



Boys & Girls Club of Orchard Park
 25 S. Lincoln Ave., PO Box 181, Orchard Park, NY 14127
DAYTIME KIDS CLUB (8 am – 3 pm)
Virtual Learning Center
2020-2021 MEMBERSHIP APPLICATION

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: ___M ___F Ethnicity: _____ (for funding/grants use only) DOB: _____ (required)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Parent Cell Phone: _____

Parent Email: _____ ***** For our use only, pertinent information is distributed often through email. Please provide email address that is monitored often*****

Child primarily lives with: _____ Mom _____ Dad _____ Both _____ Other

School Information:

Current School: _____ Grade: _____ Food Program: * Yes
 (Do you receive Free / Reduced Lunch)

Referred by: _____ (Optional)

Please select:

Semester 1- October 5, 2020-January 31, 2021 \$380.00 (est. \$7.92 per day)

Semester 2 - February 1, 2021- June 17, 2021 \$475.00 (est. \$7.92 per day)

** Dates for the end of the school year may change with the changes to the school calendar through the year**

If your child is going to miss a scheduled day, **please notify the Administrative Office at the Boys & Girls Club of Orchard Park and the School Office by NOON.**

Cohort A

Cohort B

Special information: _____

PLEASE NOTE: If the Orchard Park Central Schools are closed, the Kids Club program is also closed. If After School Activities are cancelled, the Boys & Girls Club will be open but we ask parents to pick up children as soon as they can safely.

Which number & person should be contacted first? _____

Contact Info: Persons Authorized to Pick Up Child

Fathers name: _____ Employer: _____ Phone #: _____

Mothers name: _____ Employer: _____ Phone#: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Additional Person: _____ Relationship: _____ Phone #: _____
****If you'd like to add additional people please write on the back of this form****

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Does your family have health and/or accident insurance: ___ Yes ___ No

Serious Health Problems: ___ Yes ___ No If Yes, explain: _____

Medications: ___ Yes ___ No If Yes, explain: _____

Permissions: I DO NOT give my permission to have my child's pictures used in Boys & Girls Club publications, website, news articles, marketing materials, and participate in the Boys & Girls Club of America Survey: Yes

Disclaimer: I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Club of Orchard Park. I hereby release the Boys & Girls Club of Orchard Park, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. If the Orchard Park Central Schools are closed, if after school activities are cancelled or if there are half days, the Kids' Club Program will be cancelled and the children will go home on their scheduled bus.

My signature indicates that I completely understand the above statement.

Parents Signature: _____

BOYS & GIRLS CLUB CODE

- I **WILL** be respectful to staff, equipment, and other members.
- I **WILL** use polite language.
- I **WILL** talk to a staff person if I have a question or problem.
- I **WILL** remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Orchard Park. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Child's Signature: _____

**COMPLETED application paperwork to our location or mail to:
Boys & Girls Club of Orchard Park, PO Box 181, Orchard Park, NY 14127
Or email to mwellington@bgclubop.org, please no faxes!**

Application will not be processed without Payment, Signed Policy Sheet and Report Card!

****** PLEASE DO NOT RETURN TO SCHOOL ******



Live Well Erie CARES Act Child Care Funding Virtual Learning Support Centers Report

Child Care Screening Tool

Virtual Learning Support Center Location		School District
Child(ren) Name(s)		
Number of People in Household		
Benefits Received		Case Number
<input type="checkbox"/> Temporary (Cash) Assistance <input type="checkbox"/> Medicaid <input type="checkbox"/> Day Care Assistance <input type="checkbox"/> HEAP <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> SSI		
Only complete income section if you do not receive any of the benefits listed above.		
Household Income		
Wages		\$
Self-Employment Income		\$
Child Support		\$
Alimony/Spousal Support		\$
UIB, Workers' Comp		\$
Social Security Benefits, including SSI		\$
Disability Benefits		\$
Other Income		\$
Total Income		\$
By signing below, I declare that all the above information is true and correct to the best of my knowledge.		
Parent Name	Parent Signature	Date

**85% State Median Income
(SMI)**

Family Size	85% SMI NY
	(FFY 2021)
1	\$52,196
2	\$68,256
3	\$84,317
4	\$100,377
5	\$116,437
6	\$132,498
7	\$135,509
8	\$138,520
9	\$141,532
10	\$144,543
11	\$147,554
12	\$150,566
13	\$153,577
14	\$156,588
15	\$159,599
16	\$162,611
17	\$165,622
18	\$168,633
19	\$171,645
20	\$174,656