BOYS & GIRLS CLUBS OF JACKSON COUNTY

2026 Membership Application

Date		**Member Type**	☐ New Member ☐ Renewing Member ☐ Summer Member		
PRIMARY CONTACT					
Role in Household	☐ Mother ☐ Father ☐ Step-Parent	☐ Aunt/Uncle ☐ Sister	☐ Brother ☐ Cousin	☐ Grandparent ☐ Foster Parent	☐ Guardian ☐ Other Relative
First Name					
Last Name					
Suffix					
Preferred Name					
Employer					
Email Address					
	Can BGCJC send you email updates or Club newsletters? ☐ *Yes* ☐ *No*				
Phone					
Mobile Phone					
	Can BGCJC send you SMS Text messages ☐ *Yes* ☐ *No*				
Country					
Address					
City					
State					
Postal Code					
Military Status					
Current / Former Military	☐ Yes ☐ No	**Status**	☐ Active Duty ☐ Reserve/Guard ☐ Veteran	**Branch**	☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ National Guard ☐ Navy
Dept. of Defense ID Number		**Currently Deployed** (or deployed	☐ Yes ☐ No		

BOYS & GIRLS CLUBS OF JACKSON COUNTY

Membership 2026

MEMBER DETAILS	
Member Information	
Total past years of membership with Boys & Girls Clubs	
First Name	
Middle Name	
Last Name	
Suffix	
Preferred Name	
Address	
City	
State/ Postal Code	

Birthdate & Age			
Gender	☐ Male ☐ Female ☐ Trans Male ☐ Trans Female	☐ Gender Queer ☐ Gender Non-Conforming	☐ Other ☐ Choose Not to Answer
Shoe size	**Pants size**	**Shirt Size**	**Coat Size**
Racial / Ethnic Identity	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American	☐ Hispanic or Latino ☐ Middle Eastern or North African ☐ Native Hawaiian or other Pacific Islander	☐White ☐ Bi-racial ☐ Multi-Racial ☐ Other ☐ Choose Not to Answer
Foster Care	☐ Yes ☐ No		

School Lunch	☐ Free/Reduced lunch ☐ Entire School lunch is Free ☐ Not Eligible *Please provide verification of free/ reduced lunch.*		
School Information			
Grade (Spring 2026)			
School Name			
Allergies			
Food Allergies	☐ Peanuts ☐ Tree Nuts ☐ Dairy/Lactose	☐ Soy ☐ Gluten ☐ Seafood/Shellfish	☐ Eggs ☐ Other _____ _____
Environmental Allergies	☐ Bee Stings ☐ Pollen	☐ Dust ☐ Mold	☐ Grass ☐ Other _____ _____
Medical Allergies	☐ Penicillin ☐ Aspirin	☐ Amoxicillin ☐ Other _____	
Other Allergies	☐ Latex ☐ Perfumes/Colognes	☐ Lotions ☐ Other _____	
***Medical Information**			
Diagnosed Medical Conditions	☐ Asthma ☐ Diabetes ☐ Hearing Impairment ☐ Visual impairment	☐ ADD/ADHD ☐ Autism ☐ Seizures ☐ Anxiety/Depression ☐ Oppositional Defiance Disorder	☐ Other _____

Please list any other physical, mental or medical limitations.				
Does the member use an inhaler?	☐ Yes ☐ No		**Does the member use insulin?**	☐ Yes ☐ No

Does the member use an EpiPen?	☐ Yes ☐ No		**Does the member self administer medication?**	☐ Yes ☐ No
Does the member receive additional support in the school/community ?	☐ Individualized Education Plan (IEP) ☐ 504 (accommodation) ☐ Speech Coach ☐ Meets with school or private counselor ☐ Other _____			
Insurance				
Insurance Carrier				
Group Number		**Member/Policy Number**		
SSN#		Please attach a copy of your insurance card and your approved Georgia Gateway medical assistance sheet (if applicable)		
AUTHORIZED CONTACTS				
Authorized Contact 1	**Authorized Contact 2**			
Full Name		**Full Name**		
Phone		**Phone**		
Mobile Phone		**Mobile Phone**		
Work Phone		**Work Phone**		
Email		**Email**		
Emergency Contact	☐ Yes ☐ No	**Emergency Contact**	☐ Yes ☐ No	
Text contact	☐ Yes ☐ No	**Text contact**	☐ Yes ☐ No	
Relationship	☐ Caseworker ☐ Child ☐ Grandchild ☐ Grandparent ☐ Neighbor	☐ Other ☐ Other Relative ☐ Parent ☐ Stepdad ☐ Stepmom	**Relationship**	☐ Caseworker ☐ Child ☐ Grandchild ☐ Grandparent ☐ Neighbor ☐ Other ☐ Other Relative ☐ Parent ☐ Stepdad ☐ Stepmom

Please complete all the applications in its entirety. For questions contact the Club Director or info@bgcjcga.org

BOYS & GIRLS CLUBS OF JACKSON COUNTY

Membership 2026

NON-AUTHORIZED CONTACTS			
Please list any individuals that are restricted from picking up the member. Please provide any documentation supporting this, if applicable.			
Non-Authorized Contact 1		**Non-Authorized Contact 2**	
Full Name		**Full Name**	
Phone		**Phone**	
Relationship	☐ Parent / Step Parent ☐ Grandparent ☐ Other Relative ☐ Neighbor ☐ Friend ☐ Caseworker ☐ Other	**Relationship**	☐ Parent / Step Parent ☐ Grandparent ☐ Other Relative ☐ Neighbor ☐ Friend ☐ Caseworker ☐ Other
Start Date		**Start Date**	
End Date		**End Date**	

Household Support				
Housing Type	☐ Permanent (Own or Rent) ☐ Public Housing ☐ Group Home	☐ Foster Family ☐ Transitional Housing ☐ Homeless		
Household Income Range	☐ $0 - 10,000 ☐ $10,001 – 15,000 ☐ $15,001 – 20,000 ☐ $20,001 – 25,000 ☐ $25,001 – 30,000 ☐ $30,001 – 35,000 ☐ $35,001 – 40,000 ☐ $40,001 – 45,000 ☐ $45,001 – 50,000 ☐ $50,001 – 55,000	☐ $55,001 – 60,000 ☐ $60,001 – 65,000 ☐ $65,001 – 70,000 ☐ $70,001 – 75,000 ☐ $75,000 – 80,000 ☐ $80,001 – 85,000 ☐ $85,001 – 90,000 ☐ $90,000 – 95,000 ☐ $95,001 – 100,000 ☐ $100,001 – 105,000	☐ $105,001 – 110,000 ☐ $110,001 – 115,000 ☐ $115,001 – 120,000 ☐ $120,001 – 125,000 ☐ $125,001 – 130,000 ☐ $130,001 – 135,000 ☐ $135,001 – 140,000 ☐ $140,001 – 145,000 ☐ $145,001 – 150,000 ☐ $150,001 – 155,000	☐ $155,001 – 160,000 ☐ $160,001 – 165,000 ☐ $165,001 – 170,000 ☐ $170,001 – 175,000 ☐ $175,001 – 180,000 ☐ $180,001 - 185,000 ☐ $185,001 - 190,000 ☐ $190,001 - 195,000 ☐ $195,001 - 200,000 ☐ $200,000+

WAIVERS & RELEASES

Data Collection & Release of School Records

☐ Yes ☐ No initial: _____	I give my permission to the BGCJC to collect information via online or written surveys, questionnaires, interviews and focus groups 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 of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revised at any time by contacting the BGCJC in writing. I grant BGJC permission to obtain school records - i.e. all academic information, report card information, attendance information, and/or tutorial information. I also grant permission to BGCJC **Directors** to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of services provided by BGCJC. I authorize the Boys & Girls Clubs of Jackson County to access and/or receive copies of my child's academic transcripts, reports cards, and test scores including Georgia Milestones (or other standardized testing).

Medical

☐ Yes ☐ No initial: _____	I give permission to the BGCJC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Technology

☐ Yes ☐ No initial: _____	As a member of the Boys & Girls Club, our child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access. Any inappropriate use of the computer will result in, but not limited to, suspension, membership revocation, or removal from computer access.

Transportation

☐ Yes ☐ No initial: _____	Parents and Club members may be responsible for their own transportation to and from the Club, unless otherwise specified. Club members may be transported in case of emergency or for authorized field trips/ travel.

Data Sharing

☐ Yes ☐ No initial: _____	I give my permission to the BGCJC to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCJC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGCJC in writing.

Press / Media	
☐ Yes ☐ No initial: _____	I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCJC, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for the same. I authorize the use of these images without any right of prior review or further approval.
Personal items and Membership	
☐ Yes ☐ No initial: _____	I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCJC reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.
Member Guardian/ Parental agreement	
☐ Yes ☐ No initial: _____	I understand as the parent/legal guardian/ caretaker I will update the Club director or administrative staff of any changes within this application within 4 weeks of any change (name/ guardianship/ authorize contact/ illness/ medical awareness). As a parent/ legal guardian/ caretaker, I will communicate effectively with staff in cases of emergency and respond as necessary.

Liability Release

I understand the BGCJC has an open door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave
early. Any member leaving should be signed out by an authorized contact as granted in this document unless otherwise noted.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Jackson County, Inc (BGCJC) and Boys & Girls Clubs of America (BGCA), Georgia Alliance, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I voluntarily submit the registration of my child as a member of the Boys & Girls Clubs of Jackson County. I understand the activities at the Club may include but are not limited to: swimming, sports, fitness, social recreation, etc. I understand and accept the inherent risks of these activities to include, but not limited to, muscle strains, bruises, cuts, head trauma, broken bones, and even death.I hereby affirm that I have granted the above stated permissions to my child to participate in these activities.

By signing below, I understand and agree that the terms herein are contractual. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform during the program.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature		Date

Membership 2026

BOYS & GIRLS CLUBS
OF JACKSON COUNTY

Statement of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

_____ _____

Parent Signature Date

Please complete all the applications in its entirety. For questions, please contact the Club Director or info@bgcjcga.org

BOYS & GIRLS CLUBS
OF JACKSON COUNTY

Permission to Participate

The Boys & Girls Clubs of Jackson County is focused on Academic Achievement & Development for your child(ren). We believe in strong concentrated partnership with local school districts and helping to ensure that our members have every opportunity to be successful this school year.

In order for us to determine our effectiveness, we will be monitoring two areas: School and Club achievement. Specifically, we will track attendance, grades, behavior at school, level of participation and behavior at the Club. As a participant in the program, your child will participate in academic assistance activities at the Boys & Girls Clubs.

AGREEMENT

I grant BGCJC permission to obtain school records – i.e. all academic information, including progress reports, report card information, attendance information, and/or educational raw data. I also grant permission to BGCJC Directors to communicate with teachers, counselors, and other school administrators at my child(ren)'s school in order to obtain and exchange information as a part of services provided by BGCJC.

Furthermore, I understand as the parent that no personal information will be shared with other entities without my added permissions.

I authorize the Boys & Girls Clubs of Jackson County to access and/or receive copies of my child's academic transcripts, progress and report cards, diagnostic/testing scores including Georgia Milestones, IXL, iReady and other resources.

_____ I Give permission to BGCJC and its directors to access the above information for the Academic Achievement and development programs

_____I DO NOT give permission to BGCJC and its directors to access the above information for the Academic Achievement and Development programs.

Printed Name: _____ Signature: _____ Date: _____ Member

Name – School – Grade

_____

Please complete all the application in its entirety. For questions contact the Club Director or info@bgcjcga.org

Georgia Division of Family and Children Services
Out of School Services
Youth Participation Eligibility Form

(DFCS funded Agency Name), and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – ***This section must be completed in its entirety.***

Name of Youth Participant (Last) _____ (First) _____ (MI) ____

Social Security Number ____ - ____ - _____ Gender: ____ Male ____ Female

Date of Birth (mm/dd/yy): ___ ___ /___ ___ /___ ___

Is the youth named above in Foster Care within the state of Georgia ☐ Yes ☐ No
Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

A. Is the youth applicant a U.S. citizen or qualified alien? ■ Yes ☐ No
B. Is the youth applicant a Georgia resident? ☐ Yes ☐ No
C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?: ☐ Yes ☐ No
____Youth applicant is between the age of 5 and 17 years old; **OR**
____Youth applicant is 18 years old and currently enrolled in school *(high school, GED program or equivalent, or post-secondary institution)* and will be enrolled in AND attend school during the upcoming academic year *(Verification of school enrollment includes a letter from the school on official school letterhead):* **OR**
____Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth **IS NOT** eligible to participate in the DFCS funded services.
If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	☐	☐
B.	Supplemental Nutrition Assistance Program (SNAP) *(also known as Food Stamps)*	☐	☐
C.	Medicaid or Social Security Income (SSI)	☐	☐
D.	Reduced or free lunch program at school – *Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.*	☐	☐
E.	Peachcare for Kids	☐	☐

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian **MUST** complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DFCS Out of School Services Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Program Annual Household Income Guidelines **	DFCS Out of School Services Program Monthly Household Income Guidelines
1	$15,650.00	$46,950.00	$3,912.50
2	$22,150.00	$63,450.00	$5,287.50
3	$26,650.00	$79,950.00	$6,62.50
4	$32,150.00	$96,450.00	$8,037.50
5	$37,650.00	$112,950.00	$10,787.50
6	$43,150.00	$129,450.00	$12,162.50
7	$48,650.00	$145,950.00	$13,537.50
8	$54,150.00	$162,450.00	$14,912.50
Each additional person, add	$5,500	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: FR Vol. 90 No. 11, Page 5917-5918, Document Number: 2025-01218) * 300 % of the federal poverty level in effect January 17, 2025.

Family Unit Size* _____
Gross Household Yearly Income $_____Gross Household Monthly Income $_____

** See Appendix A for definition of family unit.*

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
Gross Monthly Income is income before taxes and deductions.					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	SELF				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – *This section must be completed in its entirety.*

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

_____ _____

Parent/Caregiver/Guardian Printed Name Date

_____ _____

Parent/Caregiver/Guardian Signature Date

Official Use Only Section for DFCS Out of School Services/Summer Service Provider:

Total Income: $_____ Per: Week ☐ Every 2 Weeks ☐ Twice monthly ☐ Monthly **Household Size: _____**

***Annual Income Conversion*:**

***Total Converted Annual Income*: $_____ (Round to the nearest whole number)**

First, get the average of paystubs received by adding up paystubs, then dividing by the number of paystubs received. Next, multiply by the conversion depending on how often they are paid. Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1. Lastly, multiply by 12 to obtain the converted Annual Income.

By signing below, I certify the information presented within the form was reviewed, verified and confimed** and meets the DFCS out of School Services program eligibility rules and guidelines indicated within this form. I also certify that this form will be kept in the participant's file in a confidential and secure location.

_____ _____ _____

Authorized Program Staff Signature Title Date

***** See Appendix B for income verification proof sources***

APPENDICES

*Appendix A: Family Unit

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

**Appendix B: Income Proof Sources and Applicable Income Sources

Income verification must be obtained, and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employers issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding $300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and PeachCare**: Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the Out of School Services Program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).

- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration

- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for the DFCS Afterschool Care Program.