



Dear Parents and Guardians:

We are extremely excited for the 2016-2017 school year to get started! We are ready for a fun and educational STEAM year! **Our first program day will be Monday, August 22nd.**

Our STEAM Team is thrilled to share programs full of life-enriching lessons and skills that will provide our youth with culturally and educationally unique opportunities. We believe that STEAM (Science, Technology, Engineering, Arts and Math) will fuel our children's dreams and help them find their passions in life, whether it is through culinary arts, music lessons, sewing, robotics or doing science experiments. We will even have time to help with homework!

To enable us to share important information about the 2016-2017 school year STEAM program, we will be hosting parent/guardian orientation gatherings on the dates below. Please choose one of the orientations to attend. **You may attend at either middle school.**

- Thursday, August 25th, 6:00 p.m. - 6:30 p.m., at Thomas Jefferson Middle School
- Monday, August 29th, 6:00 p.m. - 6:30 p.m., at Lewis and Clark Middle School
- Tuesday, August 30th, 6:00 p.m. - 6:30 p.m., at Thomas Jefferson Middle School
- Thursday, September 1st, 6:00 p.m.- 6:30 p.m., at Lewis and Clark Middle School

While your child may be attending STEAM prior to the above dates, official enrollment will be complete only after you have attended one of the parent/guardian orientations.

We look forward to seeing you there!

Sincerely,

Joy L. Ledbetter
Family Advocate
Boys & Girls Club of the Capital City
jledbetter@bgcjc.com
573-634-2582 (BGC office)



BOYS & GIRLS CLUB
of the Capital City

Date Received: _____
KidTrax Date: _____
Who Received Form: _____

Boys & Girls Club of the Capital City
STEAM Program
(Science, Technology, Engineering, Arts and Math)
Membership Enrollment Form

The Boys & Girls Club of the Capital City will be offering a STEAM (Science, Technology, Engineering, Arts and Math) program for students at Lewis and Clark and Thomas Jefferson Middle Schools and the Boys & Girls Club Teen Center. The program will be held afterschool Monday thru Friday from 3:00 - 6:00 p.m. at the middle schools and 3:00 - 7:00 p.m. at the Teen Center.

Instructions: Please answer the following question **and** complete the enrollment form if you are interested in your child participating in the Boys & Girls Club STEAM program.

At what site location will your child participate? (Check one site)

Lewis and Clark Middle School _____

Thomas Jefferson Middle school _____

Or

Teen Center _____

Your child will attend the Teen Center if they require transportation home.

Your child's enrollment is complete only after you have attended one of the parent/guardian orientations.

- Thursday, August 25th, 6:00 – 6:30 p.m., at Thomas Jefferson Middle School, 1201 Fairgrounds Rd.
- Monday, August 29th, 6:00 – 6:30 p.m., at Lewis and Clark Middle School, 325 Lewis and Clark Dr.
- Tuesday, August 30th, 6:00 – 6:30 p.m., at Thomas Jefferson Middle School, 1201 Fairgrounds Rd.
- Thursday, September 1st, 6:00 – 6:30 p.m. at Lewis and Clark Middle School, 325 Lewis and Clark Dr.

Return Enrollment Application
By Mail, Fax, or Come by the Office

Boy & Girls Club of the Capital City
 925 E. Atchison Court (LU Campus)
 Jefferson City, MO 65101
 Telephone: (573) 634-2582
 Fax: (573) 638-0350
 jledbetter@bgcjc.com

Student #1 Information

First Name _____ Last Name _____ M.I. _____

Date of Birth: ____/____/____ Gender: _____ Male _____ Female _____ Grade in 2016/ 2017: _____

School attending in 2016/2017: _____

Ethnicity: ____African American ____Asian ____Caucasian ____Hispanic ____Native American ____Multi-Racial ____Other

Home Address: _____

Street _____ City _____ State _____ Zip _____

Parent Home phone _____ Parent Cell phone _____

Authorization for Emergency Medical Care:

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize BOYS & GIRLS CLUB OF THE CAPITAL CITY, to contact the following:

Doctor: _____ Phone: (_____) _____ - _____

Hospital: _____ Phone: (_____) _____ - _____

School Age Health Report:

Please list any allergies or special medical conditions, including chronic health problems (for example, *asthma, seizures, behavioral disorders, special needs*), your child has.

Medication cannot be given to participants by staff. A parent/guardian may come to the site to administer medication to their child only.

Student #2 Information

First Name	Last Name	M.I.
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Date of Birth: ____/____/____ Gender: _____ Male _____ Female Grade in 2016/ 2017: _____

School attending in 2016/2017: _____

Ethnicity: ____ African American ____ Asian ____ Caucasian ____ Hispanic ____ Native American ____ Multi-Racial ____ Other

Home Address: _____

Street	City	State	Zip
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Parent Home phone _____ Parent Cell phone _____

Authorization for Emergency Medical Care:

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize BOYS & GIRLS CLUB OF THE CAPITAL CITY, to contact the following:

Doctor: _____ Phone: (_____) _____ - _____

Hospital: _____ Phone: (_____) _____ - _____

School Age Health Report:

Please list any allergies or special medical conditions, including chronic health problems (for example, *asthma, seizures, behavioral disorders, special needs*), your child has.

Medication cannot be given to participants by staff. A parent/guardian may come to the site to administer medication to their child only.

Parent/Guardian 1:

First Name	Last Name	M.I.
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Home Address: _____

Street	City	State	Zip
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E-mail Address: _____

Home phone (_____) _____ - _____ Cell phone (_____) _____ - _____

Employer Name: _____ Work phone (_____) _____ - _____

Employer Address: _____ Work Schedule: _____

Parent/Guardian 2 (N/A if not applicable):

_____	_____	_____
First Name	Last Name	M.I.
Home Address: _____		
Street	City	State Zip
E-mail Address: _____		
Home phone (_____) _____ - _____	Cell phone (_____) _____ - _____	
Employer: _____	Work phone (_____) _____ - _____	
Employer Address: _____	Work Schedule: _____	

Emergency Contact Information (person other than parents) – Required:

Emergency Contact #1:

Name: _____	Address: _____
Relationship to child: _____	Phone (_____) _____ - _____

Emergency Contact #2:

Name: _____	Address: _____
Relationship to child: _____	Phone (_____) _____ - _____

Please list all persons authorized to pick up child (INCLUDING PARENTS):

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____

***Please list any persons NOT authorized to pick up child:**

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____

Family Information

*Any confidential information requested is for our records and for the funding our organization receives. **The answers you provide will be kept confidential.** Your cooperation in providing this information is both appreciated and necessary.*

<p style="text-align: center;">Family Yearly Income</p> <p>_____ \$0- \$9,999 _____ \$10,000 - \$14,999 _____ \$15,000 - \$22,999 _____ \$23,000 - \$33,999 _____ \$34,000 - \$49,999 _____ \$50,000 - \$74,999 _____ \$75,000 - \$99,999 _____ \$100,000 or more</p>	<p style="text-align: center;">Family Setting</p> <p>_____ Both Parents _____ Single Parent Mother _____ Single Parent Father _____ Grandparent(s) _____ Foster Care _____ Legal Guardian _____ Other Relative</p>
<p style="text-align: center;">School Lunch Program</p> <p>_____ Free _____ Reduced _____ None</p>	<p style="text-align: center;">Head of Household</p> <p>_____ Employed _____ Unemployed _____ Student _____ Disabled</p>

Total number in household: _____ Total number in household under *18 years of age*: _____

Acknowledgements: (parent / guardian initials) - Required:

_____ I Do _____ Do Not _____ give consent for **my child** to walk home. I will not hold the Boys & Girls Club of the Capital City, its officers, or volunteers responsible for any injury or danger that occurs once my child has left the Club.
 Initial

_____ I Do _____ Do Not _____ give consent for **photographs or other media** in which my son/daughter may appear which will be used to promote the mission, awareness and fundraising activities of the Boys & Girls Club.
 Initial

_____ I Do _____ Do Not _____ give consent for my child to use the Boys & Girls Club of the Capital City’s technological equipment, including but not limited to computers, printers, software, the Internet (limited access), and audio-visual equipment.
 Initial

_____ I Do _____ Do Not _____ give permission for my child to **ride the Boys & Girls Club of the Capital City bus and/or vans for transport from school, the Boys and Girls Club, and any other necessary travel for Club activities which may include field trips.** I understand that all safety precautions will be taken and I will not hold the Boys & Girls Club of the Capital City, its officers, or volunteers responsible for any accident occurring during travel. I authorize the staff in charge to approve medical treatment for my child in the event of an emergency.
 Initial

_____ I Do _____ Do Not _____ give permission for field trips/excursions. I understand I will be notified in advance when they are planned.
 Initial

_____ I have received a copy of the facility’s policies pertaining to the admission, care and discharge of children.
 Initial

The Boys & Girls Club of the Capital City is dedicated in partnering with the Jefferson City Public Schools in helping all program participants be successful academically. At times we may ask the school district for access to your child's records such as Free/Reduced Lunch status, Title I benefits, Individual Education Plan, English Language Learner status, and Student Identification Number, as well as grades, MAP scores and attendance records. Any information obtained will be kept confidential between the Boys & Girls Club of the Capital City and Jefferson City Public Schools and will be used to measure the success of the after school program.

Instructions: Please initial below acknowledging release to share school records and information.

_____ **I Do** or _____ **Do Not** give consent for the Boys & Girls Club of the Capital City to have access to my child's school information as outlined above.

Child's Name (print): _____

2nd Child's Name (print): _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature & Date: _____