

TEEN MEMBERSHIP APPLICATION

Jersey City Unit | 225 Morris Boulevard, Jersey City, NJ 07302 | Tel: 201.333.4100 | Fax: 201.333.5640 Edward A. Dalton Unit | 123 Jefferson Street, Hoboken, NJ 07030 | Tel: 201.963.6443 | Fax: 201.963.8117 PS #41 21st CCLC Boys & Girls Club Extension | 59 Wilkinson Ave, Jersey City, NJ 07305 PS #15 21st CCLC Boys & Girls Club Extension | 135 Stegman Street, Jersey City, NJ 07305 Booker T. Washington Apts. Boys & Girls Club Extension | 200 Colden Street, Jersey City, NJ 07302 Curries Woods Boys & Girls Club Extension | 3 New Heckman Drive, Jersey City, NJ 07305 Marion Gardens Boys & Girls Club Extension | 9 Dales Avenue, Jersey City, NJ 07306 STEAM CITY at Whitlock Mills | 160 Lafayette Street, Jersey City, NJ 07304

FOR OFFICE USE ONLY:	lle School □ H-Teens				
Membership Type: □ Rising STARs □ GPTTO □ YAC	☐ Alumni				
Income Level: □ Very low income □ Low income	come				
Initials: Date: Unit:	Paid: Method:				
GENERAL INFORMATION:					
First Name: Middle:	Last Name:				
Birth Date: Gender:	1 Male □ Female				
Race: Multi-Racial	☐ Yes ☐ No If yes, specify				
Address:					
City: State:	Zip:				
Telephone: Mobile:	Email:				
Requires a Parent/Guardian Pickup: ☐ Yes ☐ No R	equires Bus Transportation: ☐ Yes ☐ No				
New or Renewal Member: Club Me	ember Since:				
SCHOOL INFORMATION:					
SCHOOL INFORMATION:					
	Current Grade: Last Grade Attended if Not Enrolled				
Current School:					
Current School:	Food Program: ☐ Reduced ☐ Paid ☐ Free Guardian/Parent				
Current School: Current Teacher: Guardian/Parent Relationship:	Food Program: Reduced Paid Free Guardian/Parent Relationship:				
Current School: Current Teacher: Guardian/Parent	Food Program: Reduced Paid Free Guardian/Parent Relationship: Name:				
Current School: Current Teacher: Guardian/Parent Relationship: Name:	Food Program: Reduced Paid Free Guardian/Parent Relationship: Name: Employer:				
Current School: Current Teacher: Guardian/Parent Relationship: Name: Employer:	Food Program: Reduced Paid Free Guardian/Parent Relationship: Name: Employer: Occupation:				
Current School:	Food Program: Reduced Paid Free Guardian/Parent Relationship: Name: Employer: Occupation: Work Address:				
Current School:					
Current School:	Food Program: Reduced Paid Free Guardian/Parent Relationship: Name: Employer: Occupation: Work Address:				
Current School:	Food Program: Guardian/Parent Relationship: Name: Employer: Occupation: Work Address: Phone1: Phone2:				

MEDICAL INFORMATION: Doctor Name:	Doctor Phone	::
Permission for Doctor/Hospital: ☐ Yes ☐ No		
Does your family have health and/or accident insu	urance: □ Yes □ No	
Childs Insurance Carrier:	Policy No.	Group No
If Child has Special Needs, Explain:		
Has a physician diagnosed your child with asthma	i? □ Yes □ No	
Serious health Problems: ☐ Yes ☐ No If Yes, Exp	olain:	
Child taking any medications: ☐ Yes ☐ No If Yes	s, Explain:	
Child allergic to any foods/medicine: ☐ Yes ☐ No	If Yes, Explain:	
Child is in good health and has no restrictions: □	Yes □ No If Yes, Explain:	
HOUSEHOLD INFORMATION: (Proof of Incoming This information will be held in the strictest confidence America and funding sources. Providing this document	and solely used for statistical pul	rposes in reporting to Boys & Girls Clubs of
Annual Gross Household Income:	Current Number in Ho	ousehold:
Which of the following forms of income/benefits a	are you receiving? (check all th	nat apply)
☐ TANF ☐ General Assistance ☐ Supplemental	Security ☐ Social Security Dis	sability Veteran Benefits
☐ Social Security Benefits ☐ Unemployment ☐ C	Other Retirement Benefits	
Does your child live with: ☐ Mother ☐ Stepmoth	ner □ Father □ Stepfather	☐ Grandparent ☐ Other:
Current Head of Household: ☐ Male ☐ Fema	le Current Single Pa	arent: □ Yes □ No
Is your child handicapped? ☐ Yes ☐ No		
INSURANCE DISCLAIMER AND PERMISSION By signing below, I hereby give my child permission to Hudson County (B&GCHC) on their premises or otherwany claim by me or my child or any entity on behalf of my in the event of an accident and after all efforts to contact medical examination and treatment of my child by a qual with this or any other treatment given to my child. In accompact to the use of my name in connection therewith. The B personal property. I have read and understand all policies and proced indicates my acceptance of these.	to attend and participate in all a vise, its employees, associates an yself or my child arising from my cut myself or other designated persolified licensed physician and I agred dition, I hereby consent the use consent illustration advertising or oys & Girls Clubs of Hudson Cour	d contributors. I will hold harmless BGCHC from child's participation in the program. Furthermore, sons have been exhausted, I hereby do authorize to assume responsibility for charges associated of, by B&GCHC or anyone authorized by B&GCHC, non-profit promotional purposes. I also consent that is not responsible for lost, stolen or damaged
Parent's Signature:	Child's Signatur	re:
Date:	Date:	

NOTE: Please ensure that the application is completed in its entirety. Incomplete applications will not be accepted and your child will not be admitted to any program until a completed application is submitted.



1 2 3 4 5	19,250 22,000 24,750 27,500	32,100 36,700 41,300	
3 4 5	24,750 27,500	41,300	58,700 66,050
5	27,500	· · · · · · · · · · · · · · · · · · ·	66,050
5		45.050	
	20.700	45,850	73,350
6	29,700	49,550	79,250
U	31,900	53,200	85,100
7	34,100	56,900	91,000
8	36,300	60,550	96,850
OU FAMILY SIZE DOES N	IOT FIT WITHIN THE ABOVE INCO	ME RANGE, PLEASE FILL IN	THE INFORMATION BE
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OTHE	<u>R</u>	<u>INCOME</u>	



		Consent for Release of Information			
l,		(parent/guardian) of	hereby give permission		
for the Boys	& Girls Clu	b or other third party to release and receive any pertinent info	ormation regarding my child to each		
other. The s	haring of a	ny information is understood to be confidential and only of re	elevance to my child and that this release		
will be effect	tive for one	e year or date services are terminated.			
Verbal Conta	act 🗆	Written Contact All relevant info			
Parent/guard	dian:	Signature	_		
Phone #:			-		
Date:			_		
Exception: P	Persons or (other parties listed below <u>may not receive</u> or release any info	ormation regarding my child.		
	(printe	d name)			
	(signature)				



FOOD ALLERGY ALERT Name of Member: Name of Parent: Allergies: 1. _____ Food Allergy Symptoms: red eyes, itchy nose, red face, swollen eyes (and/or lips, tongue, face), hives, rash, labored breathing, wheezing, itchy throat, cramps, vomiting, anaphylactic shock Is your child on a special diet due to food allergies? ______ If so, what diet: In the event of a severe food allergic reaction, call 911. Guardian Contact Information: ______ Other Instructions: *Please provide medical documentation along with this form so that your child will not be served any food items that may cause an allergic reaction. Providing medical documentation will allow us to leave a part of the meal you child is allergic to off his or her plate. If medical documentation is not provided, your child could be served an item he or she may be allergic to. Community Food Bank of New Jersey | Release Form for Minors **Authorization and Consent to Publish** _(print name of parent/guardian), represent and warrant that I am the parents or legal guardian of (print name of child), on whose behalf I have full power to grant permission and release set forth herein, and that I hereby authorize and give the Community Food Bank of New Jersey ("Community Food Bank") and its agents permission to record the image and/or voice of the named child, and that I do hereby grant the Community Food Bank all rights to use these sounds, still and/or moving images of the named minor in any medium for any educational, promotional, advertising or other purposes that support the mission of the Community Food Bank in such a manner and at such times at the Community Food Bank, in its sole discretion, shall determine. My consent to the release of these sound, still and/or moving images is unconditional. I, on my own behalf and on behalf of the named child, as well as on behalf of all our heirs, successors and/or assigns, do hereby release the Community Food Bank and its Board of Trustees, Officers, Directors, Agents, and Employees, and all of its and their heirs, successors and assigns, from any and all claims, demands, liability of whatever kind, including but not limited to, for payment of any compensation, for misappropriation or misuse of any publicity, trademark, copyright, or other rights of the named child and/or myself and our heirs, successors and/or assigns, arising out of the use by the Community Food Bank of the sound, still and/or moving images of the named child. Child's Name **Printed Name of Parent or Guardian Printed Name of Witness** Signature of Parent or Guardian **Signature of Witness**

Date

Relationship to Named Minor

BOYS & GIRLS CLUBS OF HUDSON COUNTY DISCIPLINE POLICY

The Boys & Girls Clubs of Hudson County uses positive discipline rather than punishment. Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group and the adult.

Positive discipline is used by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and involve the children in creating the group rules.
- Plan for ample elements of engaging activities, fun and humor.
- Include some group decision-making.
- Make it possible for each child to feel that s/he has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our Club, our room, our supplies, etc.

Positive discipline can also be used to discipline when necessary:

- Re-direct to a new activity to change the focus of the child's behavior;
- Provide individualized attention to help the child deal with a particular situation;
- Use time out removing and supervising a child for a short time from the area or activity so that s/he may gain self-control. (One minute for each year of the child's age is a good rule of thumb.)
- Provide alternate activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say that they are bad or "acting bad". Instead you might say, "That is not allowed at the Boys & Girls Club."

Positive discipline can be used by showing love and encouragement:

- "Catch" the child being well-behaved. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what s/he is doing.
- Provide positive reinforcement through rewards for good behavior. This may be extra time in a favorite activity or a prize or being the "assistant" in the activity.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances and deliberately ignore provocations.
- Give caring and positive attention to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with permission.

Children will never be disciplined for:

- Failing to eat;
- Falling asleep; or
- Soiling themselves;

Our discipline policy prohibits:

- Withholding active play time unless the child's actions or behavior present a danger to themselves or others.
- Hitting, shaking, or any other form of corporal punishment;
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment;
- Any form of child abuse and/or neglect;
- Withholding food, emotional responses, stimulation or the opportunity for rest;
- Requiring a child to remain silent or inactive for an inappropriately long period of time for the child's age.

Recognizing and Reporting Child Abuse and/or Neglect

Abuse is the physical, sexual or emotional harm or risk of harm to a child under the age of 18 caused by a parent or other person who acts as a caregiver for the child.

Neglect occurs when a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.

In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the State Central Registry (SCR). If the child is in immediate danger, call 911 as well as 1-877 NJ ABUSE (1-877-652-2873).

Whenever possible, a caller should provide all of the following information:

- **Who:** The child and parent/caregiver's name, age and address and the name of the alleged perpetrator and that person's relationship to the child.
- What: Type and frequency of alleged abuse/neglect, current or previous injuries to the child and what caused you to become concerned.
- o When: When the alleged abuse/neglect occurred and when you learned of it.
- Where: Where the incident occurred, where the child is now and whether the alleged perpetrator has access to the child.
- How: How urgent the need is for intervention and whether there is a likelihood of imminent danger for the child.

Program staff must alert the Unit Director and Executive Director as soon as possible.

The sponsor/sponsor representative, director, or any staff member shall verbally notify the State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873) immediately whenever there is reasonable cause to believe that a child has been subjected to abuse and/or neglect by a staff member(s) or any other adult, pursuant to the Child Abuse and Neglect Law.

For children under the Department's supervision, the sponsor, sponsor representative, director, or any other staff member shall report any suspected abuse or neglect of the child by his/her parent(s) or other family members to the State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873).

In addition to the reporting requirement specified above, the sponsor, director or any staff member shall advise the parent(s) of the occurrence of any unusual incident(s) that occurred at the Club and that might indicate possible abuse and/or neglect involving the child. Such notification shall be made on the same day on which the incident occurred. Such incidents may include, but are not limited to, unusual sexual activity; violent or destructive behavior; withdrawal or passivity; or significant change(s) in the child's personality, behavior or habits. The center will maintain on file a record of such incidents and documentation that parents have been informed of them.

BOYS & GIRLS CLUBS OF HUDSON COUNTY EXPULSION POLICY

Unfortunately, there are sometimes reasons that it is necessary to expel a child from the Boys & Girls Clubs of Hudson County either on a short term or permanent basis. The staff will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. However, the following are reasons we may have to expel or suspend a child from the center:

<u>Immediate Causes for Suspension or Expulsion</u>

- i. The child is at risk of causing serious injury to other children or himself/herself;
- ii. Ongoing physical or verbal abuse of staff or other children;
- iii. Parent threatens physical or intimidating actions toward staff members;
- iv. Parent exhibits verbal abuse to staff;
- v. Child brings drugs and/or weapons to the Boys & Girls Clubs of Hudson County;
- vi. Uncontrollable tantrums/angry outbursts;
- vii. Ongoing refusal to follow program rules;
- viii. Child is involved in vandalism of Club property or theft of personal and/or Club property;

- ix. Failure of child to adjust after a reasonable amount of time;
- x. Parent interferes with the normal operation of the center.;
- xi. Parent refuses to follow policies, including but not limited to policy on release of children, showing ID, failure to pay for services.

<u>Proactive Actions That May Be Taken In Order to Prevent Suspension or Expulsion</u>

- Staff will try to redirect child from negative behavior.
- Staff will praise appropriate behaviors.
- Staff will use positive methods and language while disciplining children.
- Child will be given verbal warnings (except in cases of violence).
- Child's disruptive behavior will be documented.
- Parent/guardian will be notified verbally and given written copies of the disruptive behaviors that might lead to expulsion.
- The director, program staff and parent/guardian will be available for a conference to discuss how to promote positive behaviors
- The parent will be given resources and/or referrals regarding methods of improving behavior.

Schedule of Expulsion

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the Boys & Girls Clubs of Hudson County. The parent will be informed regarding the length of the expulsion period. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent/guardian to return to the Boys & Girls Clubs of Hudson County. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care, except in cases of a potentially dangerous child and/or parent/guardian. Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion.

A Child Will Not Be Expelled

If a child's parent(s):

- Make a complaint to the Office of Licensing regarding the Boys & Girls Clubs of Hudson County
- Report abuse or neglect occurring at the Boys & Girls Clubs of Hudson County
- Question the Boys & Girls Clubs of Hudson County regarding policies and procedures
- Without giving the parent sufficient time to make other child care arrangements, except in cases of potential danger to staff
 or other children.

Parents/guardians will be contacted by the Director or his/her designee, via telephone, regarding any behavior requiring immediate suspension. Suspension will be effective for the child's next scheduled day of programming.