / Teen Nights	\$0
Field Trips	Varies by trip - see monthly calendar



STATELINE  
**BOYS & GIRLS CLUBS**

**STATELINE BOYS AND GIRLS CLUB BANK OR CREDIT CARD DRAFT AUTHORIZATION 2020-2021**

Parent/Guardian Name (please print)

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Last

Address \_\_\_\_\_ Email \_\_\_\_\_

Program:

( ) One time per month draft (draft occurs on the 1<sup>st</sup> of every month)

**Please be aware that drafts will occur on Monday, if the 1<sup>st</sup> falls on the weekend or on the day after a Holiday (i.e. January 1 will occur January 2nd).**

Childs name \_\_\_\_\_ Grade Level \_\_\_\_\_

Childs name \_\_\_\_\_ Grade Level \_\_\_\_\_

[ ] Beloit Club

[ ] South Beloit Club

[ ] After School site \_\_\_\_\_

**Draft Options**

[ ] Checking Account Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

[ ] Savings Account Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

[ ] Credit Card Name on Card \_\_\_\_\_

Account # \_\_\_\_\_ Card Type \_\_\_\_\_

(Discover, MasterCard, or Visa)

Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_

- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.



- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable ☐
- A fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in expulsion from the program.
- If there is a change in any program fees that you are having auto-drafted out of your account each month we will let know prior to your payment being pulled.

I authorize the Stateline Boys and Girls Club to draft the above named bank or credit card account for payment of membership or program fees. I understand that the Stateline Boys and Girls Club may initiate a preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

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Parent/Guardian Signature

Date



# Stateline Boys & Girls Clubs Inc. - Membership Form

Do Not Fill in Shaded Areas

Unit # \_\_\_\_\_

Membership # \_\_\_\_\_

## SECTION 1

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

Race: (Circle One)

Previous Member: Yes \_\_\_\_\_ No \_\_\_\_\_

B - African/American

W - White

X - American Indian

O - Asian/Pacific

H - Hispanic

X - Other or Mixed Heritage

Membership Paid: \$ \_\_\_\_\_

Fee Fully Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

Receipt #: \_\_\_\_\_

## SECTION 2 (Information Pertains to the Member)

Member's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Member's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

Does Member Live With:

( ) Mother Only ( ) Father Only ( ) Both Parents ( ) Grandparents ( ) Other \_\_\_\_\_

## SECTION 3 (Information Pertains to the Member)

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ People Living in House: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

## SECTION 4

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**To ensure that we continue receiving grants/funds, the following optional information is requested.  
It will remain strictly confidential.**

Annual Family Income: (Circle One)

1. 0 - \$10,465 Per Year

4. \$17,746 - \$21,385

7. \$28,666 - \$32,305

2. \$10,466 - 14,105

5. \$21,386 - \$25,025

8. \$32,306 - \$35,945

3. \$14,106 - \$17,745

6. \$25,026 - \$28,665

9. \$35,946 and Over

## SECTION 5

Does the Member Have Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Member Have Any Health Problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Explain: (Include if any Medications are taken): \_\_\_\_\_

## SECTION 6 (Office Use Only)

Member Information: \_\_\_\_\_

## SECTION 7 (Office Use Only)

Program Tracking (Circle those that apply)

1. Summer Camp

5. Community Service

9. T-Ball

2. Basketball League

6. Outreach - Other

10. Softball

3. Football

7. General Membership

4. Soccer League

8. Dance





## Welcome to the Stateline Boys & Girls Clubs Inc.

I promise to take care of my club and property.

I promise not to smoke in the building or on the grounds.

I promise to use proper language and show respect for myself, staff,  
and other members.

I must bring my membership card to the club daily for admittance.

If at any time I am asked to return my card, I understand no dues  
will be refunded to me.

I understand to replace a lost card is \$1.00.

I understand that the front desk is a business area.

I understand that the phone is for emergency purposes only.

I understand food and drink are allowed only in designated areas  
at designated times.

### I HAVE READ AND I UNDERSTAND THE ABOVE:

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT'S OR GUARDIAN'S APPROVAL

We hereby approve of our child's application for membership in the Stateline Boys & Girls Clubs, Inc. and give our consent to our child being given an examination and emergency treatment by a physician or hospital in case of an accident, and to his/her taking part in the various athletic, cultural, and social activities of the Club. Also, I understand that the Boys & Girls Club and its personnel are not responsible for personal injury or loss of property. The membership fee that is paid is to register the youth in our files. It is not a fee for any activity. It is not refundable. I authorize the School District and/or the educational institution my child attends to release report card and test scores information to the Boys & Girls Club. I hereby consent to the reproduction, publication and use of photographs taken of my child by the Stateline Boys & Girls Clubs, for advertising, educational and/or publicity purposes in any and all publications, advertisements and publicity materials, without limitation or reservation.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





STATELINE  
BOYS & GIRLS CLUBS

## Emergency and Medical Form

Member Name _____	Male _____ Female _____
Address _____	Birthdate _____
City, State, Zip _____	Age _____ Grade _____
Email Contact _____	Phone _____
Does your child have permission to walk home? ____ Yes ____ No	

Medical Health History	
Has your child been diagnosed or treated for the following:  __ Asthma __ Allergies __ Special Dietary Needs  __ Diabetes __ Seizures __ Allergies to Insects  __ ADD/ADHD __ Other _____	Physicians Name: _____  Phone Number: _____  Hospital Preference: _____
Additional Information we should know: _____ _____	

Emergency Contact 1	Emergency Contact 2
Name: _____	Name: _____
Relationship to Family: _____	Relationship to Family: _____
Phone: _____	Phone: _____

**Please initial the boxes below acknowledging that "I have read and understand that you give Stateline Boys & Girls Club permission to":**

\_\_\_\_ Seek medical treatment for my child, in my absence, in the event of an emergency

\_\_\_\_ Use photos or videos taken of my child for the Stateline Boys & Girls Club Promotional Purposes online and elsewhere.

\_\_\_\_ I authorize the School District and/or educational institution my child attends to release report card information to the Boys & Girls Club.

\_\_\_\_ Take my child outside to play on the playground equipment under SBGC Staff Supervision

\_\_\_\_ Allow my child to go on short walks with their group under SBGC Staff Supervision

\_\_\_\_ I understand that the SBGC is not responsible for lost, stolen, or damaged personal items

\_\_\_\_\_

Parent Signature

Date