



# Kaleidoscope Academy

## Appleton Area School District

Allen J. Brant  
Principal

318 East Brewster St., Appleton WI 54911

Office (920) 832-6294  
Fax (920) 832-4605

### Boys and Girls Club Middle School Membership

The Boys & Girls Club of Kaleidoscope Academy provides before and after school programs that offer both an academic and recreational component to inspire and enable youth to realize their full potential as productive, responsible, and caring citizens. In order for your student to benefit from the services and programs the club offers, Kaleidoscope Academy will exchange information required by the Boys and Girls Club for membership.

There are **no additional fees** for students to be a member of the Boys & Girls Club of Kaleidoscope Academy. Please fill out the bottom portion of this sheet and return to the school office. If you have any questions about the Boys & Girls Club of Kaleidoscope Academy, please contact Katrina Lake at 920.832.6303 or Principal Al Brant at 920.832.6294.

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth: \_\_\_/\_\_\_/\_\_\_

Main phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Grade:  6  7  8 Gender:  M  F Ethnicity: \_\_\_\_\_

Do you qualify for:  Free Lunch  Reduced Lunch  None

Single Parent Family  yes  no Parent/Guardian in the Military  yes  no

Primary Parent/Guardian name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to receive email updates throughout the year on Boys and Girls Club  yes  no

Employer(s) \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Are you or your family currently homeless (living in a local shelter, doubled-up and/or living with extended family members or friends, staying at a hotel)?  yes  no

Are you or your family at risk of losing your housing due to loss of income, being evicted, loss of housing support or losing a job?  yes  no

If you answered yes to either of the above questions, the Boys and Girls Clubs of the Fox Valley has programs and supportive services available to support you in locating housing and providing additional resources for parent and children who are experiencing homelessness.

Please list any **medical concerns, including allergies**: \_\_\_\_\_

Please list **all medication** your child is taking (**if your child needs to take medication during the afterschool program, the medication administration form will need to be completed**): \_\_\_\_\_

I hereby give my permission for my child/ren to watch PG-13 movies (with staff discretion) while attending the Boys & Girls Club of KA

### PLEASE SIGN THE BACK OF THIS FORM

## Boys & Girls Club of the Fox Valley Policy Release Form

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of The Fox Valley, and Boys & Girls Clubs of America, 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.

### Accidents

I understand that I will be liable for any costs for any injury my child may incur during participation in Club activities and I understand and assume the risks associated with my child's participation in the Club which may include team sports and fitness activities.

### Medical Emergency

In the event of an emergency, I understand every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the Boys and Girls Club staff to secure the proper treatment for my child.

### Media/Photo Permission

I give my permission to have my child appear in any media coverage and communications materials for the Boys and Girls Clubs of the Fox Valley.

### Travel Policy

I authorize Boys & Girls Club to transport my child on walking field trips within an approximate 1-mile radius of the Club during normal Club operating hours. No additional permission slip is required.

### Pick-Up Policy

I understand that if my child is not picked up on time when the Club is closed, I will be charged a fee. I also understand that if my child is not picked up within 15 minutes of closing time, the Club may contact the police.

### Data Collection

I give my permission to the Boys & Girls Club of The Fox Valley 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, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

### School Information

I give my permission to the Boys & Girls Club of The Fox Valley and School District in which my child is enrolled, to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting the appropriate School District or the Boys & Girls Club in writing.

### Data Sharing

I understand that the Boys & Girls Club of The Fox Valley may share information about the minor child listed on this application with Boys & Girls Clubs of America (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 Boys & Girls Club of The Fox Valley, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

### Miscellaneous

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership.

I give permission for my child/ren to become a Boys and Girls Club member and agree to all policies on this form.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_