

GREAT FUTURES START HERE.



Membership Application

2016 – 2017

June 1, 2016 – May 31, 2017

Site

- Main – Duncan St. SW
- Franklin
- MCSAB

- **All sections** of this application, the Food Program form and any other required information must be completed in full and membership fee paid before a membership can be issued.
- **Submit all forms** in person at the Boys & Girls Club of Massillon with payment.
- **Information** received on this form will be held confidential. Membership data may be combined and summarized for reporting purposes and will not include references to any individual or family.
- **Birth Certificate** required for new members 8 years old and younger.

MEMBER INFORMATION

First Name:	Middle Initial:	Last Name:	
2016-17 School Year:			
School :	Grade:	Date of Birth:	
Name of primary contact (parent or guardian): _____			

Member Pick-Up

Is there anyone who may not pick up the child listed above?

Name: _____ Is there a court order restricting this person Yes No

Will there be anyone other than the parent/guardian picking up your child on a regular basis?

Name(s): _____

Member's Gender:

Female Male

Member's Ethnicity:

African American Asian Caucasian
 Hispanic/Latino Multi-Racial Native American (Indian)
 Other

Are there other children in your household who are or have been members of the Boys & Girls Club of Massillon?

Yes No

Does member have a Massillon Public Library card?

Yes No -- If "No" please complete library card application included with this packet.

For Office Use Only

Member #	Form Received by	MTS Processed by	
	Date	Date	



Parental Responsibilities & Consent

2016 - 2017

WAIVER OF LIABILITY

- I/We, the parent(s)/guardian(s) of the child listed on this application, hereby give my/our approval for the child to participate in any and all Boys & Girls Club of Massillon activities.
- I/We assume all risks and hazards incidental to such participation including transportation to and from activities.
- I/We, hereby waive, release, absolve, indemnify and agree to hold harmless, the Boys & Girls Club of Massillon, its' Trustees, Staff, Volunteers, Organizers, Sponsors, Supervisors, Participants and Persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Yes
 No

ITEMS, UNIFORMS AND EQUIPMENT ISSUED

I/We agree to return upon request any items, uniforms or equipment issued to our child for use in Boys & Girls Club of Massillon programs, in as good a condition as when received except for normal wear and tear.

Yes
 No

TECHNOLOGY USE

I give my permission for the child listed on this application to access the Internet through Boys & Girls Club of Massillon, Inc.'s computers. As a member of the Boys & Girls Club of Massillon, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. The Boys & Girls Club of Massillon, Inc. has rules and consequences for such intentional behavior, however, the Club will not be responsible for the consequences of such access.

Yes
 No

MEMBER DROP OFF AND PICKUP

I understand that members should not be dropped off early and should be picked up when a program ends or an early drop off or late pickup fee may be incurred.

Yes
 No

MEDIA RELEASE

I give my permission to the Boys & Girls Club of Massillon to use the likeness of the child listed on this application in public relation materials. From time to time, the Boys & Girls Club of Massillon staff and the media may want to interview, photograph and/or video tape members for use in promotional materials, publications, public presentations, television news reports, newspaper articles, online news stories and the Boys & Girls Club of Massillon website.

Yes
 No

DATA COLLECTION RELEASE

I give my permission to the Boys & Girls Club of Massillon, Inc. to collect information via online or written surveys, questionnaires, or interviews from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results may be shared with Club staff, Boys & Girls Clubs of America, funders and other community stakeholders to evidence program effectiveness and/or Club impact on our members. Group results may be used to show outcome/impact. No individual member data will be shared with anyone.

Yes
 No

SCHOOL INFORMATION RELEASE

I give my permission to the Boys & Girls Club of Massillon, Inc. and the Massillon City School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in their pursuit of academic success, development of good character and citizenship, and a healthy lifestyle. I also understand that all information shared between the school district and the Club will be kept strictly confidential and will not be used for any other reason. This release is valid for one school year and may be revoked at any time by contacting the Boys & Girls Club of Massillon.

Yes
 No

MEMBER POLICIES. I received a copy of the Boys & Girls Club of Massillon's Member Policies

Yes

Signature of Parent / Guardian

Date



Emergency Medical Authorization & Contact Information

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Boys & Girls Club of Massillon authority, when parents or guardians cannot be reached.

Member Information			
First Name:	Middle Initial:	Last:	
Address:			
City:	State:	Zip:	
Date of Birth:			
Custodial Parent(s) or Guardian(s) Information			
	Mother/Step Mother	Father/Step Father	
Parent/Guardian Name:			
Home Phone:			
Cell Phone:			
Work Phone:			
Employer:			
Email:			
Emergency Contact – Other than parents/guardians listed above and resides at a separate address			
Name:			
Address:			
Phone:		Relationship to Member	
Insurance Information	Insurance Name	Insurance Plan Number	Insurance Policy Number
Primary Insurance:			
Provider Information	Name of Provider		Phone
Doctor:			
Dentist:			
Medical Specialist:			
Local Hospital:			

To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent / Guardian

Date

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Member Medical History

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments of which the Boys & Girls Club of Massillon professional staff and/or emergency medical staff should be aware. This information will be held confidential and will not be shared. This information is being requested so that we may better serve your child.

Please list any and all allergies and member's reaction (food, medicine, bee stings, etc.):

Please list any and all medical conditions or physical limitations of member.

Please list any and all emotional or behavior limitations of member.

Please list any and all medications taken by member.

Medication	Dosage / Frequency

Please tell us anything else we should know about your child:

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Household Information

In order to keep our costs to families as minimal as possible, the Boys & Girls Club of Massillon receives funding from foundations and government grants. The information below is requested when applying for grant. Please help us by completing the information requested.

The Information will be held confidential. It will be combined and summarized for reporting purposes and will not include references to any individual or family.

Does member live in a single parent household?

- Yes
- No

Household Income Range

- \$ 0 – 9,999
- \$10,000 – 19,999
- \$20,000 – 29,999
- \$30,000 – 39,999
- \$40,000 – 49,999
- \$50,000 – 59,999
- \$60,000 and over

Please mark if **member(s) or family** currently receives any of the following benefits (mark all that apply):

- Food Stamps
- Free or Reduced Lunch
- Medical Card: Healthy Start/Buckeye/Medical Card/CareSource
- Child Care Program
- Medicaid
- WIC
- Social Security Disability (youth only)
- Other _____

Member lives with (mark all that apply):

- Mom
- Stepmom
- Dad
- Stepdad
- Grandparent(s)
- Foster parent(s)
- Other (please specify)

Number in Household:

#Adults _____
(over 18 years)
#Children _____
(18 and younger)
Total# _____

The following are involved with member(s) or family (check all that apply):

- Caseworker
- Mental health professional
- Physician for a specific condition
- Foster care agency
- Probation officer
- Other (specify) _____

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Program Survey

Member Name _____

My child has problems or difficulties in the following areas (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Attention problems | <input type="checkbox"/> School attendance | <input type="checkbox"/> Self esteem |
| <input type="checkbox"/> Learning problems | <input type="checkbox"/> Poor grades | <input type="checkbox"/> Making/keeping friends |
| <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> Suspended/expelled from school | <input type="checkbox"/> Substance use |
| | | <input type="checkbox"/> Family concerns |

We have a number of programs designed to support a variety of member needs and interests. Please check all program areas you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Homework Help | <input type="checkbox"/> Fitness/Nutrition |
| <input type="checkbox"/> Grade on Time Progression | <input type="checkbox"/> Technology & Computers |
| <input type="checkbox"/> Credit Recovery (8 th grade and up) | <input type="checkbox"/> Art |
| <input type="checkbox"/> Interest Inventories | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> College Prep | <input type="checkbox"/> Baton |
| <input type="checkbox"/> ACT/SAT Prep | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Tutoring. | <input type="checkbox"/> Football |
| Subject(s): _____ | <input type="checkbox"/> Wrestling |

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS FY 2015 – 2016

FY2015 – FY2016 (7/1/15 – 6/30/16) INSTRUCTIONS: To apply for free and reduced-price meals, read the Household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving Food Assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 mo.

CENTER NAME			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court)	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT LIST SWIPE CARD NUMBER. 600... numbers not valid.	
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER				Check type <input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)	
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE		CASE NO.	_____
1.			<input type="checkbox"/>	CASE NO.	_____
2.			<input type="checkbox"/>	CASE NO.	_____
3.			<input type="checkbox"/>	CASE NO.	_____
4.			<input type="checkbox"/>	CASE NO.	_____

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ 200 / weekly	\$ 150 / twice month	\$ 100 / monthly	\$ _____ / _____
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted

* _____	* _____	* If Part 3 is completed, insert last 4 digits of Social Security Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Check if applicable) <input type="checkbox"/> I do not have a Social Security Number
SIGNATURE OF ADULT HOUSEHOLD MEMBER	DATE	
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
Please mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

State Distribution: 6/24/2015

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.		Application Certified/Categorized as:	
Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion: Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12		<input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household Size & Income <input type="checkbox"/> Foster Child	
		<input type="checkbox"/> REDUCED, based on Household Size & Income	
Total Household Size: _____	Total Household Income: \$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="checkbox"/> PAID, based on <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information	
Signature of Sponsor / Center Representative _____		Date Sponsor Certified/Categorized Form _____	
Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.		Effective Date _____ (From the first of month of date signed)	
		Expiration Date _____ (Valid until last day of month in which form was signed one year earlier)	

HOUSEHOLD LETTER - Dear Parent or Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached Income Eligibility Application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the Income Eligibility Application is OPTIONAL.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for Food Assistance (SNAP) or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

- * Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a Food Assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits subject to application completion.

- Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).
- List a current Food Assistance or OWF case number for each child. This will be a 10 or 12-digit number. Do not list a swipe card number.

SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2. PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME & HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE THIS PART & PART 4.

- a) Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- b) Check the box for any person listed as a household member (including children) that has no income.
- c) For each household member, list each type of income received during the last month and list how often the money was received.
 - 1) *Earnings from work before deductions:* Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every 2 weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
 - 2) *List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.*
 - 3) *List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.*
 - 4) *List all other income sources.* Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. For only the self-employed, report income after expenses (net income) in column 1 under earnings from work. For your business, farm or rental property report income in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

- a) * All applications must have the signature of an adult household member.
- b) * The adult signing the application must also date the form.
- c) * Only an application that lists income in Part 3 must have the last 4 digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box "I do not have a Social Security Number." If you listed a Food Assistance or OWF number for each child or if you are applying for a foster child, the last 4 digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program_intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

REDUCED INCOME ELIGIBILITY GUIDELINES – 185%

Guidelines to be effective from July 1, 2015 through June 30, 2016

Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.						
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	
1	21,775	1,815	908	838	419	
2	29,471	2,456	1,228	1,134	567	
3	37,167	3,098	1,549	1,430	715	
4	44,863	3,739	1,870	1,726	863	
5	52,559	4,380	2,190	2,022	1,011	
6	60,255	5,022	2,511	2,318	1,159	
7	67,951	5,663	2,832	2,614	1,307	
8	75,647	6,304	3,152	2,910	1,455	
For each additional family member, add	7,696	642	321	296	148	

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MEMBER POLICIES & PROCEDURES

1. Behavior

- a. Members must refrain from the use of inappropriate language and/or verbal abuse of others.
- b. Members must refrain from physical abuse of other members and/or club staff.
- c. Members must take care of club equipment and/or property.
- d. Members may not take items from other members
- e. Aggressive action and/or group demonstration, interfering with club activities is not permitted.
- f. The use, possession and/or sale of illegal or unauthorized drugs, alcohol and/or weapons is unlawful and prohibited on club property.
- g. Gang related items are not permitted
- h. All discipline problems will be directed to the Assistant Director. If we have recurring problems, or serious discipline problems, we will contact a parent or guardian to arrange a meeting.

2. Entering & Leaving the Building

- a. **ALL MEMBERS MUST SHOW THEIR CARD EVERY TIME THEY ENTER THE CLUB. IF THEY DO NOT HAVE THEIR MEMBERSHIP CARD, THEY CANNOT ENTER. THERE WILL BE NO EXCEPTIONS TO THIS RULE.** A staff member at the front desk will sign them in. Lost cards can be replaced for **\$2.00**.
- b. Enter and exit through the main entrance on the North side of the building. All other doors that open to the outside are only to be used for emergencies. Please do not knock on these doors and expect to gain access to the Club. If someone has special needs, we will be happy to accommodate them.
- c. If you are here to pick up your child, please wait at the desk while we page them. If your child has practice, you are welcome to wait in the lunchroom or drop them off and pick them up after practice. We do not allow anyone, other than staff and screened volunteers, into program areas
- d. For the safety of your child, please park in the lot (not the circle) and come into the building. The circle is for drop-off only. Please understand that there is no possible way we can assure the safety of your child after they leave the building. Please do not call the Club and ask us to send your child outside in the dark.
- e. **The Club has an open door policy.** This means members can come and go as they please. They are checked in, but may leave when they wish. If you do not want your children leaving the building, please instruct them to stay at the Club until it is time for them to be picked up or leave for home.

3. Personal Property

- a. Members are expected to use the lockers to store their coats and backpacks. The locker rooms (Boys and Girls) are located in the west side of the building, between the Orange Gym and the Gameroom. **We encourage members to bring a lock with them, but we ask that they remove the lock when they leave for the night.**
- b. We encourage members to leave valuable items at home, unless they bring a lock for their locker. This includes cell phones.
- c. Member use of cell phones is prohibited in the Boys & Girls Club while participating in club programs and activities.

4. Clothing

- a. Members are not permitted to wear hats in the building.
- b. Any members wearing suggestive garments or clothing deemed inappropriate by club staff will be sent home to change and may not participate in club activities until appropriately dressed.
- c. Pants and shorts must be worn at waist level (covering underwear/boxers completely).
- d. **Street shoes are not to be worn in the gym at any time.** Please have your child bring their gym shoes with them. **FLIPFLOPS AND OPEN TOED SHOES ARE NOT PERMITTED TO BE WORN FOR YOUR CHILD'S SAFETY.**

5. Parking

- a. We have three parking places reserved for handicapped individuals. They are the first three, located on the northwest corner of the building, by the circle. **Please do not park in these if you do not have proper identification on your vehicle.**
- b. **PLEASE DO NOT PARK IN THE CIRCLE IN FRONT OF THE BUILDING.** The circle is for drop-off only.

6. General Club Policies

- a. We have a staff member in every program area at all times. If your child has any questions, staff members are there to help.
- b. Food, Candy and Drinks are not permitted outside the Lunchroom.
- c. We request that members do not receive or make personal calls at the Front Desk, except when an emergency occurs.
- d. Memberships and Renewals expire every year on May 31.

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at child care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care Centers, Head Start programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed or approved private homes.
- **After School Care Programs:** Centers in low-income areas provide free snacks to School-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

Boys & Girls Club of Massillon
730 Duncan St. SW
Massillon, OH 44647
330-833-4395

Ohio Department of Education

CACFP Consultant
25 S. Front Street, MS 303
Columbus, OH 43215-4183
614-466-2945

Nondiscrimination: In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
USDA is an equal opportunity provider and employer.

BAR CODE _____ 6th grade & under **OR** 7th-12th grade _____
(use Juv App) (use YA App) Staff Initials/Date _____

MASSILLON PUBLIC LIBRARY

MAIN LIBRARY ~ BOOKMOBILE ~ BARRY ASKREN MEMORIAL BRANCH ~ PAM BELLONI MEMORIAL BRANCH

JUVENILE CARD APPLICATION

PARENT/GUARDIAN MUST SHOW IDENTIFICATION WITH CURRENT ADDRESS

1. GENDER _____ Male (M) _____ Female (F)

2. SCHOOL DISTRICT (Check name of school district in which you live)

_____ CANTON CITY (3) _____ NORTH CANTON CITY (14)

_____ FAIRLESS LOCAL (6) _____ PERRY LOCAL (17)

_____ JACKSON LOCAL (8) _____ TUSLAW LOCAL (21)

_____ MASSILLON CITY (12) _____ OTHER (22)

3. DATE OF BIRTH MONTH _____ DAY _____ YEAR _____

4. NOTICE PREFERENCE (This is how you will receive overdue/hold notification)

_____ PHONE (IF YOU CHOOSE PHONE, YOU MAY NOT CHOOSE EMAIL OR TEXT)

-OR- (YOU MAY CHOOSE EMAIL, TEXT, OR BOTH EMAIL & TEXT)

_____ EMAIL PLEASE PROVIDE EMAIL ADDRESS _____

_____ TEXT PLEASE PROVIDE CELL PHONE NUMBER _____ @sms.oplin.org

5. JUVENILE'S

NAME (Print; include middle initial) _____

6. PARENT/GUARDIAN'S NAME (Print) _____

7. PARENT/GUARDIAN'S DATE OF BIRTH MONTH _____ DAY _____ YEAR _____

8. MAILING

ADDRESS _____ CITY _____ STATE _____ ZIP _____

9. RESIDENTIAL

ADDRESS _____ CITY _____ STATE _____ ZIP _____

(If different from above)

10. PHONE _____

I accept financial responsibility for overdue charges and lost or damaged materials on my child's card. I recognize that the library is not responsible for my child when left unattended. I will comply with all library rules and give prompt notice of any change of address. If this card is lost or stolen, I will notify the library immediately.

I also give the Massillon Public Library permission to send me information about library issues, programming and events via electronic communication. (The library does not sell your email address to any other party.)

You can opt out by initialing here _____.

Signing someone else's name on a library card application is forgery and a fifth degree felony under the Ohio Revised Code, section 2913.31b1.

PARENT/GUARDIAN SIGNATURE _____ DATE _____