

Membership Form 2019 - 2020

Office Use Only

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF ADAMS COUNTY**

Data Entry:
Received: _____ **Initials:** _____
Entered: _____ **Initials:** _____

Membership Fee Paid:
Date: _____ **Initials:** _____

Application must be filled out fully and accurately by a parent/legal guardian

Child Information (Please Print)

First Name: _____	Middle Name: _____	Last Name: _____
Name of Person Member Lives With: _____	Home Phone Number: _____	Emergency Contact: _____
Home Address: _____		Emergency Phone & Extension: _____
City: _____	State: _____	Postal Code: _____
		Email Address: _____

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: _____	Age: _____	Ethnicity: African American Asian Caucasian Hispanic Multi-Racial Other: _____
School (Please circle one): South Adams Elementary South Adams Middle School South Adams High School Other: _____	Grade: _____	Family Totals- Sisters: _____ Brothers: _____ Household: _____	
Teacher Name: _____	Lives With (Please circle one): Mother Grandparents Guardian Father Both Parents Other: _____		
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: _____	Name of Unit: _____	

Parent/Guardian

Father's First Name: _____	Father's Last Name: _____	Father's Work Phone & Ext: _____
Father's Employer: _____	Father's Occupation: _____	
Mother's First Name: _____	Mother's Last Name: _____	Mother's Work Phone & Ext: _____
Mother's Employer: _____	Mother's Occupation: _____	
Guardian's First Name: _____	Guardian's Last Name: _____	Guardian's Work Phone & Ext: _____
Guardian's Employer: _____	Guardian's Occupation: _____	

Medical/Emergency

Medical Problems/Allergies:

Medications:

Pick up Information- All authorized pick-ups should be prepared to show Photo ID at Front DeskNames of **two** Persons Authorized to pick up Member (other than parent):

1.) First Name:

Last Name:

Phone Number:

2.) First Name:

Last Name:

Persons Not Authorized:

Authorized Password is required to verify any changes in pickup for the day via phone, provide phone permission to walk home, or to request to talk to child, or ask about attendance of a child. **This password should not be shared.** Parents/guardians should be the only ones who know it. This password is not for pick up.

Authorized Password:

Member is able to walk or ride bicycle to/from Club?
If yes, please circle any applicable restrictions:

-
- Yes
-
-
- No

No Restrictions

Only In Daylight

With Sibling(s)

Phone Permission Needed

Summer Club Hours Only

Other:

Member is able to walk
to city parks with staff
as a Club activity?

Yes No

Can Member swim?

Yes No

Please note any other important
information about member here:

In order to keep membership costs low the Boys & Girls Club of Adams County applies for numerous grants that require us to collect the following information. Please fill out the below information completely as an incomplete application may delay membership completion.

Confidential Information:

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Annual Household Income: \$ **Check all that Apply** (please check all that apply)

- SSDI SSI TANF Day Care Volunteer Food Stamps General Assistance
 Free or Reduced Price School Lunch Teen Parent Veteran Compensation
 None of the Above

Is Parent Active Military?: Yes No

Membership application must be filled out fully and \$5 membership fee must be paid in full before membership is considered active. Failure to complete forms will result in an inactive membership, and your child/children will not be permitted to attend the Club until doing so.

Members who are in temporary living situations (ie: foster care, temporarily living with another family member, etc) will be required to fill out an additional form.

If there is any parent who is unauthorized to pick up a child, a copy of court ordered documentation will be needed for that child's file.

Parent Release Form 2019 – 2020

GREAT FUTURES START **HERE.**



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 Adams County, Inc. 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.

Medical Treatment

I give permission to the Boys & Girls Club of Adams County, Inc. 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.

Data Collection

I give my permission to the Boys & Girls Club of Adams County, Inc. 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 Adams County, Inc. and South Adams Schools 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 South Adams Schools or the Boys & Girls Club in writing.

Data Sharing

I understand that the Boys & Girls Club of Adams County, Inc. 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 Adams County, Inc., including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent Release Form 2019 – 2020

GREAT FUTURES START **HERE.**



Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand who the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I also understand who the Club is not, nor does it claim to be, a licensed day care center.

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 my permission to the Boys & Girls Club of Adams County, Inc., to 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 Adams County, Inc., including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent / Guardian Signature

Date

Photograph, Social Media and Video Opt Out Option

I do not authorize the Boys & Girls Club of Adams County to use my members image for advertising, media, video, audio, or other marketing purposes of Boys & Girls Club of Adams County.

Parent / Guardian Signature

Date

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

SPONSOR NAME: BOYS & GIRLS CLUB OF HUNTINGTON CO.	PHONE NUMBER: (260) 359 - 1750
CENTER: BOYS & GIRLS CLUB OF SOUTH ADAMS COUNTY	FDC PROVIDER:

<u>PART 1. ALL HOUSEHOLD MEMBERS</u>	BIRTH DATES OF CHILDREN	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 4 TO SIGN THIS FORM.	CHECK IF NO INCOME
NAMES OF ALL HOUSEHOLD (FIRST, MIDDLE INITIAL, LAST)		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVED [FOOD STAMPS] OR [STATE TANF CASH ASSISTANCE], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [INSERT CENTER CONTACT AND PHONE NUMBER] HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN CHECK IF NO INCOME

A. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	1. EARNINGS FROM WORK BEFORE DEDUCTIONS	2. WELFARE, CHILD SUPPORT, ALIMONY	3. PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	4. ALL OTHER INCOME
(EXAMPLE) JANE SMITH	\$200/WEEKLY _____	\$150/TWICE A MONTH _____	\$100/MONTHLY _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

AN ADULT HOUSEHOLD MEMBER MUST SIGN THIS FORM. **IF PART 4 IS COMPLETED, THE ADULT SIGNING THE FORM MUST ALSO LIST THE LAST FOUR DIGITS OF HIS OR HER SOCIAL SECURITY NUMBER OR MARK THE "I DO NOT HAVE A SOCIAL SECURITY NUMBER" BOX.** (SEE PRIVACY ACT STATEMENT ON THE BACK OF THIS PAGE.)

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THE CENTER OR DAY CARE HOME WILL GET FEDERAL FUNDS BASED ON THE INFORMATION I GIVE. I UNDERSTAND THAT CACFP OFFICIALS MAY VERIFY THE INFORMATION. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE INFORMATION, THE PARTICIPANT RECEIVING MEALS MAY LOSE THE MEAL BENEFITS, AND I MAY BE PROSECUTED.

SIGN HERE: _____ PRINT NAME: _____

DATE: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: XXX - XX - _____ I DO NOT HAVE A SOCIAL SECURITY NUMBER

_____ Initial here if you consent to allow [Provider's Name] to collect your form and provide it to the Sponsor. [Provider's Name] will not review your form.

PART 6: Other Benefits: THE LAS ALLOWS US TO TELL MEDICAID AND HOOSIER HEALTHWISE THAT YOUR CHILDREN ARE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS. WE MAY SHARE YOUR APPLICATION INFORMATION WITH MEDICAID OR HOOSIER HEALTHWISE UNLESS YOU DO NOT WANT US TO. IF YOU DO NOT WANT US TO SHARE THIS INFORMATION, PLEASE SIGN HERE:

_____ FOR INFORMATION ABOUT HOOSIER HEALTHWISE HEALTH INSURANCE
CALL 1-800-889-9949

SIGNATURE OF PARENT OR GUARDIAN

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

A CHILD ENROLLED IN THE DAY CARE FACILITY MAY QUALIFY FOR FREE OR REDUCED PRICE MEALS IF THE HOUSEHOLD INCOME FALLS AT OR BELOW THE LIMITS ON THIS CHART:

JULY 1, 2019 TO JUNE 30, 2020			
HOUSEHOLD SIZE	MONTHLY INCOME	HOUSEHOLD SIZE	MONTHLY INCOME
1	1,926	5	4,652
2	2,607	6	5,333
3	3,289	7	6,015
4	3,970	8	6,696

FOR EACH ADDITIONAL FAMILY MEMBER, ADD **\$682**

PART 7. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

MARK ONE ETHNIC IDENTITY: <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO	MARK ONE OR MORE RACIAL IDENTITIES: <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> BLACK OR AFRICAN AMERICAN
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PRIVACY ACT STATEMENT: THE RICHARD B. RUSSELL NATIONAL SCHOOL LUNCH ACT REQUIRES THE INFORMATION ON THIS APPLICATION. YOU DO NOT HAVE TO GIVE THE INFORMATION, BUT IF YOU DO NOT, WE CANNOT APPROVE THE PARTICIPANT FOR FREE OR REDUCED PRICE MEALS. YOU MUST INCLUDE THE LAST FOUR DIGITS OF THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER WHO SIGNS THE APPLICATION. THE SOCIAL SECURITY NUMBER IS NOT REQUIRED WHEN YOU APPLY ON BEHALF OF A FOSTER CHILD OR YOU LIST A SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) CASE NUMBER FOR THE PARTICIPANT OR OTHER (FDPIR) IDENTIFIER OR WHEN YOU INDICATE THAT THE ADULT HOUSEHOLD MEMBER SIGNING THE APPLICATION DOES NOT HAVE A SOCIAL SECURITY NUMBER. WE WILL USE YOUR INFORMATION TO DETERMINE IF THE PARTICIPANT IS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS, AND FOR ADMINISTRATION AND ENFORCEMENT OF THE PROGRAM.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CHILD CARE REPRESENTATIVE USE ONLY

ANNUAL INCOME CONVERSION: WEEKLY X 52 – EVERY 2 WEEKS X 26 – TWICE A MONTH X 24 – MONTHLY X 12

<p>SECTION A MARK ONE OF THE BOXES BELOW TO SHOW HOW YOU ARE GOING TO DETERMINE ELIGIBILITY.</p> <p><input type="checkbox"/> FOOD STAMP OR TANF HOUSEHOLD—THE FOOD STAMP OR TANF NUMBER MEETS THE CRITERIA FOR AN ACCEPTABLE CASE NUMBER. COMPLETE SECTION B & C OR</p> <p><input type="checkbox"/> FOSTER CHILD—COMPARE THE FOSTER CHILD'S PERSONAL INCOME TO THE GUIDELINES. COMPLETE SECTION B & C OR</p> <p><input type="checkbox"/> HOUSEHOLD INCOME—COMPLETE THE INFORMATION BELOW AND COMPLETE SECTION B & C TOTAL HOUSEHOLD SIZE: _____ TOTAL HOUSEHOLD INCOME \$ _____ / _____ EXAMPLE: \$100/WEEK</p> <p>COMPARE TOTAL HOUSEHOLD INCOME TO CURRENT USDA INCOME ELIGIBILITY GUIDELINES. WHEN THE HOUSEHOLD INCOMES ARE LISTED FOR DIFFERENT PAY PERIODS, YOU MUST CONVERT ALL INCOME TO MONTHLY OR ANNUAL INCOME. USE THE CONVERSION LISTED ABOVE.</p>	<p>SECTION B BASED ON THE INFORMATION PROVIDED, THIS APPLICATION WILL BE: <input type="checkbox"/> APPROVED FREE <input type="checkbox"/> APPROVED TIER I <input type="checkbox"/> APPROVED REDUCED <input type="checkbox"/> APPROVED TIER II <input type="checkbox"/> PAID</p> <p>USE THIS SPACE FOR INCOME CALCULATION.</p> <hr/> <p style="text-align: center;">SECTION C</p> <p style="text-align: center;">_____ SIGNATURE OF SPONSOR REPRESENTATIVE</p> <p style="text-align: center;">_____ DATE OF APPROVAL</p> <p style="text-align: center;">THIS FORM EXPIRES ONE YEAR FROM THE DATE IT WAS APPROVED</p>
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ENROLLMENT FORM

IDOE/CACFP
July 2012

Name of Institution: **Boys & Girls Club of Huntington County** Sponsor ID Number: **73501**

Name of Facility: **Boys & Girls Club of South Adams County**

Child's Name: _____

Birthdate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday		
Please enter the normal hours your child is in care on the specific days of care.							
Please check (√) the meals your child normally receives while in care.	PM snack ___	PM snack ___	PM snack ___	PM snack ___	PM snack ___		
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc) Please check (√) here _____							

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated **annually**.

Printed name of parent/guardian: _____ Phone Number: _____

Signature of parent/guardian: _____ Date: _____

New _____
Renew _____



BOYS & GIRLS CLUBS
INDIANA ALLIANCE



Indiana Kids
Intake Assessment Form 2019 - 2020

Club/Unit Name: _____

Child's First Name	Middle Initial	Last Name	Suffix (Ex: Jr.)
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Child's Home Address	City	State	Zip
----------------------	------	-------	-----

Home Telephone Number	Parent's Email Address
-----------------------	------------------------

_____ Gender (Please check one): Male Female
Date of Birth _____ Current Age _____

Are you interested in receiving email messages/alerts/updates? Yes No

Race African American Asian American Indian/Alaskan
 Caucasian Native Hawaiian/Pacific Island
 Multi-Racial Other, please specify: _____

Ethnicity (Please check one): Hispanic/Latino Non-Hispanic/Latino

Member lives with _____ Two Parents (2 biological parents, parent and step-parent or domestic partners)
(please check one): Mother Only Aunt/Uncle Guardian
(do not include Father Only Grandparents
Siblings) Other, please specify: _____

Education Information:

Child's Grade on September 1, 2019 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: _____

Is your child enrolled in 21st Century Scholars? Yes No
Does your child struggle or have problems in Reading/English? Yes No
Does your child struggle or have problems in Math? Yes No
Did your child take ISTEP last year? Yes No
If yes, did your child pass ISTEP? Yes No
Is your child enrolled in Special Education? Yes No

Has your child been diagnosed with any of the following:
 Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)
 Learning Disability Other Disabilities, please specify: _____

Do you have any current concerns regarding your child (behavior, education, social, etc)? Explain: _____

Child's Name (first and last): _____

Eligibility Determination:

Do you or your child participate in any of the following? Please check all that apply.

	<u># of Family Members</u>	<u>Annual Income</u>
_____ TANF (Temporary Aid for Needy Families)		
_____ Food Stamps	1	\$31,225
_____ Medicaid/Hoosier Healthwise	2	\$42,275
_____ Free Lunch Program	3	\$53,325
_____ Reduced Lunch Program	4	\$64,375
_____ Reside in Public Housing (HUD or Section 8)	5	\$75,425
_____ Provisional School/Community Eligibility	6	\$86,475
_____ Income Eligibility – less than 250% - see chart	7	\$97,525
_____ None of the Above	8	\$108,575

I authorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs can share my child's information with ServeIndiana, Indiana Department of Workforce Development and Indiana Family Social Services Administration. **By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.**

- 1. Records Disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
- 2. Disclosure Parties:** Boys & Girls Club
- 3. Boys & Girls Club Re-disclosure Parties:**
 - Indiana Department of Education
 - IDOE contracted statewide evaluator
 - United States Department of Education
 - Indiana Youth Institute
 - IYI Contracted statewide evaluator
 - Corporation for National and Community Service
- 4. Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21st CCLC and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, State Alliance Director, Indiana Alliance of Boys & Girls Clubs, 973 N Shadeland Avenue, Box 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: ltaylor@indianabgc.org. I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Student Name: (Please Print) _____

Parent/Guardian Name: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Student: _____

Staff Signature

Staff Printed Name

Date



21st Century Community Learning Centers Parent Release of Records and Information Consent Form

The Indiana Department of Education (“IDOE”) would like to collect data on activities and events taking place in classrooms, schools, and school related programs throughout the state. The Family Educational Rights and Privacy Act (“FERPA”) requires the IDOE and 21st Century Community Learning Center (“21st CCLC”) to obtain prior written consent from the parent, guardian, or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

The Boys and Girls Club of Adams County is dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments, and students pursue post-secondary education.

I understand that this authorization is made pursuant to the Family Educational Rights and Privacy Act (“FERPA”), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student’s consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.

1. **Records Disclosure:** School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance, Survey Data, Free and Reduced Lunch Status, Attendance Data Student Grades, Assessment Data, Demographic Data, Powerschool information.
2. **Disclosure Parties:** 21st CCLC
3. **21st CCLC Re-disclosure Parties:**
 - a. Indiana Department of Education
 - b. IDOE contracted statewide evaluator
 - c. United States Department of Education

4. Purpose of Each Disclosure: Collect data to calculate the impact 21st CCLC has on student performance.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization, to receive services from the 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the 21st CCLC, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21st CCLC has already acted in reliance upon this consent. Written revocations shall be sent to:

Whitney Ellinger, Unit Director
The Boys & Girls Club of Adams County
117 E. Main St. Berne, IN 46711
260-589-8365
welling@bgcac.org

I understand the 21st CCLC program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

Form good through May 31, 2022

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Student Name: (Please Print) _____

Parent/Guardian Name/Eligible Student: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Student: _____