

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

After School Program

September 3, 2025 – June 18, 2026

Registration is now open! Register early!



General Information

350 South Sixth Avenue, Mount Vernon, NY

Ages: 6 – 13

Registration: \$100 per school year

Mondays – Fridays, 3:00 pm – 6:30 pm



914-668-9580



bgcmvny.org



914-668-1902



mcampos@bgcmvny.org

Specialty Programs

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

Must be a registered Club Member.

Additional Days and fees May Apply.

Registration Requirements Checklist

<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: Rights & Responsibilities

#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 Policy Notice

#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 _____ Main 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
- 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.

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 cards 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 \$2 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 of 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: Acknowledgment of Rights and Responsibilities

This form must be read and signed by the Parent/Guardian. You must sign or initial.

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 videos.

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

I permit my child's likeness to be used in any publication, photo, or video of any Boys & Girls Clubs-affiliated partner.

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 permit 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.

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 \$2 a 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 any additional fees in cash.
- I understand that all Club members must bring their membership cards with them to the Club each day. 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?** If yes, please list them here. *Please print.***No****Yes****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? If yes, please list them here. *Please print.***No****Yes**

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

#6: Medical Information for Physician

To be completed by Health Care Provider. If "yes" to any item, please explain (attach addendum, if needed).

Birth History/Developmental (age 0-6 yrs.)

<input type="checkbox"/> Uncomplicated	<input type="checkbox"/> Premature _____ Weeks' Gestation	<input type="checkbox"/> Complicated by _____
<input type="checkbox"/> Within normal limits. If delay suspected, specify below.		
<input type="checkbox"/> Cognitive (e.g., play skills)	_____	
<input type="checkbox"/> Communication/Language	_____	
<input type="checkbox"/> Social/Emotional	_____	
<input type="checkbox"/> Adaptive/Self-Help	_____	
<input type="checkbox"/> Motor	_____	

Does the child/adolescent have a past or present medical history of the following?

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Speech, hearing, or visual impairment
<input type="checkbox"/> Chronic or recurrent otitis media	<input type="checkbox"/> Speech, hearing, or visual impairment
<input type="checkbox"/> Congenital or acquired heart disorder	<input type="checkbox"/> Diabetes (attach MAF)
<input type="checkbox"/> Developmental/learning problem	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Orthopedic injury/disability	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Asthma (check severity and attach MAF/Asthma Action Plan):	
<input type="checkbox"/> Intermittent	<input type="checkbox"/> Mild Persistent
<input type="checkbox"/> Moderate Persistent	<input type="checkbox"/> Severe Persistent

If persistent, check all current medication(s):

<input type="checkbox"/> Inhaled corticosteroid	<input type="checkbox"/> Other controller	<input type="checkbox"/> Quick relief med	<input type="checkbox"/> Oral steroid	<input type="checkbox"/> None
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Explain all checked items above on an addendum

General Appearance/Physical Examination

Height _____ ins (_____ %ile)	BMI _____	(_____ %ile)
Weight _____ lbs (_____ %ile)	Head Circumference (age ≤2 yrs) _____ ins	(_____ %ile)
Blood Pressure (age > 3 yrs) _____ / _____		

NI	Ab		NI	Ab		NI	Ab	
<input type="checkbox"/>	<input type="checkbox"/>	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes
<input type="checkbox"/>	<input type="checkbox"/>	Dental	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>	Back/spine	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial Development
<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Language
<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral

Describe Abnormalities on addendum

ALLERGIES

<input type="checkbox"/> Drugs (list)	<input type="checkbox"/> None	<input type="checkbox"/> Epi Pen Prescribed
<input type="checkbox"/> Foods (list)	_____	
<input type="checkbox"/> Other (list)	_____	

**SCREENING TESTS****Blood Lead Level (BLL)**

(required at age 1 yr and 2 yrs and for those at risk)

Date Done**Results****Lead Risk Assessment**

At risk (do BLL)(annually, age 6 mo-6 yrs)

Hearing☐ Pure tone audiometry ☐ OAE**Vision**

for new members Left ____ / ____ and children age 4-7 yrs

☐ With glasses

Acuity Right ____ / ____ Left ____ / ____

Strabismus ☐ No ☐ Yes**IMMUNIZATIONS - DATES****CIR Number of Child**

Hep B

Rotavirus

DTP/DTaP/DT

DTP/DTaP/DT

Hib

PCV

Polio

Influenza

MMR

Varicella

Td

Tdap

Meningococcal

HPV

Other, specify:

ASSESSMENT☐ Well Child (V20.2)☐ Diagnoses/Problems (list)**ICD-9 Code****RECOMMENDATIONS**☐ Full physical activity ☐ Full diet☐ Restrictions (specify) _____

Follow-up Needed

☐ No☐ Yes, for

Appt. date:

Referral(s):

☐ None☐ Early Intervention☐ Special Education☐ Dental☐ Vision☐ Other _____**MEDICATIONS** (attach MAF if in-school medication needed)☐ None☐ Yes (list below)**DIETARY RESTRICTIONS**☐ None☐ Yes (list below)

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in the activities of the Boys & Girls Club of Mount Vernon except as noted above.

Please be sure this form has been stamped and dated.

Signature, Examining Physician

Print Name

Date of Examination

Address

City

State

Zip

Phone

#7: Policy Notice & National Youth Outcome Initiative Survey (NYOI)

Policy Notice:

Access to the Clubhouse, including the Gym, is restricted to individuals without a scheduled appointment with a staff member. Unauthorized entry is not permitted.

National Youth Outcome Initiative Survey (NYOI)

PARENTAL PERMISSION FORM

PLEASE SIGN AND RETURN THIS FORM: You can review a survey sample at the front office.

Member's Name: _____

Age: _____

Please check below whether you have granted permission, signed it, and returned this form.

- ☐ I give permission for my child to participate in the BGCA NYOI Survey.
- ☐ I do not give permission for my child to participate in the BGCA NYOI Survey.

Parent/Guardian Signature: _____

Phone Number: _____ Date: _____

Our Club is participating in a Survey that will track the well-being of members in Boys & Girls Clubs nationally. Our Club is one of a group of Clubs across the country participating in this survey, which asks how members feel about the activities and time they spend at the Club, education plans, and attitudes about health behaviors.

Members will be asked to complete one survey during regular Club hours in the Afterschool and Teen Program of 2025. The survey takes 10-15 minutes and will be administered online. Participation in this survey poses very minimal risk to your child. While there is a minimal and unlikely risk of violation of privacy and confidentiality, the survey has been designed to protect your child's privacy and confidentiality. Members will not put their names on the survey, and no member will ever be mentioned by name in a results report. All information from the survey is being used to assess the well-being of Boys & Girls Clubs members and will be kept completely confidential.

Only selected staff at the Boys & Girls Clubs of America national organization will have access to the data. However, this group does not know your child's name since this is not used in the survey. Others will see only reports of the information combined for groups of youth in the study or all youth at a Club. No reports will be shared showing your children's answers on the survey.

#8: Mentoring Permission Slip

Mentoring Permission Slip

PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian of _____, hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club of Mt. Vernon, NY, Inc.

I fully understand that the program involves mentors, who will be selected from the community, screened (including a criminal background check), and trained before beginning the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor cannot take or meet my child outside the Club facility.

I understand that my child will participate in an orientation session at the Club, during which the program will be explained. The program will last one year, and then continuation may be discussed.

I understand that special group events (incorporating all mentors and youth) and family events may be planned during the mentoring program. The club's staff will monitor the mentoring activities on an ongoing basis.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Additional pick up