



We are thrilled about the upcoming school year and express our gratitude for your interest in joining the Boys & Girls Clubs of Citrus County and our programs. I have a few very important things that I would like to go over with you so you understand our expectations about this upcoming year.

When filling out your application please make sure that it is filled out entirely. If information is missing, we can't accept your application and place your child into our program. The following areas that seem to get left out on a great deal of our applications are the following.

- Citrus County Student ID# (this is a 7 digit # giving to students by Citrus County School board)
- FL 12# Student ID (this is given out by the state of Florida and is 12 digits long)
  - If you don't know how to get your Childs Numbers you can call Student Services at 352-527-0090 and they will get you the information needed.
- Medical information is critical to the safety of our Members and your child. If your child has ANY allergies or medical conditions please let us know.
- Demographic information-this section is CRITICAL to our grant writing which allows us to do the fun things we can and also keeps the cost of Programs down.

The Boys & Girls Clubs of Citrus County closes at 6:30 pm every day. All Members MUST be picked up by 6:30 pm EVERYDAY. Habitual late pick up will result in your child being removed from the program. This will be STRICKLY enforced this year. We understand things happen and are sympathetic of this, but if late pick up is a constant your child will unfortunately be removed from the program.

If you participate in our Before School Program it will be \$85 a month. Fees each month will be due on the 1<sup>st</sup> of the month. If you are set up on Auto Pay, your payment will be charged on the 1<sup>st</sup> of every month. If the 1<sup>st</sup> of the month is a weekend or a holiday, you will be charged the following business day. If you do not pay your monthly fees, your child will not be permitted to attend until all fees are paid. Financial assistance is available for those that need it, and you can get paperwork from your Club Director to fill out and provide the required documents.

Lastly, in order to participate in our Holiday Camp, Spring Break Camp, and No School Days you have to be registered for our Afterschool Program.

We know that this year is going to be the best year yet. If you have any questions please contact your Club Director or send us an email at [info@bgccitrus.org](mailto:info@bgccitrus.org).

Be Great,

A handwritten signature in blue ink that reads "Nick DiMartino". The signature is written in a cursive, flowing style.

Nick DiMartino  
Director of Operations



## Boys & Girls Clubs of Citrus County Registration Packet

I would like for my child \_\_\_\_\_ to participate in the following BGC programs.

\_\_\_\_\_ Before School only (\$85 monthly with payment due on the 1<sup>st</sup> of each month)

\_\_\_\_\_ Before and After School (\$85 Monthly with payment due on the 1<sup>st</sup> of each month)

\_\_\_\_\_ After School Only (\$0 monthly fee for After School only)

\_\_\_\_\_ Please enroll my child in the BGC Auto Draft Payment Program (If the 1<sup>st</sup> of the month falls on a weekend or a holiday, my card will be charged on the next business day)

I \_\_\_\_\_ agree to pay my monthly Before School fee by the 1<sup>st</sup> of each month and understand that failure to do so may result in my child from being removed from the Before School program.

X

\_\_\_\_\_  
Parent/Guardian Signature

X

\_\_\_\_\_  
Date

## 2023/2024 MEMBERSHIP APPLICATION



**BOYS & GIRLS CLUBS**  
OF CITRUS COUNTY

Unit Name: \_\_\_ Central Ridge (Beverly Hills) \_\_\_ Evelyn Waters (Inverness) \_\_\_ Robert Halleen (Crystal River/Homosassa)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
**Citrus County Student ID#** \_\_\_\_\_ **FL12# Student ID** \_\_\_\_\_ Nickname: \_\_\_\_\_  
Gender: \_\_\_M\_\_\_F Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**School Information:**

Current Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Are you enrolled in:**

\_\_\_ **Free Lunch**

\_\_\_ **Reduced Lunch**

\_\_\_ **Not Eligible**

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Physical Challenges: \_\_\_\_\_ Disabilities: \_\_\_\_\_

Allergies (include allergy to any medication): \_\_\_\_\_

Special Needs/Health Issues: \_\_\_Yes\_\_\_No If Yes, explain: \_\_\_\_\_

Medications: \_\_\_Yes\_\_\_No; If Yes, explain: \_\_\_\_\_

**Additional Medical Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physical Characteristics:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Membership #: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Status: \_\_\_\_\_

Type: \_\_\_\_\_ New/Renewal Member: \_\_\_\_\_ Processed by: \_\_\_\_\_

**Household:***NOTE: This demographic information is collected for Grant writing purposes ONLY*

Member lives with: ☐ Mom ☐ Step Mom ☐ Dad ☐ Step Dad ☐ Grandparent  
☐ Foster parent(s) ☐ Other: \_\_\_\_\_

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Is there a Member of the Household 65 years old or older: ☐ Yes ☐ No

Current Head of Household: ☐ Female ☐ Male ☐ Both Military Branch: \_\_\_\_\_

Total Number in Household: \_\_\_\_\_ Number in Household under 18: \_\_\_\_\_

Is there a Member of the Household Handicapped: ☐ Yes ☐ No

Current Single Parent: ☐ Yes ☐ No Lives on Military Base: ☐ Yes ☐ No

**TERMS & CONDITIONS**

PLEASE INITIAL THAT YOU HAVE READ EACH PARAGRAPH....

☐ **PARENT HANDBOOK** I have received a copy of the Boys & Girls Clubs of Citrus County handbook and agree to the Terms & Conditions on Page 13 of the Parent Handbook.

☐ **CLUB RULES & CODE OF CONDUCT** I agree to review the Clubs rules and consequences along with the Code of Conduct with my children. I understand that membership can be suspended or revoked should behavior warrant such action.

☐ **Report Cards and Student Grades** I agree to provide my child's grades each nine weeks as part of membership to the Boys & Girls Clubs of Citrus County. I understand that my child's membership may be suspended or discharged in the event my child/children does not submit Report Cards within one week of request.

☐ **PICTURE RELEASE** I release the right to all photographic material that the Boys & Girls Club might use for promotional activities without Obligations to me or my child/children.

☐ **RELEASE OF INFORMATION** I understand that this program is funded through multi-funding agencies. I understand that generic information For all those served must be shared with these funders due to grant requirements and that this data will only be used for program monitoring, Funding, coordination and planning purposes.

☐ **MOVIE RELEASE** I give my child/children permission to watch PG movies in the event of rain, early release days or as optional activity.

It is expressly understood and agreed that the Boys & Girls Clubs of Citrus County is not liable for the loss of property or injury.

I understand that I am responsible for any damages that my child/children's actions may incur and that membership could be suspended until restitution is made.

I give my permission for the Club's staff or representative to administer first aid in the event that my child/children may require medical attention.

I hereby authorize the Boys & Girls Clubs of Citrus County, Inc. to secure such treatment, if neither parent/guardian is available to grant permission.

The parent/guardian hereby acknowledges and fully recognizes that this document does not constitute a contract and that the sole and exclusive remedy is withdrawal of the student from the program. The parent/guardian voluntarily and knowingly releases and agrees to save Boys & Girls Clubs of Citrus County Inc. harmless from all liability, in contract tort or otherwise, for any and all injuries arising out of actions by other students, other individuals, or employees of Boys & Girls Clubs except for certain tortious acts of the Boys & Girls Clubs agents, officers, and employees to the extent and limit provided by Section 768.28, Florida Statutes, the State of Florida's partial waiver of sovereign immunity. This provision is not to be construed as a waiver of any right of defense that the Board may possess.

I fully understand and agree to all terms and conditions stated on this form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## MEMBERSHIP APPLICATION - CONTACTS



Member's Name: \_\_\_\_\_

<b>PRIMARY CONTACT 1</b>	<b>PRIMARY CONTACT 2</b>
Name: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pick up Member: _____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Employer: _____	Name: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pick up Member: _____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Employer: _____
Name: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pick up Member: _____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Name: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pick up Member: _____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____
Name: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pick up Member: _____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Name: _____ Parent/Guardian: _____ Emergency: _____ Person Authorized to Pick up Member: _____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____



# Citrus County School District

## PARENT/GUARDIAN/ADULT PERMISSION FOR RELEASE OF STUDENT RECORDS



Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Note: If records have been transferred, please forward request to the institution/agency/office holding this student's records.

I hereby give permission to release the following information from the educational records of:

Student's Name \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Number: \_\_\_\_\_

FL 12# Student Number \_\_\_\_\_

Please release the following:

☒ Achievement Test Scores Most recent IEP

☒ Grades (to time of withdrawal/current year)

The records indicated above are to be released to;

Name of Institution/Agency/Individual: Boys & Girls Clubs of Citrus County.

Address: PO Box 907 Lecanto FL 34460  
Street/PO Box City State Zip

ATTENTION: \_\_\_\_\_

I authorize the release of the above information to the institution and/or the individual named. I understand that I have a right to review all records being forwarded, prior to their release. I have also been informed that I have a right to a hearing to contest any information Contained in these records prior to their release.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student



# CLUB CODE OF CONDUCT

**SIGN IN  
EVERYDAY**

**BE  
RESPECTFUL  
TO  
STAFF & CLUB  
MEMBERS**

**RESOLVE  
DISAGREEMENTS  
IN A POSITIVE  
WAY**

**NO CELL  
PHONES OR  
OTHER  
ELECTRONICS**

**APPLAUD THE  
EFFORTS OF  
OTHER  
MEMBERS**

**USE  
APPROPRIATE  
LANGUAGE**

**PLAY FAIR  
AND  
BE HONEST**

**DRESS  
APPROPRIATELY  
AT ALL TIMES**

**LISTEN DURING  
CLUB ASSEMBLY  
AND WHEN  
INSTRUCTIONS ARE  
BEING GIVEN**

**TAKE CARE OF  
CLUB  
EQUIPMENT**

**NO RUNNING  
INSIDE THE  
BUILDING**



**BOYS & GIRLS CLUBS  
OF CITRUS COUNTY**

**PARENT SIGNATURE:** \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THE CLUB IS  
NOT  
RESPONSIBLE  
FOR PERSONAL  
ITEMS BROUGHT  
FROM HOME**



## BOYS & GIRLS CLUBS OF CITRUS COUNTY RULES

- Stay in assigned area
- Respect staff & other members at all times
- Keep hands & feet to yourself
- Walk inside of the building

### Consequences for Actions.....

- 1<sup>st</sup> Referral..... Warning
- 2<sup>nd</sup> Referral..... Warning
- 3<sup>rd</sup> Referral..... One Day Suspension
- 4<sup>th</sup> Referral..... Two Day Suspension and Parent Conference
- 5<sup>th</sup> Referral..... Withdrawal from Program

### Members MUST NOT.....

- Fight or intentionally inflict physical harm on other club members or staff
- Vandalize or steal property from the club or its members
- Use inappropriate language or obscene gestures

### Consequences for Actions.....

- 1<sup>st</sup> Offense..... One Day Suspension
- 2<sup>nd</sup> Offense..... Two Day Suspension
- 3<sup>rd</sup> Offense..... Three Day Suspension
- 4<sup>th</sup> Offense..... Withdrawal from program

*If a referral is written while on a field trip, it will be up to the Director's discretion to suspend the child from the next field trip. Some circumstances may warrant immediate parent pickup.*

.....  
*We have read, discussed and understand the above rules, consequences & Code of Conduct listed above.*

*Members name:* \_\_\_\_\_ *Members signature:* \_\_\_\_\_

*Parent/Guardian Signature:* \_\_\_\_\_

*Date Signed:* \_\_\_\_\_



### Authorization for Credit Card Transaction

I \_\_\_\_\_ authorize the Boys & Girls Clubs of Citrus County to keep my credit card information on file to autopay my monthly fees. I understand that my card will be charged on the due date for each month (5<sup>th</sup> day of the month). This will continue until I ask the Boys & Girls Clubs of Citrus County to stop using the automatic payment method in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Member's Name \_\_\_\_\_

Card # \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 Digit Code \_\_\_\_\_

Card Holder Billing Address \_\_\_\_\_

\_\_\_\_\_