

**Boys & Girls Club of Mount Vernon,  
New York, Inc.**

# After School Program

**September 4, 2024 – June 20, 2025**

**Registration is now open! Register early!**



## General Information

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**350 South Sixth Avenue, Mount Vernon NY**

**Ages: 6 – 13**

**Cost: \$100 per school year**

**Mondays – Fridays, 3:00 pm – 6:30 pm**



914-668-9580



[bgcmvny.org](http://bgcmvny.org)



914-668-1902



[mcampos@bgcmvny.org](mailto:mcampos@bgcmvny.org)

## Specialty Programs

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**Cheerleading, Dance, Basketball,  
Volleyball, Soccer**

*Must be a registered Club Member.*

*Additional Days and fees May Apply.*

## Registrations Requirements Checklist

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|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

#1: General Information

#2: Code of Conduct

#3: Club Policies

#4: Consent Form

#5: Medical Information

#6: Physician's & Immunization Records

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

#7: Birth Certificate

#8: \$100 Registration Fee (Non-refundable)

#9 Covid-19 Safety Precautions

#10 Income verification: Recent Tax Return

#11 NYOI Survey Permission Slip

#12 Mentoring Permission Slip



# After-School Program Membership Application

## Member Information

Name \_\_\_\_\_ Male Female  
Last First MI (circle one)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

## Parent/Guardian Information

**Female Guardian** (circle one)      **Mother**      **Stepmother**      **Other** \_\_\_\_\_

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell# ( ) \_\_\_\_\_ Work# ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Male Guardian** (circle one)      **Father**      **Stepfather**      **Other** \_\_\_\_\_

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell# ( ) \_\_\_\_\_ Work# ( ) \_\_\_\_\_ Email \_\_\_\_\_

## Family Information

- Gross Household Income (Please circle one)  
     Under \$15,000      \$15,000 - \$25,000      \$25,000 - \$45,000      \$45,000 - \$65,000      Over\$65,000
- Does your child qualify for free or reduced lunches at school?      **No**      **Yes**
- Does your child live in a single-parent household?      **No**      **Yes**
- Is your family a military family not living on a base?      **No**      **Yes**
- Is any member of your household disabled?      **No**      **Yes**      **Physical**      **Mental**      **Both**
- Is anyone in the household 65 years? or older?      **No**      **Yes**
- Who does your child live with? (Circle all that apply.) (If yes, circle one)  
     **Mother**      **Stepmother**      **Father**      **Stepfather**      **Grandparent**      **Other** \_\_\_\_\_
- How many brothers does your child have? \_\_\_\_\_ What are the ages? \_\_\_\_\_
- How many sisters does your child have? \_\_\_\_\_ What are the ages? \_\_\_\_\_

### Income Verification:

*Federal authorities and our auditors require us to collect certain information from the families we serve to secure grant monies and donations. Please complete the income requirements so that Boys & Girls Club of Mount Vernon, NY Inc., may secure funding for its programs and continue to keep fees low to serve your needs.*

Acceptable Items –

- *current, most recent Tax Return*
- *four consecutive Pay stubs dated 30 days of application, or TANF budget letter from a government or affiliated agency.*

### Office Use Only

Cash     Check     CC     Money Order    Staff Initials \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Receipt \_\_\_\_\_ Date Received \_\_\_\_\_

## #2: Code of Conduct

**You must read and sign it by each Club member and parent/guardian.**

The Boys & Girls Club of Mount Vernon encourages youth to engage in positive recreation, education, and social & character development activities. It is a positive arena where young people can socialize, learn, have fun, and participate in activities designed for them. For these reasons – and the safe, secure management of the Club, the following Code of Conduct exists and will be enforced.

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1. Remove hats, headgear, and poor attitudes upon entering the Club.
  2. Keep the Club clean; eat only in approved areas.
  3. Respect others. Be kind with your words and actions.
  4. Refrain from hanging out or roaming the hallways, bathrooms, stairwells, and offices.
  5. Do not bring weapons of any kind into the Club, and fighting will not be tolerated.
  6. Participate in gymnasium floor activities with sneakers, pants, shorts, and a top.
  7. Refrain from disrupting or interfering in managing the Club activities and events.
  8. Refrain from engaging in destructive behavior, such as activating the fire alarm.
  9. Refrain from encouraging or participating in vandalism.
  10. Refrain from possessing or using illegal drugs or alcohol.

### Membership Card

All members are given a membership card when they join the Club. They must bring their card to the Club each day. If the membership card is lost, members can request a replacement. A fee of \$5 is charged for the replacement card. Allowing non-members to use the card may result in suspension.

### Suspension & Expulsion

At the discretion of onsite supervisory staff, members can and will be suspended (depending on the infraction) for various days, weeks, months, or the entire program season if they knowingly and repeatedly violate the abovementioned rules. Members who knowingly violate the rules will be warned several times before they are considered for suspension. No previous funds will be refunded if a member is expelled for any infraction.

When suspended members return to the Club, they are given a fresh start. No mention is made of the suspension to avoid pressure on the youth. The more severe and destructive actions can and will result in suspension for an entire program season or permanent expulsion. The Chief Executive Officer or Executive Director can suspend a member for over 30 days. Our policies are not designed to be punitive but to encourage and reward positive behavior and hold youth members accountable for negative behavior. Permitting a program to function without rules presents risks to our members and staff, sets a poor example for our youth, and stands contrary to our mission of providing youth with a safe, clean, and positive environment where they come to learn, have fun, and meet people. We hope members and parents understand and support our effort to run a productive club with quality programs run by people who genuinely care about the youth and community.

### Member's Pledge

I am applying for membership in the Boys & Girls Club of Mount Vernon, NY, Inc. I agree to obey the club's rules and respect the staff and officers. I promise to be loyal to the Club, not allow anyone to use my membership card, and prevent damage to the building and equipment. I agree that my membership may be suspended or canceled at any time.

### Signatures

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## #3: Club Policies

**Each Club member and Parent/Guardian must read and sign this form.**

### Application Process

To become a member of the Boys & Girls Club of Mount Vernon, NY, Inc., we must receive a complete application for each child. A complete application means that each section of the Registration Form must be complete. We must also obtain a current physical, immunization record, birth certificate, and Guardian income verification. We will not accept incomplete applications. Payment must be received at the time the complete application is submitted. We will not accept an application without payment in full.

- **After-School Program**—The age requirement for the After-School Program is 6 – 13 years. The membership cost is \$100 per Club member for the program year stated on this application. (Summer Program Not Included.)
- **Teen Program** – The age requirement for the Specialty Programs is 14 – 18 years. Membership in the Teen Program is \$25 for the program year. (Summer job training for Teens)
- **Specialty Programs** – The age requirement for the Specialty Program is 6 – 18 years. Members in the Specialty Programs must first become Club members. \$100 for 6 – 13 years old, and \$25 for 14 -18 years old. In addition, members must contact the Directors of these programs to get information about meeting times and locations. The Club has the following Specialty Programs: Basketball, Cheerleading, Karate, and Dance.

### Mandatory Late Fee

The After-School Program hours are 3:00 p.m.–6:30 P.m. All After-School members must leave the Club by 6:30 p.m., or a mandatory late fee will be charged. We will enforce a late fee of \$1 per minute, with a maximum of \$50. The Fee must be paid when you pick up your child, or they cannot return the following day.

### NSF Charges

There is a \$35 fee for returned checks. If a check is returned, you must find another payment method.

### Sign-in/Sign-out

All members must sign in when they arrive and sign out when they leave.

### Personal Information Regarding Members

The Boys & Girls Club of Mount Vernon will only give information about Club Members to the Parent/Guardian who registered the child. If the parent or guardian wishes the information to be released to others, the request must be submitted in writing or via court order.

### Personal Items

The Boys & Girls Club Mount Vernon strongly encourages members not to bring cell phones, iPads, or any other expensive personal items to the Club. The Club cannot assume responsibility for lost, stolen, or misplaced items.

### Signature

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## #4: Consent Form

**This form must be read and signed by Parent/Guardian**

### Member Participation

Initial next to each item

Unless I notify the Club in writing, my child can participate in all activities and trips offered by the Boys & Girls Club of Mount Vernon, New York, Inc.

Unless I notify the Club in writing, my child can participate in the National Youth Outcome Initiative Survey (NYOI).

I consent to transport my child to and from all activities and trips deemed necessary by authorized members of the Boys & Girls Club of Mount Vernon in conjunction with the program in which my child is enrolled.

In perpetuity, I permit my child's likeness to be used in any Boys & Girls Club publication, photos, and video.

I permit my child to participate in the OJJDP Mentor Program offered by the Boys & Girls Club of Mount Vernon, New York, Inc., and BGCA.

I permit my child's likeness to be used in any Boys & Girls Clubs Affiliated partner's publications, photos, and video.

I now release the Boys & Girls Club of Mount Vernon, NY, Inc., its staff members, volunteers, and the Board of Directors from any liability in the event of an injury, accident, or negligence caused by a child while participating in programs conducted by the Boys & Girls Club of Mount Vernon, NY, Inc.

I permitted the Boys & Girls Club staff to apply ointments and sunscreen.

I permit my child to go swimming.

I permit my Boys & Girls Club staff to apply/administer medication to my child.

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### Extra Charges

- I understand that all After-School Program members must leave the Club by 6:30 pm. I understand that a mandatory late fee of \$1/minute will be enforced (with a maximum of \$50) if my child remains at the Club beyond the time they should leave. I consent to pay the fee before my child can return to the Club.
- I understand that there is a \$35 fee for returned checks. If I submit a check for payment that is returned, I consent to pay the NSF charges, and I will pay future additional fees in cash.
- I understand that all Club members must bring their membership cards with them each day to the Club. If a membership card is lost or stolen, I know there is a \$5 charge for a replacement card.

### Sign-in/Sign-out Procedures & Personal Information

- I understand that all members must sign in when they arrive and sign out when they leave the Club.
- I understand that the Boys & Girls Club of Mount Vernon, NY, Inc., will only give information about my child to the person who signs this form. If I want the information released to others, I must submit the request in writing or via court order to the Club in advance.

### Signature

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## #5: Medical Information for Parent/Guardian

This form is to be completed by a parent or guardian. Please answer these questions about your child.

Is your child Hispanic/Latino? (please check one)

 Yes

 No

**Race** (Check ALL that apply)

 American Indian

 Asian

 Black

 White

 Native Hawaiian/Other Pacific Islander

 Other \_\_\_\_\_

### Medical History

|                 |    |     |                             |                |
|-----------------|----|-----|-----------------------------|----------------|
| Ear Infections  | No | Yes | If yes, the last known date | ____/____/____ |
| Rheumatic Fever | No | Yes | If yes, the last known date | ____/____/____ |
| Convulsion      | No | Yes | If yes, the last known date | ____/____/____ |
| Diabetes        | No | Yes | If yes, the last known date | ____/____/____ |
| Behavior        | No | Yes | If yes, the last known date | ____/____/____ |

### Allergies

|                     |    |     |                         |                |
|---------------------|----|-----|-------------------------|----------------|
| Hay Fever           | No | Yes | If yes, last known date | ____/____/____ |
| Ivy Poisoning, etc. | No | Yes | If yes, last known date | ____/____/____ |
| Insect Stings       | No | Yes | If yes, last known date | ____/____/____ |
| Penicillin          | No | Yes | If yes, last known date | ____/____/____ |
| Other Drugs         | No | Yes | If yes, last known date | ____/____/____ |

### Diseases

|                |    |     |                             |                |
|----------------|----|-----|-----------------------------|----------------|
| Chicken Pox    | No | Yes | If yes, the last known date | ____/____/____ |
| Measles        | No | Yes | If yes, the last known date | ____/____/____ |
| German Measles | No | Yes | If yes, the last known date | ____/____/____ |
| Mumps          | No | Yes | If yes, the last known date | ____/____/____ |
| Asthma         | No | Yes | If yes, the last known date | ____/____/____ |

### Significant Health Info/Current Conditions

Does your child have chronic or recurring illnesses? Please print.

No

Yes

If so, please list them here. \_\_\_\_\_

Has your child had any contagious illnesses? Please print.

No

Yes

If so, please list them here. \_\_\_\_\_

Has your child had severe injuries? Please print.

No

Yes

If so, please list them here. \_\_\_\_\_

Has your child had any surgeries? Please print.

No

Yes

If so, please list them here. \_\_\_\_\_

Has your child been hospitalized? Please print.

No

Yes

If so, please list them here. \_\_\_\_\_

## #5: Medical Information for Parent/Guardian (cont.)

**Does your child take medications?** *Please print.* **No** **Yes**  
 If so, please list them here. \_\_\_\_\_

**Does your child wear glasses, contact lenses, or other medical equipment?** **No** **Yes**  
 If so, please list them here. *Please print.* \_\_\_\_\_

**Does your child have any conditions that would modify their activity at the Club?** **No** **Yes**  
 If yes, please list them here. *Please print.* \_\_\_\_\_

**Does your child have allergies?** *Please print* **No** **Yes.**  
 If yes, please list them here. \_\_\_\_\_

**Are there any foods that your child should not eat?** *Please print.* **No** **Yes**  
 If yes, please list them here. \_\_\_\_\_

**Does your child have any other medical conditions of which we should be aware?** **No** **Yes**  
 If yes, please list them here. *Please print.* \_\_\_\_\_

### Consent for Emergency Treatment

I give authority to the Boys & Girls Club of Mount Vernon, NY, Inc., to obtain necessary emergency medical treatment for my child. I understand that the family will be notified as soon as possible.

\_\_\_\_\_  
 Signature Date ( )  
Phone

\_\_\_\_\_  
 Print Name Relationship to Child

### Emergency Contacts

Give the names of at least two individuals available to come to the Club in case of emergency if the parents or guardians are unavailable. *Please Print.*

\_\_\_\_\_  
 Name Relationship to Child ( )  
Phone

\_\_\_\_\_  
 Name Relationship to Child ( )  
Phone



## **COVID-19 Safety Precautions: Health and Hygiene**

The BGCMV is committed to providing all members a safe environment by ensuring everyone who enters the site follows the Hygiene and Health Policy. The COVID-19 pandemic has affected society in an unprecedented fashion. Significant adjustments are essential to ensure we continue to keep all our members and families safe.

All staff members shall abide by local and state government mandates regarding COVID-19. Staff shall ensure club members always follow our guidelines.

### **Policy Notice:**

Access to the Clubhouse, including the Gym, is restricted to individuals with a scheduled appointment with a staff member. Unauthorized entry is not permitted.