Boys & Girls Club of Mount Vernon New York Inc.

After School Program

September 9, 2026 – June 11, 2027-

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, Soccer, Flag Football, Mat Ball

Must be a registered Club Member. Additional Days and fees May Apply.

Registration Requirements Checklist

- ☐ #1: General Information
- ☐ #2: Code of Conduct
- ☐ #3: Club Policies
- ☐ #4: Rights & Responsibilities
- ☐ #5: Medical Information
- ☐ #6: Physicians' & Immunization Records
- ☐ #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**

(If yes, circle one)

- Who does your child live with? (Circle all that apply.)

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 before 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

Each Club member and parent/guardian must read and sign it.

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 $5 fee 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 may be suspended (depending on the infraction) for various days, weeks, months, or the entire program season if they knowingly and repeatedly violate the above-mentioned 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 may suspend a member for more than 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 operate without rules poses risks to our members and staff, sets a poor example for our youth, and runs counter 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 led by people who genuinely care about youth and the 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 each section of the Registration Form must be filled out. We must also obtain a current physical, an immunization record, a birth certificate, and all income verification for any guardians living in the household. We will not accept incomplete applications. Payment must be received when 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 ages 6–13 and $25 for ages 14-18. In addition, members must contact the Directors of these programs for information on meeting times and locations. The Club has the following Specialty Programs: Basketball, Cheerleading, Life Skills, Arts and Crafts, 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 in full before the child can be picked up, 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 the 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 per minute will be charged (up to a maximum of $50) if my child remains at the Club past their scheduled departure time. 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 or other form of payment that is returned, I consent to pay any 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 a written request to the Club in advance, or obtain a court order, to do so.

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

Provide the names of at least two individuals who can come to the Club in case of an emergency if the parents or guardians are unavailable. *Please Print.*

_____ _____ ( ) _____
Name Relationship to Child Phone

_____ _____ ( ) _____
Name Relationship to Child Phone

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 to track the well-being of members at Boys & Girls Clubs nationwide. 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, their education plans, and their attitudes toward health behaviors.

Members will be asked to complete one survey during regular Club hours in the Afterschool and Teen Program of 2026. 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 named 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, as it 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.

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 continuation may be discussed thereafter.

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 use photographs of my child taken during their involvement in the mentoring program, and I waive all rights to compensation.

_____
(Signature of Parent/Guardian)

_____
(Printed name of Parent/Guardian)

Date_____

ADDITIONAL PICK UP

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____
3. Name _____ Relationship _____ Phone _____
4. Name _____ Relationship _____ Phone _____

Additional information: _____

_____