



Geneva Community Center

Boys & Girls Club of Geneva



BOYS & GIRLS CLUB
OF GENEVA

2024-2025 Youth Member Application

The Boys & Girls Club of Geneva (BGCG) is committed to the safety, wellbeing, learning, & enrichment of Geneva’s young people. The children who attend our program are referred to as club “members”, and they participate in activities ranging from physical fitness to creative arts, STEM, community service, & more. We also strive to help members increase their academic success by engaging them in a variety of engaging activities to learn in new ways.

Please fill out the application below in its entirety. An incomplete application will not be able to be processed and will be returned to you. Note: A separate application is needed for each child.

Section 1: Member Demographics & Parent/Guardian Contact Information

Child/Member Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	Grade Entering in Fall 2024:	Preferred Language:
Hair Color:	Eye Color:	Gender:
Other Physical Characteristics:		
Race: <i>(Check One)</i>		
<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	
<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other	
Ethnicity: <i>(Check One)</i>		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	
Some of My Child’s Interests, Hobbies, & Strengths Include:		
She/He Struggles With (or) a Goal He/She is Working On:		
Home Address:		
Primary Phone Number:	Primary Email Address:	

Section 2: Parent/Guardian Consent

Release of Educational Records & Permission to Use Photos/Videos/Audio

I, _____, parent/guardian of _____
(child's name)...

- authorize Geneva City School District to **release all educational records** relating to my child to the Boys & Girls Club of Geneva (BGCG). This includes, but is not limited to I understand that these records will be released so that the staff may better meet the needs of my child. (Such educational records may include, but are not limited to: individual education plans (IEP's), 504 plans, AIS plans, counseling/behavior reports, report cards, testing scores, attendance, etc.)
- give consent for **photographs &/or videos in which my child may appear, to be used by BGCG**. (I understand that photos and videos may be used for marketing purposes/social media, special presentations/projects, newspaper articles, and other types of outreach and communications.) I also give consent for my child's voice to be used in audio recordings (such as for a radio special about the program or when making a podcast).

Parent/Guardian Signature: _____ **Date:** _____

Section 3: Household Information

Parent/Guardian 1	
First Name:	Last Name:
Phone Number:	Relationship to Member:
This person is... <i>(check all that apply)</i>	
<input type="checkbox"/> Primary Contact <input type="checkbox"/> Parent/Immediate Guardian <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Single Parent
This person has... <i>(check all that apply)</i>	
<input type="checkbox"/> Military Affiliation (Branch: _____) <input type="checkbox"/> Physical Disability <input type="checkbox"/> Over the Age of 65	
Parent/Guardian 1 <i>(check one)</i>	
<input type="checkbox"/> Lives with the youth applicant ("member")	<input type="checkbox"/> Does not live with member

Parent/Guardian 2

First Name:	Last Name:
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Phone Number:	Relationship to Member:
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This person is... *(check all that apply)*

<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Authorized to Pick Up
<input type="checkbox"/> Parent/Immediate Guardian	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Emergency Contact	

This person has... *(check all that apply)*

<input type="checkbox"/> Military Affiliation (Branch: _____)
<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Over the Age of 65

Parent/Guardian 2 *(check one)*

<input type="checkbox"/> Lives with the youth applicant ("member")	<input type="checkbox"/> Does not live with member
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Annual Household Income: *(check one)*

<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$25,001 - \$40,000	<input type="checkbox"/> \$60,001 - \$75,000
<input type="checkbox"/> \$10,001 - \$25,000	<input type="checkbox"/> \$40,001 - \$60,000	<input type="checkbox"/> More than \$75,000

Please list all other children & adults residing in the household with the member. (Circle whether each is a Youth (Y) or Adult (A), and their relationship to this child.)

Other People Who Live With the Member

First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:

First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:
First Name:	Last Name:	Y A	Relationship to Member:

Section 4: Emergency Contacts

(These people should be different from/in addition to the two Parents/Guardians listed earlier in the packet, so we have other people we can reach out to if an emergency should arise. We will attempt to contact the Parent/Guardian 1 & 2 first.)

Emergency Contact 1	
First Name:	Last Name:
Phone Number:	Relationship to Member:
This person is... <i>(check all that apply)</i> <input type="checkbox"/> Primary Contact <input type="checkbox"/> Authorized to Pick Up <input type="checkbox"/> Parent/Immediate Guardian <input type="checkbox"/> Single Parent <input type="checkbox"/> Emergency Contact	
This person has... <i>(check all that apply)</i> <input type="checkbox"/> Military Affiliation (Branch: _____) <input type="checkbox"/> Physical Disability <input type="checkbox"/> Over the Age of 65	

Emergency Contact 2	
First Name:	Last Name:
Phone Number:	Relationship to Member:

This person is... *(check all that apply)*

Primary Contact

Parent/Immediate Guardian

Emergency Contact

Authorized to Pick Up

Single Parent

This person has... *(check all that apply)*

Military Affiliation (Branch: _____)

Physical Disability

Over the Age of 65

Section 5: Transportation & Field Trip Permissions

Permission for BGCG to Transport My Child & Take Him/Her on Club-Related Field Trips

I, _____, parent/guardian of _____ (child's name), give permission to the Boys & Girls Club of Geneva to transport my child between club sites and to and from club-related programs, events, and field trips, in the Geneva and larger Finger Lakes area. Some of the anticipated field trips the club might take members to include:

- The other BGCG Site (1 Goodman Street & 160 Carter Road)
- State & Local Parks
- Concert Halls & Theaters (such as the Smith Opera House)
- Hobart & William Smith Colleges
- Museums & Science Centers
- The Dove Block
- New York Kitchen
- Water Parks & Amusement Parks
- St. Peter's Arts Academy

BGCG will notify parents/guardians in advance of field trips. Note: We are not able to provide daily transportation home for all members. Please contact the club to determine whether or not we are able to transport your child(ren) home from program.

Select one of the following:

I give permission for my child to go on **all** club-related field trips.

I give permission for my child to go on all club-related field trips **except** those listed below).

Signature: _____ Date: _____

Permission to Leave the Premises Unescorted (Carter Road Club members only)

Child's grade during the 2024-2025 school year: _____

I, _____, parent/guardian of _____ (child's name), **give permission** for my child to walk home from the Boys & Girls Club of Geneva. I release BGCG of any and all liability related to my child walking home from the club. I understand that the safety of my child once they leave club premises is my responsibility. I also give permission for my child to sign themselves out of the club on days that they walk home.

Signature: _____ Date: _____
(If you do **not** give permission for your child to leave the club unescorted, do **not** sign above.)

Some of the field trips we go on during the year involve water/swimming, heights, or other possible fears. To better ensure the safety of the youths in our care, please fill out the information below.

Skills & Phobias/Fears

Swimming

My child: *(check one)*

___ Is an adept/strong swimmer. I have no concerns about her/him treading water, going on a water slide, or being able to swim to the side of a pool if needed.

___ Is okay at swimming/has a moderate swimming ability. She/he is somewhat comfortable in the water, but may struggle with treading water, have some fear of a water slide, or can swim with assistance.

___ Is not a strong swimmer. She/he would need a lot of assistance in the water, and I would be concerned about her/his ability to stay afloat.

___ Has no swimming experience/cannot swim, and should not attend swimming-related field trips or activities.

Signature: _____ Date: _____

Phobias/Fears

My child has a phobia or fear of... *(check all that apply)*

- | | | |
|-------------|---------------|-----------------------------------|
| ___ Heights | ___ Snakes | ___ Speaking in Public/Presenting |
| ___ Spiders | ___ Dogs | ___ Eating in Front of Others |
| ___ Insects | ___ Cats | ___ Darkness |
| ___ Frogs | ___ Mice/Rats | ___ Other: _____ |

Section 6: Healthcare Information

Child's Name: _____

Medical, Health, & Behavioral Info	
Does this child have ongoing health concerns (such as asthma, ADHD, autism, syndromes, diagnoses, etc.)? _____ Yes _____ No	If yes, please describe:
Does this child have any allergies (to food, medication, environmental factors, etc.)? _____ Yes _____ No	If yes, please describe:
Does this allergy require emergency treatment (EpiPen, hospitalization, etc.)? _____ Yes _____ No	If yes, please describe (if no allergy, write n/a):
Does this child have a history of hospitalizations, significant injuries, or surgeries? _____ Yes _____ No	If yes, please describe:
Does this child take any medications regularly at home? _____ Yes _____ No	If yes, please list the medications, & what they're used for.
Does this child have behavioral challenges that might come up in program? _____ Yes _____ No	If yes, please describe:
<i>Please Note: If you answered "Yes" to any of the questions above, you will need to complete or provide additional paperwork/documentation for us to keep on file.</i>	
<p>I give permission for the Boys & Girls Club of Geneva staff to administer basic first aid to my child. This may include, but is not limited to band aids, topical ointments (such as Neosporin), and sunscreen. I understand that BGCG is not authorized to administer medication to members at any time, with the exception of emergency, patient-specific epinephrine auto injectors as provided by me, the child's parent/guardian, or non-patient-specific epinephrine, if available.</p> <p>I understand that, in the event of an emergency, BGCG staff will make every effort to contact me. However, I authorize them to call 9-1-1 first when deemed necessary. If an emergency situation occurs which requires transportation, medical care, or surgery, and I cannot be reached, the staff is authorized to act for me according to their best judgement. The physician selected my hospitalize, secure proper treatment for, order injection, anesthesia, and/or surgery for my child. Being the parent/guardian of the above named child, I understand I am responsible for the cost of all medical treatment and care.</p>	
Signature: _____ Date: _____	

Discipline Policy of the Boys & Girls Club of Geneva

Revised August 2024

Member Expectations

- We do our best each day
- We treat each other, the staff and BGCG property with kindness and respect
- We stay safe and in control of our bodies inside and outside
- We take care of our club space
- We show respect by listening and following directions
- We stay in areas supervised by staff
- We focus on ourselves, instead of judging others
- We take a break when needed (in a designated area or the Site Supervisor's office)
- We participate in the planned program activities
- We (try to) have fun

General Guidelines

A serious behavioral/discipline problem/violation of the above rules and expectations can put the safety of the youths in our care at risk. Since the health and safety of our members is our highest priority, we take anything that *jeopardizes* youth well-being very seriously.

If a member is acting in a way that is dangerous, destructive, disruptive, or disrespectful (including, but not limited to the actions below), they may be suspended or released from the program, at the discretion of the Site Supervisor or Program Director (at times under the consultation/recommendation of the Assistant Site Supervisor, program staff, or the Membership & Safety Facilitator).

- **Dangerous:** causing purposeful physical or emotional harm to themselves or others
- **Destructive:** destroying, damaging, or defacing property
- **Disruptive:** interrupting the program so normal operation is not possible
- **Disrespectful:** repeated defiance / disrespect to staff

We are committed to providing a welcoming, safe, inclusive, learning environment and positive experience for your child at the club. When a member displays problematic behaviors (and when possible), staff will try to work with the child to understand what happened and who was involved, hear all sides of the story, and try to work with the involved youths to come up with a solution. When members exhibit inappropriate behavior, any of the following may be used to assist in the enforcement of established rules, regulations, expectations, & policies at the club:

- Consequence Log
- Verbal Warning
- Written Warning
- Call Home
- Suspension
- Loss of Privilege (such as field trip or other activity)
- Meeting with Site Supervisor and/or Program Director or other Executive Staff
- Membership Termination

Note that these do not always happen in the order listed. For example, if one member intentionally hits or pushes another member, that may result in an automatic suspension. We do not tolerate violence.

Removal from the Program

We reserve the right to suspend a child for disciplinary reasons, behavioral issues, or other concerns. Primary causes for suspension or removal from the program are:

- Fighting – This results in an automatic suspension & can lead to expulsion if consistent
- Failure by guardians or children to comply with site policies
- Chronic late pickup of child
- Failure by parents/guardians to complete all required paperwork/documentation

We are committed to ensuring a safe club environment for our members. Staff enforce policies which establish rules for appropriate member conduct. Bullying, cyber bullying, harassment, intimidation (including derogatory language of any kind), hazing, other violence or threats of violence against students and staff are prohibited behaviors. Alcohol, tobacco, or weapon possession and drug use are strictly prohibited as well.

Your child must attend program unless excused, otherwise the spot will be filled by someone on the waiting list. Additionally, if your child will be missing program due to illness or other extenuating circumstance, please call the club ahead of time to let us know.

Attending the Boys and Girls Club of Geneva is a privilege. We appreciate your support and our policies and reinforcement of our discipline at home.

Grievance Procedure

Adults are encouraged to bring their concerns to the attention of the Membership and Safety Facilitator or Site Supervisor by asking to meet privately discuss their concern. All decisions regarding the resolution of a grievance remain at the discretion of BGCG staff. Because our goal is to provide a quality, safe space for youth, this procedure does not include the options of airing grievances while children are present. Any situation deemed to be a threat to the safety and well-being of children in our care or our employees is a disruption to the operation of our program and will not be tolerated.

Early Drop-Off / Late Pick-Up

The club opens and closes as is posted. We ask that guardians ensure that their children do not arrive early or leave late. If the child(ren) is/are dropped off before program time, the parents will be called to pick the member(s) up until we open. Parents/guardians who they continually disregard the policy will be charged a fee.

If a child is picked up more than 15 minutes late, her/his parent or guardian will be **charged \$25 for each 15 minute past closing time**, we must keep at least two staff on the clock while children are in the building, which often results in the need to pay overtime. **The child will not be able to return to the program until the late fee has been paid.**

- At closing time, immediate parents/guardians will be called (if time permits, and it is getting close to closing time, we will attempt to reach you beforehand).
- 15 minutes past closing, if a parent/guardian has not been reached, BGCG will attempt to call the emergency contacts.
- If a youth is still at one of our sites 30 minutes past closing, we may need to contact law enforcement.

Any lateness with pickups puts a strain on our staff and/or other programs we have going on. Your support is highly appreciated.

Parents or guardians picking up children are expected to park in legal parking spaces and enter the club. Parking in the drive-thru areas makes for unsafe conditions for other departing members. Calling in advance of arrival or asking the child to come out unaccompanied is not allowed.

Reminder: Repeated early drop offs or late pick-ups will lead to revocation of membership. This action is necessary for the safety and security of the children in our care. We appreciate your cooperation.

Items to Bring/Not to Bring

- A child needs to bring/wear sneakers with socks every day; sandals, crocs, or other open/loose footwear are not acceptable for gym/fitness activities, and a member without proper footwear will be asked to sit out from physical activities
- If a child is riding a bike, skateboard, scooter, or roller skates, they are required to wear a helmet
- Personal cell phone usage is not permitted unless staff consent is given; there is a designated area for youths to keep their belongings, but it solely the responsibility of the child to safeguard these items – staff are not responsible for lost/stolen/broken items brought into the building; we recommend children leave items of great value at home
- Unless otherwise indicated, personal money is not to be brought on any field trips
- **THERE IS A ZERO TOLERANCE POLICY TOWARDS DRUGS, ALCOHOL AND WEAPONS OF ANY KIND**
 - Toy weapons of any size, and/or anything that could be considered to be a weapon are prohibited
- Please check in with the Membership and Safety Facilitator of the respective site to ask about the consumption or bringing in of outside foods
- We recommend sending a change of clothes with your child every day, in case they have an accident, spill art supplies or food, or need a clean set for any reason... An extra outfit is especially necessary when going on field trips to a park or other location where members may get wet

Parent/Guardian Expectations & Code of Conduct

Our staff members work hard to provide a safe, positive environment where children can grow, learn, and develop. For this reason, we ask for parents and other guardians to behave in a manner which shows courtesy, decency, and respect to all staff.

Individuals entering the club or calling the club are required to behave in a manner which fosters this ideal environment. Individuals who violate this Code of Conduct will not be permitted in the facility thereafter.

No person (parent/guardian or child) is permitted to curse or use inappropriate language on the grounds, over the phone, or at any time while interacting with BGCG staff, whether in the presence of a child or not.

All threats to persons or property will be taken seriously and reported to the appropriate authorities. Adults are asked to take control of, and responsibility for, this behavior at all times. Threats of any kind will not be tolerated.

Parents and other family members are absolutely prohibited from addressing, for the purpose of correction or discipline, a child that is not their own. If an adult should witness a child behaving in an inappropriate manner or is concerned about behavior reported to them by their own child, it is appropriate for them to direct their concern to the Membership and Safety Facilitator or Site Supervisor in a calm, respectful manner. Staff will then work to resolve the issue.

It is completely inappropriate for a guardian or family member to seek out, telephone, or otherwise contact another parent to discuss their child's alleged misbehavior. All behavior concerns should be brought to the attention of the Site Supervisor. At that point, the Site Supervisor will address the issue with the other child and her/his parent or guardian. Keep in mind; because families are protected by our confidentiality policy, staff are strictly prohibited from discussing anything about a child with someone who is not their parent/guardian.

It is important for BGCG staff to be able to contact a member's parent(s)/guardian(s) regarding paperwork, health & safety concerns, emergency situations, or other issues. It is a parent/guardian's responsibility to keep the most current information on file with us. This includes mailing address, telephone number, email address, etc. Accurate contact information is important for the safety of all members and is a requirement from NY State. **A consequence for not maintaining these important contact details may result in removal from the program.**

Parent/Guardian Sign-Off/Acknowledgment of Receipt

I, _____, parent/guardian of _____ (child's name) have read the above policies, and agree to abide by them to the best of my ability. I will keep myself aware of its contents and any updates of which I am made aware and I will hold my child to this standard. I understand that I am expected to work cooperatively with Boys & Girls Club of Geneva staff, and that hostility, threats, or failure to comply with policies listed in this application/enrollment packet or posted at our facilities – on my part, or that of another parent/guardian or emergency contact listed on this form – could result in my child(ren)'s dismissal from the program.

Parent/Guardian Name (Print): _____

Relationship to Child/Member: _____

Signature: _____ Date: _____

Your signature certifies that you agree and will abide by all of the processes and policies mentioned in our application. If you have any questions, please contact your Site Supervisor.

Important!

Please note, a child is not fully accepted/enrolled into the program until you have attended a DSS meeting with Susan (our Business Manager), and completed all required paperwork. **You will receive a confirmation letter/email once your child is approved to attend.** Do not assume that because you submitted the member application that your child can come to program. **You must receive a confirmation from the Program Director or Site Supervisor before a youth can begin attending for the current program year.**

Child Care Subsidy Parent/Guardian Meeting Availability <i>(Best Time to Meet Review/Update Required Paperwork)</i>	
Member Name:	
Parent/Guardian Name:	
Cell Number:	Email Address:
Do you already have an open childcare subsidy case? ____ Yes ____ No	If Yes – County: _____ Case Worker: _____
Select the Best Time(s) of Day for BGCG Staff to Reach Out: ____ Mornings ____ Afternoons ____ Evenings	
Is there a particular weekday that you are most accessible? ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday	

Please note, Susan is available to meet with families the following weeks:

August 19th to 23rd & September 3rd to 6th

(Future dates to be determined)

****Please call Taliah, our Membership & Safety Facilitator at the Carter Road Club, to schedule an appointment with Susan. She can be reached at (315)759-6060, ext 1.**



**Geneva City School District &
Boys & Girls Club of Geneva Collaboration**



The Boys & Girls Club of Geneva in partnership with the Geneva City School District are pleased to announce that they are recipients of the 21st Century Learning Grant. The 21st Century Learning provides funds to support student enrichment, intervention and/or acceleration. Enrollment in the B & G Club of Geneva automatically enrolls your son and/or daughter in the 21st Century Learning Extended Day Program. Your son/daughter will participate in activities that will focus on youth leadership, community service learning, academic improvement, social and emotional learning, physical fitness/wellness, arts & music, and cultural education.

21st Century Learning Program Agreements

Member Name: _____

- I understand that the following agreements and consents are not pre-conditions for approval to participate in the 21st Century Learning Program. Yes No
- I consent to emergency treatment for my child: Yes No
- I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies, or videotapes by the GCSD 21st Century Learning Program. I also grant the GCSD 21st Century Learning Program the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the GCSD 21st Century Learning Program and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.
 Yes No
- I consent for my child to take part in field trips, away from the program site, under supervision: Yes No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips: Yes No
- I provided information on my child's special needs to the program to assist in the safety of my child: Yes No

- I understand that information regarding my child’s special learning needs will be shared by my child’s school enrollment with 21st Century Learning Program staff on a need-to-know basis for my child’s educational benefit: ___ Yes ___ No
- I agree to review and update this information whenever a change occurs and at least once every year: ___ Yes ___ No
- I agree to talk to the program staff about my child’s progress and participation in the 21st Century Learning Program: ___ Yes ___ No
- If at any time I change my mind about my child’s participation (any or all aspects), I will contact the site coordinator: ___ Yes ___ No

Student Data Requirements and Surveys/Interviews Consent

I understand that my child’s academic, behavioral, attendance, and engagement information will be shared with the New York State education department and its lawful contractors, to measure and evaluate the quality and implementation of the GCSD 21st Century Learning Program as well as the effectiveness of New York State’s program in supporting student growth, as required by Title IV, Part B of the Every Student Succeeds Act (ESSA) [see generally sections 4205(b) and 4203 (14)].

By signing below, I certify that all information (above) is true and correct to the best of my knowledge.

Printed Name of Parent/Person in Relation/Guardian: _____

Signature of Parent/Person in Relation/Guardian: _____

Date: _____

2024-2025 TRANSPORTATION CHANGE REQUEST

GCS D TRANSPORTATION DEPT

335 GAMBEE RD

GENEVA NY 14456

Main office: (315) 781-4185

Fax: (315) 781-7026



Student Name: _____ DOB: _____

Parent/Guardian Name: _____

Home Address: _____

Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone Number:

Child Care Provider Name: _____ Child Care Phone Number:

Grade: _____ School: _____

CHANGE REQUEST:

My child **will need** school transportation: IF ELIGIBLE

All kindergartners are eligible; Grades 1-5 must be .90 miles or more to be eligible, Grades 6-12 must be 1.50 miles or more to be eligible for transportation. Please call for clarification if necessary.

NEW Pick up address:

NEW Drop off address:

My child **will not** require after school transportation. My child **will be picked up** from school by a parent/guardian.

My child will walk home (applicable to 1st-12th graders only)

Please complete this form and return to GCS D Transportation Department

Parent/Guardian

Signature _____ Date _____