



BOYS & GIRLS CLUB
OF MARION COUNTY

565 Oak Street
Marion, OH 43302
740-387-3462
www.bgcmarion.org

GREAT FUTURES START HERE.

AFTERSCHOOL PROGRAM

Open: Monday- Friday, 3:00pm- 7:00pm
Kindergarten- 12th Grade

To attend an application must be completed by parent/ guardian.

Cost: \$20 per member for the entire year!

Payment: All attendees must be a current Club member, which is just \$20 non-refundable membership fee for the 2018-2019 School Year and 2019 Summer Program. Additional Summer program fees may be required.

GET UPDATES: Text @oakstclub to 81010

TRANSPORTATION: Marion City Schools will transport from their 6 elementary schools to the Club, daily as well as St. Mary's! Transportation is also provided from Grant Middle School to the Club. Please notify your school that they will be attending the Club and riding the bus, if this applies!



All members must be picked up at the Club by 7:00pm each day or have permission on application to walk home!



EACH MEMBER PARTICIPATES IN HOMEWORK POWER HOUR WHEN THEY ARRIVE EACH DAY!

MEMBERS WILL THEN GET THE OPPORTUNITY TO PARTICIPATE IN ACTIVITIES IN OUR ART ROOM, ELEMENTARY GAME ROOM, MUSIC ROOM, LIBRARY, GAME ROOM, COMPUTER LAB, GYM, OUTDOOR SPACE AND TEEN CENTER!



The Boys & Girls Club will be serving SNACK(upon arrival) & DINNER(5pm), daily to all members. Dinner is provided, menus posted in the lobby!

Keep up to date on upcoming events and news: Find us on Facebook: Boys & Girls Club of Marion County and check our TV in the lobby!



The Club has a Girl Scout Troop that meets at the Club regularly, if you are interested in having your daughter join please speak with the Front Desk.





BOYS & GIRLS CLUB OF MARION COUNTY

Afterschool Program

Open: Monday – Friday, 3:00pm - 7:00pm

| August 2018 | | | | |
|-------------|----|----|----|----|
| M | T | W | TH | F |
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| 6 | 7 | 8 | 9 | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 | 30 | 31 |

| September 2018 | | | | |
|----------------|----|----|----|----|
| M | T | W | TH | F |
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| 10 | 11 | 12 | 13 | 14 |
| 17 | 18 | 19 | 20 | 21 |
| 24 | 25 | 26 | 27 | 28 |

| October 2018 | | | | |
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| 15 | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 | 31 | | |

| November 2018 | | | | |
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| 19 | 20 | 21 | 22 | 23 |
| 26 | 27 | 28 | 29 | 30 |

| December 2018 | | | | |
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| 31 | | | | |

| January 2019 | | | | |
|--------------|----|----|----|----|
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| 28 | 29 | 30 | 31 | |

| February 2019 | | | | |
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| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | |

August 10 Last Day Summer 2018 Program
 August 23 First Day of School for MCS
 August 27 First Day BGC Afterschool Program
 September 3 CLOSED: Labor Day
 September 6-7 CLOSED: Popcorn Festival
September 12 MCS Start Early Release Wednesdays
 October 19 OPEN, 8:30-5pm: MCS No School
 October 22 OPEN, 8:30-5pm: MCS No School
 November 21-23 CLOSED: Thanksgiving Break
 Dec. 24,25,26,31, Jan.1 CLOSED: Christmas Break
 Dec. 27,28, Jan. 2,3,4 OPEN, 8:30-5pm: MCS No School
 January 21 CLOSED: Martin Luther King Jr. Day
 February 15 OPEN, 8:30-5pm: MCS No School
 February 18 CLOSED: President's Day
 March 1 OPEN, 8:30-5pm: MCS No School
 March 4 OPEN, 8:30-5pm: MCS No School
 April 19 CLOSED: Good Friday
 April 22, 23 OPEN, 8:30-5pm: SRING BREAK
 May 24 Last Day Afterschool Program
 May 30 Last Day of School for MCS
 May 27- June 7 CLOSED- BGC Closed to Prepare

*If school is CLOSED due to weather, the Club will be closed.
 **Schedule subject to change, may be closed for staff trainings throughout the year.

2019 Summer Program

Open: Monday – Friday, 8:30- 5:00pm

June 10 First Day Summer Program
 July 1-5 CLOSED: 4th of July Vacation
 August 16 Last Day Summer Program
 August 19-30 CLOSED- BGC Closed to Prepare

| March 2019 | | | | |
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| April 2019 | | | | |
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| May 2019 | | | | |
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| M | T | W | TH | F |
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| 27 | 28 | 29 | 30 | 31 |

| June 2019 | | | | |
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| M | T | W | TH | F |
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| 17 | 18 | 19 | 20 | 21 |
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| July 2019 | | | | |
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| M | T | W | TH | F |
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| August 2019 | | | | |
|-------------|----|----|----|----|
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| 19 | 20 | 21 | 22 | 23 |
| 26 | 27 | 28 | 29 | 30 |



BOYS & GIRLS CLUB
OF MARION COUNTY

MEMBERSHIP APPLICATION

| |
|------------------------------|
| <u>OFFICE USE ONLY</u> |
| Member #: _____ |
| Date Entered: ___/___/___ |

Please fill out one application for each member. To attend an application must be completed by & signed parent/ guardian. Members are automatically accepted into the Club with a completed application. Payment: All attendees must be a current Club member, which is just \$20 membership fee, non-refundable, for the School Year and Summer Program. Additional Summer program fees may apply.

| | | | | | |
|-----------------------------------|------|------------------------|---------------------|--------|------|
| GENERAL MEMBER INFORMATION | | | | | |
| MEMBER NAME: | | | | | |
| DATE OF BIRTH: / / | AGE: | SEX: (Male) (Female) | PHONE: | | |
| ADDRESS: | | | CITY: | STATE: | ZIP: |
| SCHOOL: | | | | | |
| GRADE in Fall 2018: | | | GRADE in Fall 2019: | | |

| |
|---|
| DEMOGRAPHICS: <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native American <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Latino/ Hispanic <input type="checkbox"/> Other (Specify _____) |
|---|

| |
|--|
| Please list any SIBLINGS enrolled in BGC: _____ _____ _____ |
|--|

| | | |
|--|--------------|----------------|
| MEDICAL | | |
| ALLERGIES: | MEDICATIONS: | SPECIAL NEEDS: |
| (If medicine needs to be administered while at the Club, the Prescription Medication Policy Form must be completed before medication can be given. Forms available at the Front Desk.) | | |

| | | |
|---|---|--|
| FAMILY | | |
| (This information helps us secure funding, it is used for statistical purposes only.) | | |
| HOUSEHOLD TYPE: <input type="checkbox"/> Both parents <input type="checkbox"/> Single mother <input type="checkbox"/> Single father <input type="checkbox"/> Foster care <input type="checkbox"/> Alternate custody (Specify _____) <input type="checkbox"/> Other (Specify _____) | HOUSEHOLD SIZE: <input type="checkbox"/> # of Children <input type="checkbox"/> # of Adults <input type="checkbox"/> # Total Household Size <hr/> HOUSEHOLD INCOME: What is your total household income? \$ _____ Is this weekly, monthly, or annual? (Circle one) | PLEASE CHECK ALL THAT APPLY: <input type="checkbox"/> Military Household Member <input type="checkbox"/> Parent incarcerated <input type="checkbox"/> Daycare Voucher <input type="checkbox"/> Food stamp <input type="checkbox"/> Metro/ Public housing <input type="checkbox"/> TANF/ Cash Assistance <input type="checkbox"/> SSI |

| PARENT/ GUARDIAN #1 | | | |
|----------------------|---------------|--|------|
| NAME: | RELATIONSHIP: | PHONE #: | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| PLACE OF EMPLOYMENT: | | WORK #: | |
| EMAIL: | | Does person live at home with child? (yes___) (no___) | |

| PARENT/ GUARDIAN #2 | | | |
|----------------------|---------------|--|------|
| NAME: | RELATIONSHIP: | PHONE #: | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| PLACE OF EMPLOYMENT: | | WORK #: | |
| EMAIL: | | Does person live at home with child? (yes___) (no___) | |

*Please note that the Club requires a copy of custody agreements if applicable.

| PLEASE LIST ANY OTHER EMERGENCY CONTACTS WHO ARE AUTHORIZED TO PICK-UP MEMBER: | | |
|--|----------|---------------|
| NAME: | PHONE #: | RELATIONSHIP: |
| NAME: | PHONE #: | RELATIONSHIP: |
| NAME: | PHONE #: | RELATIONSHIP: |

EMERGENCY ACTIONS

I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Marion County, Inc. and to participate in the Club's programs. In the event that neither I, nor the person listed, can be reached in an emergency, I authorize the staff of the BGCM to administer first aid according to their scope of training and I authorize my child to be transported to the nearest hospital and the attending physician to administer proper and necessary treatment for the safety of my child.

PERSONAL ITEMS

I understand that the Club is not responsible for lost or stolen items while at the Club. The Club highly discourages bringing any type of toys/ electronics, including cell phones. Members are encouraged to keep cell phones and electronics in their bookbag or at the Front Desk for safe keeping or keep at home. Only Teens are permitted to have cell phones in the Teen Room.

MENTORING PROGRAM

I give my permission for my member to participate in the Mentoring Program at the Club. I understand that the program involves mentors who shall be selected from the community and will be screened and trained. A mentor will be expected to spend a minimum of one hour per week with my child at the Club, to last one year. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities. The mentor is not allowed to take or meet my child beyond the Club facility.

INTERNET ACCESS

I give my member permission to have access to the Internet while at the Club. BGC will have rules and consequences at the Club for accessing inappropriate sites; however, we will not be responsible for the consequences of such access.

SCHOOL RECORDS

I hereby grant permission to the BGCM to request access to my child's academic, attendance and behavior records for the current, prior, and future school years so that they can provide better services to my child and understand the impact of this program. I understand that this information will be kept confidential. I understand I am able to revoke the consent at any time in writing.

SURVEYS

I give permission for BGC to survey my child about his or her Club experience, behaviors, skills and attitudes using BGCA National Outcomes Survey or other survey instruments.

PICK UP POLICY

I understand that if I do not allow my child to walk/ride home I am responsible for insuring my child is picked up from the program. I will pick up my child on time or pay a late charge of \$25. If my child is not picked up within 30 minutes of the end of the program the Marion Police Department and Marion County Children Services will be notified.

VOLUNTEERS/ PROGRAMMING

Volunteers who come to the Club will be accompanied by a BGC Staff and will be screened and trained. The Club also has community members come into the Club regularly for programming activities.

HEAD LICE POLICY

I understand that BGC is a nit free facility. If my member has nits or live lice, they will need to be picked up immediately and will be unable to return to the Club until they are treated and cleared by Club staff.

PHOTO and VIDEO

I hereby grant permission to the Boys & Girls Clubs of Columbus to use photographs, videos and the likeness of my child for publicity purposes.

DRESS CODE

Tennis shoes are highly encouraged daily and members must wear tennis shoes to participate in all gym activities for safety. No tank tops less than 3" in width and appropriate length shorts for modesty.

SUMMER SWIMMING

Yes, my member may participate in swimming at Lincoln's aquatic center. I understand that no lifejackets are provided and that aquatic center lifeguards and BGC staff will be on duty at all times. On assigned swim days members must be at the Club for Brain Gain session in the morning.

FIELD TRIPS

I give permission for my member to walk/ ride supervised by BGC staff to field trip locations around Marion.

AUTHORIZATION TO WALK OUT

I give permission for my member to leave the Club upon parent/ guardian calling the Club.

Details: _____ Initial: _____

OR

I give permission for my member to check themselves in/ out of the Club on their own.

Details: _____ Initial: _____

PARENT/ GUARDIAN AGREEMENT

I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Marion, Inc. and to participate in the Club's programs. I agree not to hold the Boys & Girls Clubs of Marion County and any affiliates responsible for any accident or injury or property damage incurred while using BGC facilities or engaged in off-site activities, and further agree to indemnify and save them harmless from any loss, cost, or expenses arising out of any accident or injury sustained on their premises or engaged in off-site Club activities, or from the use of any of their equipment.

The Boys & Girls Clubs of Marion County mission is to enable and inspire all young people especially those who need us most to reach their full potential as productive, caring, responsible citizens. In order to be effective, parents are asked to be supportive of the staff as they motivate youth to be actively and positively engaged in programs as well as modeling appropriate behavior at all times. From time to time, youth will need positive intervention to correct a behavior that is inappropriate or unsafe. And at times, parents may be called in to meet with staff to discuss behavior incidents that involve their children. **IT IS EXPECTED AND REQUESTED THAT PARENTS BE HELPFUL, SUPPORTIVE AND WORK AGREEABLY WITH STAFF. IT IS THE POLICY OF THE BGCMM THAT INTERACTION BETWEEN PARENT AND STAFF SHALL NOT BE DISRUPTIVE, THREATENING OR ABUSIVE. SHOULD THE CONVERSATION ELEVATE TO ANY ONE OF THESE LEVELS, STAFF WILL IMMEDIATELY END THE DISCUSSION.** BGCMM will not tolerate the use of vulgar language and threats of any kind. Parents who engage in this behavior on two or more occasions will have their child's or children's membership revoked.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

MEMBER AGREEMENT

I wish to become a member of the Boys & Girls Clubs of Columbus. I agree to follow the rules of the Club and I promise to take care of my Club's property. I will do my part to make my Club the best and safest place it can be for all other Club members and me. I understand that, if for any reason my membership is suspended, I will return my membership card and will not ask nor expect that any of the dues paid by me be refunded. I also agree to abide by three basic rules of the Club: **Respect Myself, Respect Others, and Respect My Club.**

MEMBER SIGNATURE: _____ **DATE:** _____