

McGivney Community Center
338 Stillman Street, P. O. Box 5220 Bridgeport, CT 06610-0220

After-School Membership Application
2008-2009

CHILD'S FIRST NAME: _____ CHILD'S LAST NAME: _____ SEX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____

PRIMARY TELEPHONE#: _____ PRIMARY LANGUAGE SPOKEN AT HOME: _____

PLEASE PROVIDE YOUR E-MAIL ADDRESS FOR FUTURE MAILINGS: _____

PLEASE ADD CHILD'S E-MAIL ADDRESS FOR COMPUTER ACTIVITIES: _____

DOES THIS CHILD RECEIVE FREE/REDUCE PRICE MEALS AT SCHOOL? YES / NO

IS YOUR CHILD ENROLLED IN ANY SPECIAL EDUCATION SERVICES? YES / NO

<p>ETHNIC ORIGIN: <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-LATINO <u>PLEASE MARK ALL ETHNIC ORIGINS THAT APPLY:</u></p> <p><input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</p> <p><input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER</p> <p><input type="checkbox"/> BLACK/ AFRICAN AMERICAN & WHITE</p> <p><input type="checkbox"/> ASIAN & WHITE</p>	<p>WHOM IS THE CHILD'S PRIMARY GUARDIAN(S)?:</p> <p><input type="checkbox"/> MOTHER & FATHER</p> <p><input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY</p> <p><input type="checkbox"/> MOTHER & STEPFATHER <input type="checkbox"/> FATHER & STEPMOTHER</p> <p><input type="checkbox"/> FOSTER PARENTS <input type="checkbox"/> OTHER RELATIVES</p> <p>WHOM IS THE CHILD'S TEACHER? _____</p>
--	--

HOW MANY PEOPLE LIVE IN THE HOUSEHOLD INCLUDING ALL ADULTS AND CHILDREN? _____

<p>Please check the total yearly income range for the household (all income): AFDC: YES <input type="checkbox"/> / NO <input type="checkbox"/></p> <p><input type="checkbox"/> \$0 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - 13,999 <input type="checkbox"/> \$14,000 - 16,999 <input type="checkbox"/> \$17,000 - \$19,999</p> <p><input type="checkbox"/> \$20,000 - \$23,999 <input type="checkbox"/> \$24,000 - \$26,999 <input type="checkbox"/> \$27,000 - 29,999 <input type="checkbox"/> \$30,000 - \$33,999 <input type="checkbox"/> \$34,000 - \$36,999 </p> <p><input type="checkbox"/> \$37,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$43,999 <input type="checkbox"/> \$44,000 - 46,999 <input type="checkbox"/> \$47,000 - \$49,999 <input type="checkbox"/> \$50,000 - 53,999</p> <p><input type="checkbox"/> \$54,000 - 56,999 <input type="checkbox"/> \$57,000 - \$59,999 <input type="checkbox"/> \$60,000 - 63,999 <input type="checkbox"/> \$64,000 - 66,999 <input type="checkbox"/> Over \$67,000</p>

FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S EMPLOYMENT: _____ MOTHER'S EMPLOYMENT: _____

WORK PHONE: _____ WORK PHONE: _____

.....
PLEASE READ AGREEMENT ON THE REVERSE SIDE BEFORE SIGNING

PARENT'S SIGNATURE: _____ DATE: _____

YOUTH'S SIGNATURE: _____ DATE: _____

Parental Membership Agreement

I/we hereby certify that my/our child is physically able to participate in all programs offered by the McGivney Community Center, Inc.

In consideration of this application being accepted by the Center, I/we do hereby waive and release, for myself/ourselves, my/our heirs, executors, administrators or representatives and for my/our child and his/her heirs, executors, administrators, or representatives, any and all rights or claims for damages or other relief that I/we or he/she may have against the McGivney Community Center, Inc. or its authorized agents, for any and all injuries that may be suffered by my/our child as a result of his/her participation in any or all of the Center's programs.

I/we further agree that our child shall accept and abide by the direction, instruction and authority of the Center's appointees, staff and coaches. I/we further agree that our child shall respect the right and privileges of others and abide by the rules and courtesies of fair play and sportsmanship.

I/we further agree to accept full responsibility for all Center equipment or uniforms as may be issued or lent to my/our child pursuant to his/her participation in the above and I/we shall compensate the Center for any loss, destruction or damage to such equipment or uniforms.

I/we understand that the violation of any of the terms and provision of this application may result in suspension or expulsion from participation.

I/we hereby certify that we have read, fully understand and agree to the terms and provision contained in the membership agreement.

PARENT/GUARDIAN AUTHORIZATION

The information provided is correct as far as I know and the person named above has my permission to participate in all activities scheduled by the McGivney Community Center staff except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the McGivney Community Center to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery, for the person named above. I also understand that I will forfeit my child's rights to participate if any of the provided information is found to be false.

Child's Membership Agreement

As a member of the McGivney Community Center:

I will treat all staff, members, and parents with respect.

I will care for all equipment as if it were my own.

I understand that if I am caught swearing, stealing, fighting, disrespecting other members or staff, damaging equipment or property, lying, or involved in any other action that the Center staff deems inappropriate, I can be removed from the Center for the day or evening, and depending on the seriousness of the offense, I may be suspended for a period of time.

Release Form

I hereby irrevocably consent to and authorize the use and reproduction by The McGivney Community Center, of any and all videotape footage, still photos and quotations taken, for any purpose whatsoever without further compensation to me. All videotape, photo, slides and copies shall constitute their property solely and completely. Compensation to me will be in the form of promotional exposure if this footage is used in program form (broadcast, cable, print articles or presentation).

I also hereby irrevocably consent to and authorize any full-time McGivney staff to obtain any school records for the person named above. I also hereby irrevocably consent to and authorize my child to participate in any informational surveys conducted by McGivney Staff.

FOR OFFICE USE ONLY:

PROGRAM(S)	COST	CHECK/ CASH	EMPLOYEE INITIALS	DATE

McGivney After School Program Parent/Guardian Authorization

Child's Name: _____

I hereby irrevocably consent to and authorize the use and reproduction by The McGivney Community Center, of any and all videotape footage, still photos and quotations taken, for any purpose whatsoever without further compensation to me. All videotape, photo, slides and copies shall constitute their property solely and completely. Compensation to me will be in the form of promotional exposure if this footage is used in program form (broadcast, cable, print articles or presentation).

I also hereby irrevocably consent to and authorize any full-time McGivney staff to obtain any school records: including Report Cards, Standardized Test Scores, Individual Education Plans, etc...for the person named above. I also hereby irrevocably consent to and authorize my child to participate in any informational surveys conducted by McGivney Staff.

Parent/Guardian

Printed Name

Date

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Household Information Sheet

This information is required in order to determine eligibility for assistance under a federally assisted program. The responses on this form will be used for eligibility decisions and statistical purposes only and will otherwise be held strictly confidential. PLEASE ANSWER ALL QUESTIONS.

Name of Head of Household:	
Street Address (No P.O. Boxes)	
Head of Household's Age:	<input type="checkbox"/> Under 62 years <input type="checkbox"/> Over 62 years
Number of persons in household, including head of household:	
Gender of Head of Household:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is Head of Household Handicapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please note type of disability:	
ETHNICITY AND RACE OF HEAD OF HOUSEHOLD:	RACE:
	<input type="checkbox"/> Black <input type="checkbox"/> White
	<input type="checkbox"/> Asian <input type="checkbox"/> Other
ETHNICITY:	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Latino/a	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Non-Latino/a	

ANNUAL HOUSEHOLD INCOME

Please list gross annual income and source of income for all persons living in the household who are over the age of 16 and not in school.

Source of Income	Annual Income
(Employer, Agency, Public Assistance or Individual Who Pays Member of Household)	

CERTIFICATIONS: I hereby certify that the information on this form is complete and correct to the best of my knowledge.

Signature, Head of Household: _____ Date: _____

Dear Parents and Guardians,

To ensure all members safety and to make dismissal a smoother transition at the end of program, we need you to fill out the following information below.

Child/ Children's name _____

PICK-UP INFORMATION

My child is not allowed to walk home. The following individuals are hereby authorized to pick up my child:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Parent/Guardian signature _____ Date _____

WALKERS' RELEASE

I hereby give my permission to permit my child to walk home at the end of the program day. I fully approve of this dismissal procedure and, by signing this release, I hereby release and hold harmless The McGivney Community Center, Inc. of any and all responsibility associated with my child walking home.

Parent/Guardian signature _____ Date _____

LATE PICK-UP POLICY

McGivney's After School Program hours are from 3:30pm – 5:30pm. Any child picked-up more than 15 minutes late will be charged \$15.00 per 15 minutes or part thereof...i.e. if you arrive at 5:46pm you will be charged \$15.00 if your child is picked-up at 6:01pm you will be charged \$30.00 and so on.... All payments must be paid prior to your child returning to program.

I hereby certify that I have read, fully understand and agree to the terms and provisions contained in the Late Pick-up Policy.

Parent/Guardian signature _____ Date _____

**McGivney Community Center
Emergency Card**

Child's Name _____ Birthdate: _____

Home Address: _____

Mother/Guardian's Name: _____

Work# _____ Home# _____ Cell/pager _____

Father/Guardian's Name: _____

Work# _____ Home# _____ Cell/pager _____

Emergency Contact Name: _____

Work# _____ Home# _____ Cell/pager _____

Address: _____

Physician's Name: _____ Number: _____

Medical Conditions: _____

Medications: _____

Allergies (especially to food or drugs) _____

Hospital parents/guardians would like child transported to in case of emergency:

Insurance provider: _____ Policy number: _____

Signature of parent/guardian

Date

McGivney Community Center Internet Policy

The purpose of McGivney Community Center's Network (LAN and WAN) is to promote the exchange of information that supports learning and encourages research and will be accomplished by providing users access to the software and Internet Resources. Access to the Internet will enable students to explore thousands of libraries, databases, and bulletins. Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive children.

RULES

1. Each student requesting access to the internet must complete the Internet Permission form and have it signed by a parent/guardian.
2. Use of McGivney Community Center's Internet to access or send illegal, insulting, disruptive, offensive, obscene, pornographic, or sexually explicit messages, cartoons or jokes; unwelcome propositions, messages advocating violence or threats of any kind; racial, ethnic or religious slurs, or any other message that can be construed to be harassment or disparagement of others based upon their sex, race, sexual orientation, age, national origin, or religious or political beliefs is prohibited. All individuals shall be held responsible for their actions and words.
3. No individual shall use the McGivney Community Center Network for the purpose of on-line shopping. Subscriptions to any on-line chat room and email usage will be subject to review and approval by McGivney Community Center staff. No individual shall make any unauthorized entry or alteration of any document, either paper or electronic, not created by such individual(s).
4. Deliberate misuse of the network, hardware, software and any equipment will be considered an act of vandalism and subject the user to disciplinary action. The McGivney Community Center will hold the user financially responsible for any damage incurred. Users, who intentionally damage equipment, attempt to load or download unauthorized software, access another user's account or McGivney Community Center accounts, or show disregard for these regulations, shall be subject to disciplinary action.

PROPERTY RIGHTS

The McGivney Community Center has the right to specify who uses its equipment and the information contained therein, under what circumstances, and to what purpose. Use of McGivney Community Center equipment and software for private or personal business is strictly prohibited and will subject the violator to disciplinary action.

1. The McGivney Community Center reserves the right to limit the amount of time a file may be stored on the network system. All electronic material stored on/or sent from the McGivney Community Center Network is the property of the McGivney Community Center and subject to review at any time.
2. Use of the system is subject to periodic unannounced inspection and may be accessed and copied by the McGivney Community Center for monitoring and disciplinary purposes without user's permission. Accordingly, one should not use the system to transmit personal information about oneself or others that one would not want a third party to read.

Internet Account and Web Publishing Permission Form

Name of Student: _____

Name of Parent/Guardian: _____

1. Student Account Agreement: Student section

Students are responsible for good behavior on the Internet. I have read the McGivney Community Center Network and Internet Policy. I agree to follow the rules contained in this policy. I understand that if I violate the rules I will not be able to use the computers and may face other disciplinary measures. I understand it is my responsibility to report any violation of the policy I see to McGivney Community Center Staff.

Student Signature: _____ Date: _____

Parent / Guardian Section

I have read the McGivney Community Center Network and Internet Policy. I hereby release the McGivney Community Center, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the McGivney Community Center system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services. I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the McGivney Community Center Network and Internet Policy. I will emphasize to my child the importance of following the policy for personal safety.

I give permission I do not give permission (check one)

to issue an account for my child and certify that the information contained in this form is correct.

Parent Signature: _____ Date: _____

Parent Permission Form for Web Page Publishing of Student Work

The parent(s)/guardian(s) understand that the student's, artwork or writing may be under consideration for publication on the McGivney Community Center's web site. This web site is a part of and viewable to all on the Internet. I further understand that the work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to us as parents.

Concerning the conditions of this use I also understand

- student photos will only be identified with a first name, last initial
- no home address or telephone number will appear with such work.

I grant permission for the Web Page publishing as described above.

Parent Signature: _____ Date: _____