



**VACAVILLE NEIGHBORHOOD
BOYS & GIRLS CLUB**

Date Received:
Time:
Received By:

**ASES APPLICATION
2021-2022 SCHOOL YEAR**

CLUB MEMBER INFORMATION			
Last Name:	First Name:	MI:	Date of Birth:
Home Address:	City:	Zip:	Gender: M F
Grade Level for 2020-2021: K 1 2 3 4 5 6	Returning ASES Student: YES <input type="checkbox"/> NO <input type="checkbox"/>		
ASES SCHOOL SITE			
ASES FAIRMONT: <input type="checkbox"/>	ASES MARKHAM: <input type="checkbox"/>	ASES PADAN: <input type="checkbox"/>	ASES HEMLOCK: <input type="checkbox"/>
GUARDIAN INFORMATION			
Parent/Guardian Last Name:	Parent/Guardian First Name:	Main Phone:	Work Phone:
Employer:	Title:	Cell Phone:	Current Email:
Parent/Guardian Last Name:	Parent/Guardian First Name:	Main Phone:	Work Phone:
Employer:	Title:	Main Phone:	Current Email:
EMERGENCY CONTACT INFORMATION			
Emergency Contact:	Phone Number:		
CLUB MEMBER SIGN OUT AUTHORIZATION			
Authorized:	Unauthorized: (Circumstances may warrant corroborating documents)		
1.)	1.)		
2.)	2.)		
3.)	3.)		
It will be required that all Individuals show proof of identification upon signing Club Member out of programming.			
WALKER AUTHORIZATION			
Because our Clubs are located within neighborhoods of many children, the Vacaville Neighborhood Boys & Girls Club allows members to walk home. Members may walk home although they are advised to stay at the Clubs and we cannot legally require them to stay. It is the responsibility of the child AND parent/ guardian to determine if walking home is an appropriate departure method.			
___ Member may walk home		___ Member requires pick up	
MEDICAL INFORMATION			
Please list medical conditions:		List any medications taken:	
Allergies:		Learning Impairments:	
Physician Name/Phone:		Health Insurance Group #:	



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Program Evaluation Consent & Media Release

Request of Permission: We are asking your permission for your child to take part in a district evaluation of the after school program offered at your child's school site. As part of the study, we will be asking your child, child's teacher, and school administration to share information that will tell us about your child's experiences in the program. This will help us measure changes in your child's attitude: behavior and/or academic achievement that may have resulted from his or her participation.

Your consent and your child's participation in the study are completely voluntary. Your child may decide not to participate, to only answer specific questions, or leave the study at any time without penalty.

Purpose of the Study: The information we will be collecting for the study is a requirement of the California Department of Education (CDE), this government agency provides funding for the program. The study will help us learn whether or not the program has been successful. Your child's participation will help us to continue to provide quality after school programs in the future.

Confidentiality: All of the information used for the study will be confidential and will not be seen by anyone except those working on the study. Your child will be assigned a code number so that responses to questions ask cannot be linked back to your child. Names will not be used.

- I give permission for my child to participate in the evaluation study as a part of his/her involvement in the after school program
- I do not give permission for my child to participate in the evaluation study as a part of his/her involvement in the after school program

Media/Photo Release:

- I give permission for my child to be photographed or videotaped as part of his/her involvement in the VUSD sponsored after school program. I also give permission for his/her photo and/or video recording to be using in publications and/or promotional material associated with the after school program.
- I do not give permission for my child to be photographed or videotaped as part of his/her involvement in the VUSD sponsored after school program. I also give permission for his/her photo and/or video recording to be using in publications and/or promotional material associated with the after school program.

Parent/Guardian Signature & Release: I, the undersigned am parent and/or legal guardian of the student noted on this document, and hereby fully release and discharged the Vacaville Unified School District, Vacaville Neighborhood Boys & Girls Club, associated officers, employees, agents, servants, and volunteers from any and all liability arising in the connection with the above described independent activities and all liabilities associated with any and all claims related to such activity that may be filed on behalf or for the above named minor. For the purpose of this release, "liability" means all claims, demands, losses, causes of actions, suits or judgments of any and every kind that arise as a result of the above described activity and resulting from any cause.

Release and Waiver of Liability

I, the undersigned, am the parent and/or legal guardian of the minor child listed on the first page of this form. I hereby fully release, waive forever and discharge, hold harmless and agree not to sue the Vacaville Unified School District and its Board of Education and Vacaville Neighborhood Boys & Girls Club and any other contracted service providers of the District's ASES program, as well as Parties' officers, employees agents, servants and volunteers from any and all liability arising out of or in connection with my child's participation in the Programs, and all liabilities associated with any and all claims related to such participation that may be filed on behalf or for my child. For the purpose of this release and waiver, "liability" means all claims, demands, losses, cause of action, suit or judgment of any and every kind that arise as a result of my child's participation in the Program and the result from any cause other than Parties' gross negligence.

General Program Agreements:

- I hereby give permission to my child to utilize computer equipment and the internet at the ASES-VNBGC. I understand that my child must follow club computer rules in order to maintain this privilege. I also am liable for replacing equipment or software if my child damages and/or makes the equipment useless.
- I voluntarily submit my child in programs and I understand that prevention based programming is available for my child at the Club. A trained staff member has my permission to discuss, at a level determined to be age appropriate, the following subject matters: drugs and alcohol, chemical abuse, human anatomy, mental health issues, interpersonal relationships, and values clarification.
- I agree to notify the VNBGC if there are changes in the members information.

By signing below I give permission for my child to participate in the Program. I also give my consent to any medical treatment deemed necessary by medical personnel for the physical well-being of my child. I assume full responsibility for my child's behavior and agree to pay for all damages to property or person caused by him/her. I understand that I will be notified if my child's behavior interferes with the Programs, and that further disciplinary problems may result in his/her expulsion from the Programs. This release and waiver will remain in effect while my child is participation in the Programs. I understand that I may revoke my consent in writing. However, if I do so my child will no longer be permitted to participate in the Programs.

I understand that this release and waiver is intended to be a broad and inclusive as permitted by the law of the State of California, and agree that if any portion is held invalid, the remainder of this release and waiver will continue in full force and effect.

I consent to the District releasing information regarding my child that is protected from disclosure by the Family Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g: 34CFR Part 99) and/or the Health Insurance Portability and Accountability Act of 1996 and its accompanying regulations (hereinafter collectively referred to as "HIPAA") to the Vacaville Neighborhood Boys & Girls Club. I understand that the District shall only release such information as necessary for operation of the Programs.

My signature below additionally verifies that I understand that except as otherwise approved, my child is expected to attend the Programs from when he/she is dismissed from school until 6:00pm for the full session. I understand that student attendance will be recorded in each class and that I will be required to verify my child's absences.

I acknowledge that I have had sufficient time to read this entire form. I have carefully read and understand all of it and I agree to be bound by its terms.



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BOYS & GIRLS CLUB

Print Parent/Guardian Name: _____

Signature: _____

Date: _____

FAMILY DATA FOR STATISTICAL REPORTING

Please circle the income to household size that reflects your current family income

Household Size (# of persons)	<i>Extremely Low Income</i>	<i>Very Low Income</i>	<i>Low/Moderate Income</i>	<i>Moderate/High Income</i>
1	\$0 – 19,450	\$19,451– 32,400	\$32,401– 51,800	\$51,801 or higher
2	\$0 – 22,200	\$22,201– 37,000	\$37,001– 59,200	\$59,201 or higher
3	\$0 – 25,000	\$25,001– 41,650	\$41,651– 66,600	\$66,601 or higher
4	\$0 – 27,750	\$27,751– 46,250	\$46,251– 73,950	\$73,951 or higher
5	\$0 – 30,680	\$30,681– 49,950	\$49,951– 79,900	\$79,901 or higher
6	\$0 – 35,160	\$35,161– 53,650	\$53,651– 85,800	\$85,801 or higher
7	\$0 – 39,640	\$39,641– 57,350	\$57,351– 91,700	\$91,701 or higher
8	\$0 – 44,120	\$44,121– 61,050	\$61,051– 97,650	\$97,651 or higher

- Total Number of People in Household _____
- Single Parent Household: ____ Yes ____ No
- Head of household: ____ Male ____ Female ____ Both
- Disabled: ____ Yes ____ No
- Race and Ethnicity (please check the ethnicity of the child enrolled):
 - ____ American Indian or Alaska Native
 - ____ Latino/Hispanic
 - ____ American Indian or Alaska Native & White
 - ____ Native Hawaiian/Pacific Islander
 - ____ Am. Indian or Alaska Native & Black or African Am.
 - ____ White
 - ____ Asian
 - ____ African American & Asian
 - ____ Asian & White
 - ____ Black or African American
 - ____ Other (specify): _____
 - ____ Black or African American & White
- Is the Parent or Guardian Military Active: ____ Yes ____ No



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7. Is the Child Living on Base: ____ Yes ____ No

CONSENT FORM FOR RELEASE OF INFORMATION

I, _____, the parent or legal guardian of _____, grant permission and authorize staff of the Vacaville Neighborhood Boys & Girls Clubs to obtain school records, grade reports, and access to VSUD school loop by signing my signature below.

I also grant permission to the staff of the Vacaville Neighborhood Boys & Girls Clubs to speak to teachers, counselors, and administrators to exchange information regarding the above named child. The purpose of the exchange is to help both organizations work together to help the student be successful in school, at the Club, and in the community. This release is valid for one year and may be revoked at any time by contacting the Vacaville Unified School District or the Vacaville Neighborhood Boys & Girls Club in writing.

Parent Signature

Date

Name of Student

Student's School