3. Enrollment Fees and Income Verification
Boys & Girls Clubs of Cleveland’s mission and vision is to serve as many youth as possible year round. Enrollment fees are based on a sliding scale and cover year-round programming.

| Income Range | Annual Income | Enrollment Fee
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range 6</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>Range 5</td>
<td>$160</td>
<td></td>
</tr>
<tr>
<td>Range 4</td>
<td>$130</td>
<td></td>
</tr>
<tr>
<td>Range 3</td>
<td>$105</td>
<td></td>
</tr>
<tr>
<td>Range 2</td>
<td>$85</td>
<td></td>
</tr>
<tr>
<td>Range 1</td>
<td>$68</td>
<td></td>
</tr>
<tr>
<td>Summer Only</td>
<td>$20</td>
<td></td>
</tr>
</tbody>
</table>

**Scholarships are available to any family who is below income Range 1**

Family Household Income Enrollment Fee Determination Scale

<table>
<thead>
<tr>
<th>Number of person(s) in your household</th>
<th>Scale is determined by the 2016 Federal Poverty Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>(100%)</td>
<td>$15,930 $20,090 $24,250 $28,410 $32,570 $36,730 $40,890</td>
</tr>
<tr>
<td>Range 1: $68a</td>
<td></td>
</tr>
<tr>
<td>(150%)</td>
<td>$23,895 $30,135 $36,375 $42,615 $48,855 $55,095 $61,335</td>
</tr>
<tr>
<td>Range 2: $85a</td>
<td></td>
</tr>
<tr>
<td>(200%)</td>
<td>$31,860 $39,180 $48,500 $56,820 $65,140 $73,460 $81,780</td>
</tr>
<tr>
<td>Range 3: $105a</td>
<td></td>
</tr>
<tr>
<td>(250%)</td>
<td>$39,825 $50,225 $60,625 $71,025 $81,425 $91,825 $102,225</td>
</tr>
<tr>
<td>Range 4: $130a</td>
<td></td>
</tr>
<tr>
<td>(300%)</td>
<td>$47,790 $60,270 $72,750* $85,230 $97,710 $110,190 $122,670</td>
</tr>
<tr>
<td>Range 5: $160a</td>
<td></td>
</tr>
<tr>
<td>(400%)</td>
<td>$54,890 $66,384 $81,335 $98,780 $102,225 $122,670 $163,560</td>
</tr>
<tr>
<td>Range 6: $200a</td>
<td></td>
</tr>
</tbody>
</table>

Household Income is verified by the parent or guardian’s previous year’s W-2 Tax Statement. A copy of the W-2 will be required upon completing the enrollment packet for members each program year.
4. Open Enrollment and Payment Due Dates

Boys & Girls Clubs of Cleveland has an open enrollment policy and members can join at any time, however enrollment fees will not be prorated if a member is enrolled after the start of the program year (mid-August each year) or summer season.

Upon enrolling a member into the program, all parents/guardians are required to pay the enrollment fee for each child, each program year or season. Parents have the options to either pay the enrollment fee in full when they register, or they can opt for the extended payment plan which requires them to pay according to the following table:

<table>
<thead>
<tr>
<th></th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Orientation</td>
<td>$17</td>
<td>$22</td>
<td>$27</td>
<td>$33</td>
<td>$40</td>
<td>$50</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>October 15th</td>
<td>$17</td>
<td>$22</td>
<td>$27</td>
<td>$33</td>
<td>$40</td>
<td>$50</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>January 15th</td>
<td>$17</td>
<td>$21</td>
<td>$26</td>
<td>$33</td>
<td>$40</td>
<td>$50</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>April 15th</td>
<td>$17</td>
<td>$20</td>
<td>$25</td>
<td>$31</td>
<td>$40</td>
<td>$50</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

5. Refund Policy and Non-Payment Policy

Membership enrollment fees are non-refundable.

Should a parent fail to make payment on time by the above standards, his/her child will be suspended from programming until payment is made. Any member who shows up to programming after non-payment suspension has been enacted, will be sent home immediately. Upon receipt of payment, the member will be permitted to return to programming at the Club.

If a member has an unpaid balance and is attempting to renew membership for the next program year or summer season, the remaining balance of the previous season must be paid along with the new season enrollment fee before membership will be reinstated.

Payment Options

Checks, money orders, and cash are all accepted payment methods for enrollment fees and payments can be taken at the Garfield Heights Boys & Girls Club. Boys & Girls Clubs of Cleveland’s Garfield Heights Club also takes ODJSV day care vouchers as a payment option. *A $40 retumed check fee will be added to any payment due if the check is not cleared.

Membership Cards and Replacement Cards

- Each child will receive a membership card that must be shown to check in at his/her Club.
- If a child loses his/her card, another one may be purchased for $0.50
# Membership Application

**Applicant Information** - Please print and fill out completely. Incomplete applications are not accepted.

Please select a location:
- Broadway Club
- King Kennedy Club
- FDR Academy
- Heights Youth Club
- St. Luke’s Manor
- Lincoln West
- Charles Dickens
- Mound
- Bolton
- Garfield Hts
- Walton

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix (Jr., III)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Address &amp; Apt. #</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At this address since: 

<table>
<thead>
<tr>
<th>Birth Date:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/____</td>
<td>____</td>
<td>___</td>
<td>____</td>
</tr>
</tbody>
</table>

5. Applicant Status: □ New □ Renewal

7. School: 

School District: _______ Grade: _______

8. Physical Features

- Height: _______ Weight: _______
- Eye Color: _______ Hair Color: _______

9. Ethnicity: (Please check one)
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other: _______

10. Gender: □ Female □ Male

11. Has this child ever attended a Boys & Girls Club or program? □ No □ Yes, please list: _______

12. Applicant Lives With: (Please check one)
- □ Both parents
- □ Mother only
- □ Father only
- □ Grandparent(s)
- □ Guardian
- □ Foster care
- □ Group home
- □ Other: _______

13. Applicant belongs to: (please check all that apply)
- Boys Scouts/Girl Scouts
- YMCA/YWCA
- 4-H
- School Club(s): _______
- Other: _______

15. School Lunch Program Eligibility: (Please check one)
- □ Free Lunch
- □ Reduced Lunch
- □ Not Eligible

16. Member of the Club for how many years?
- □ 1 year □ 4 years
- □ 2 years □ 5 years
- □ 3 years □ Other: _______

<table>
<thead>
<tr>
<th>Reason for joining the Club: (please check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fun □ Learning □ Sports □ Other: _______</td>
</tr>
</tbody>
</table>
# MEMBERSHIP APPLICATION

## Parent/Guardian Information

17. Primary Parent/Guardian

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Best contact number for primary parent/guardian:

(please check one)

- [ ] Home Phone
- [ ] Cell Phone
- [ ] Business Phone
- [ ] Other: ____________________________

Is parent/guardian interested in BGCC volunteer opportunities?

- [ ] Yes
- [ ] No

## Relationship to child

19. Secondary Parent/Guardian

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Best contact number for secondary parent/guardian:

(please check one)

- [ ] Home Phone
- [ ] Cell Phone
- [ ] Business Phone
- [ ] Other: ____________________________

Is parent/guardian interested in BGCC volunteer opportunities?

- [ ] Yes
- [ ] No

## Relationship to child

21. Annual Family Income:

(Please check one) Information is confidential. Used for statistical purposes only.

- [ ] $0 - $9,999
- [ ] $10,000 - $14,999
- [ ] $15,000 - $19,999
- [ ] $20,000 - $29,999
- [ ] $30,000 - $39,999
- [ ] $40,000 - $49,999
- [ ] $50,000 - $59,999
- [ ] $60,000 - $69,999
- [ ] Other: ____________________________

## Emergency Contact List

List names and phone numbers of persons who can be contacted in case of an emergency and are authorized to pick up the child. List at least one name other than the primary parent/guardian.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone</th>
<th>Relationship</th>
</tr>
</thead>
</table>

1. __________________________________________________________

2. __________________________________________________________
Appendix A: Family Unit

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child or 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.
- An individual documented as the youth’s caregiver. A caregiver is considered a person who provides direct care to the youth. This provision includes foster parents.

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;
- Employer's 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;
- SUCCESS 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 an organization receiving state or federal funds
- Inheritance
- 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
Afterschool Care Program Eligibility Form

The information provided on this form will help ensure that eligible youth are benefiting from this program. 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): _______ / _______ / _______

Section 1

A. Is the youth applicant a U.S. citizen or qualified alien? □ Yes □ No

B. Is the youth applicant a OHIO 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 the 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):

| A. Temporary Assistance for Needy Families (TANF) | Yes | No |
| 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 | □ | □ |

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.
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 Afterschool Care Program Income Eligibility Guide**

<table>
<thead>
<tr>
<th>Number of Persons in Family Unit</th>
<th>Federal Poverty Level *</th>
<th>DFCS Afterschool Care Program Annual Household Income Guidelines **</th>
<th>DFCS Afterschool Care Program Monthly Household Income Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,870</td>
<td>$35,010</td>
<td>$2,918</td>
</tr>
<tr>
<td>2</td>
<td>$15,720</td>
<td>$47,150</td>
<td>$3,933</td>
</tr>
<tr>
<td>3</td>
<td>$19,790</td>
<td>$59,370</td>
<td>$4,948</td>
</tr>
<tr>
<td>4</td>
<td>$23,850</td>
<td>$71,550</td>
<td>$5,963</td>
</tr>
<tr>
<td>5</td>
<td>$27,910</td>
<td>$83,730</td>
<td>$6,978</td>
</tr>
<tr>
<td>6</td>
<td>$31,970</td>
<td>$95,910</td>
<td>$7,993</td>
</tr>
<tr>
<td>7</td>
<td>$36,030</td>
<td>$108,090</td>
<td>$9,008</td>
</tr>
<tr>
<td>8</td>
<td>$40,090</td>
<td>$120,270</td>
<td>$10,023</td>
</tr>
<tr>
<td>Each additional person, add</td>
<td>$4,060</td>
<td>$12,180</td>
<td>$.815</td>
</tr>
</tbody>
</table>


**300% of the federal poverty level.

---

**Family Unit Size**

Gross Household Yearly Income $_________________ Gross Household Monthly Income $_________________

*See Appendix A for definition of family-unit.

---

**Section 7**

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.*

<table>
<thead>
<tr>
<th>Name (First, Middle, and Last)</th>
<th>Relationship</th>
<th>Date of Birth (MM/DD/YY)</th>
<th>Income Source</th>
<th>Amount (Gross Monthly Income)</th>
<th>How often received?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 up 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 ________________

** See Appendix B for income verification proof sources **
Boys & Girls Clubs of Cleveland
Club Rules

Note: The Boys & Girls Clubs of Cleveland will not be responsible for any items lost or stolen. Valuable items should be left at home.

In order to maintain a fun, safe, and non-discriminatory atmosphere, youth must abide by the following rules.

1. Bad language will not be tolerated. No cursing at staff or members.
2. No club card, no entry.
3. No loitering (hanging out) inside or outside the Club.
4. The following items cannot be worn inside the Club:
   - Hats
   - Scarves
   - Hoods
   - Doo rags
   - Coats/Jackets
5. Video games and other electronic equipment are not permitted on the premises.
6. Bullying of any kind will not be tolerated.
7. Appropriate clothing should be worn in the Club at all times.

Consequences for breaking Club rules are as follows:

1st Offense: Time out
2nd Offense: Community service (cleaning, etc.)
3rd Offense: Suspension
4th Offense: Termination of membership

The following is a list of circumstances that will cause your membership to be terminated immediately:

- Stealing
- Fighting
- Disrespect of BGCC staff
- Smoking
- Gambling
- Damage to BGCC property

*This is a guideline. Actual consequences are determined on a case by case basis and are at the discretion of the Unit Director.

By signing below I agree to abide by the rules of the Boys & Girls Clubs of Cleveland.

/ Member's Printed Name & Signature

Date

/ Parent/Guardian Signature

Date

/ Staff Signature
Dear Parents/ Guardians,

We are making efforts to update our records with the most accurate information. In doing so we would like for you to sign this form, if your child is classified as a walker. Your child(ren) being classified as a walker means they may walk to and from the Boys and Girls Club program.

Once you have completed and signed below please return at your earliest convenience.

Thanks for your cooperation.

I ______________________________ give permission for my child(ren) to walk from

_____________________________ to

_____________________________ daily from the date of

_________________________ until _________________.

Please list the name(s) of your child(ren) who are walkers.

_________________________________

_________________________________

_________________________________

_________________________________

_________________________________

Parent / Guardian Signature _______________________________ Date _______________________________
GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS
OF CLEVELAND

By signing below I acknowledge that I have received the Parent and Member Guide and agree to adhere to the policies of the Boys & Girls Clubs of Cleveland. This form will be retained in the member's file at their Club location.

Member's Printed Name & Signature

Date

Parent/Guardian Signature

Date

Staff Signature

Date