



THE BOYS & GIRLS CLUBS OF GREATER PEORIA, INC.

"Great Futures Start Here"

Hello Families:

We are looking forward to our after-school program for the school year 2023-2024. Our program is open to ages 6 to 18 that attend district 150 schools.

Please complete the after-school 2023-2024 application (one per child). All pages need to be completed. Please provide details when needed so we can accommodate and plan as best as we can for a successful year. There is an expectations/rule guide for you to review. Please return the last page signed with the application.

The cost is 20 dollars membership fee a month per youth. First month payment needs to be included with your application and each month payment is due by the 5th of each month. The membership fee helps provide various activities and supplies for our programs. Failure to pay can result in membership cancelation.

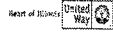
Once an application is received, I will contact you with a start date.

We are open until 6:00 pm. We asked that you pick up your child (children) between 5:30 pm and 6:00 pm to allow us to provide programming. We will follow District 150 school calendar. If school is dismissed early, we will pick up kids and serve lunch. On days school is closed, we will be closed. We will determine if we will open the club for fall, winter and spring breaks and you will be notified closer to the breaks.

If you have any questions, please feel free to contact me at awilson@bgcpeoria.org or 309-685-6007 x122.

Sincerely,

Amanda Wilson
Director of Programming



Member Start Date (first date member will attend the Club): _____

Member Information

First Name _____

Last Name _____

Nickname _____

Date of Birth _____

Address _____

City, State _____ Zip Code _____

Who has primary custody of the member? _____

Gender/Sex Male Trans Male Non-binary Gender Non-Conforming Other
 Female Trans Female Gender Queer Agender Prefer not to answer

Pronouns He/Him She/Her They/them Other (please list): _____

Race American Indian or Alaska Native Middle Eastern or North African Other _____
 Asian Native Hawaiian or Pacific Islander Bi-Racial
 Black or African American White Multi-Racial
 Prefer Not to Answer

Ethnicity Hispanic/Latino Non-Hispanic/Latino

T-Shirt Size: Youth XS Youth S Youth M Youth L Youth XL
 Adult XS Adult S Adult M Adult L Adult XL

Transportation to Club:
 Walking (must be 14+) Dropped off by adult Picked up by Club
If so, list school dismissal time: _____

Pick Up from Club:
 Walking home alone (must be 14+) Picked up by authorized contact

School Information

School Name _____

Grade _____

Teacher Name _____

Does the member struggle
with any subjects?

Math Other:

Reading

Science

(select all that apply)

Writing

Are there any topics you know your member needs tutoring in?

Does the member struggle with any behaviors or getting in trouble at school?

Yes No

If yes, please describe:

Primary Contact

Relationship to Member Parent Step-Parent Grandparent Sibling (must be 14 or older)
 Aunt/Uncle Foster Parent Case Worker Other Guardian/ Relative/Trusted Adult

First Name _____
 Last Name _____
 Employer _____
 Email _____
 Address _____
 City, State _____ Zip Code _____
 Primary Phone _____ Other phone _____

Authorized Contacts

Authorized Contact 1	Authorized Contact 2
Full Name _____ Primary Phone _____ Secondary Phone _____ Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Allowed to pick member up <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name _____ Primary Phone _____ Secondary Phone _____ Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Allowed to pick member up <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Sibling (must be 14+) <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other Adult <input type="checkbox"/> Grandparent <input type="checkbox"/> Case Worker <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster Parent	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Sibling (must be 14+) <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other Adult <input type="checkbox"/> Grandparent <input type="checkbox"/> Case Worker <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster Parent

Add additional authorized contacts below:

Unauthorized Contacts

These are individuals who are not allowed to come in contact with your member. They will not be allowed to enter the Club. If the call or show up asking about your member or any other members of your family or household, they will be told that "we cannot confirm or deny that person is involved in any way with our Club." If someone on this list shows up to pick up your member, they will not be allowed to do so. You must come in person to remove someone from your unauthorized contact list.

Unauthorized Contact 1	Unauthorized Contact 2
Full Name _____ Phone _____ Start Date _____ End Date _____	Full Name _____ Phone _____ Start Date _____ End Date _____
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other Adult <input type="checkbox"/> Grandparent <input type="checkbox"/> Case Worker <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster Parent	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other Adult <input type="checkbox"/> Grandparent <input type="checkbox"/> Case Worker <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster Parent

Add additional unauthorized contacts or any information Club staff should know about unauthorized contacts below:

Medical Information

- | | | | | |
|-------------------------------------|-----------------------------------|---|--|---|
| Diagnosed Medical Conditions | <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other (please list): |
| | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Skin Condition | |
| | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Issues | |
| | <input type="checkbox"/> Autism | <input type="checkbox"/> ODD | <input type="checkbox"/> Visual Impairment | |

Allergies	Food Allergies	Environmental Allergies	Medicine Allergies	Other Allergies
	<input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Dairy/Lactose <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Seafood/ Shellfish <input type="checkbox"/> Eggs <input type="checkbox"/> Other (please list):	<input type="checkbox"/> Bee Stings <input type="checkbox"/> Pollen <input type="checkbox"/> Dust <input type="checkbox"/> Mold <input type="checkbox"/> Grass <input type="checkbox"/> Other (please list):	<input type="checkbox"/> Penicillin <input type="checkbox"/> Aspirin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Sulfa Drugs <input type="checkbox"/> Other (please list):	<input type="checkbox"/> Latex <input type="checkbox"/> Perfumes/Colognes <input type="checkbox"/> Lotions <input type="checkbox"/> Other (please list):

Does the member use any of the following?

- Inhaler Insulin EpiPen Hearing Aid Speech/Communication Device
 Glasses/Visual Aid Wheelchair Other Mobility Device Self-administered medication
 Other (please list):

Does the member receive additional support in the school/community?

- Individualized Education Plan (IEP) 504 Accommodation Speech Coach
 Meets with school or private counselor Other (please list):

Does the member require any special accommodations to receive services? Yes No

If yes, describe:

Please describe any other important details/information regarding diagnosis, medication (only as it involves behavior or taking medicine during club hours), behavior, or any other physical/mental/medical limitations:

Preferred Hospital: OSF St. Francis Unity Point Methodist Proctor



Boys & Girls Clubs of Greater Peoria, Inc.
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BLANKET FIELD TRIP PERMISSION SLIP

2023-2024 Academic Year

To All Parents:

This is a blanket permission slip to cover all field trips taken during regular Club hours. I understand that throughout the school year my child may have an opportunity to participate in trips that will take them away from the official Club location. I also realize these trips will be under the direct supervision of BGC of Greater Peoria staff. Therefore, for the current school year, I give permission for my child to participate in designated Club-sponsored field trips.

Notices describing each individual trip will be sent home prior to each field trip. If there is a specific trip you do not wish your child to participate in you may notify the Site Director at that time. In the event of a last-minute addition or change to a field trip, BGC of Greater Peoria staff will notify the person listed as each child's primary contact on their membership application.

In the event of an emergency, a staff member will refer to the emergency contact information provided in the child's membership application. I authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment. As such, it is the responsibility of the student's parent/guardian to update this information while completing the annual registration documents. Please contact the Site Director directly if pertinent medical information must be submitted or updated in order for your child to participate in one of the trips.

The undersigned agrees to release, hold harmless, and indemnify Boys & Girls Clubs of Greater Peoria, its agents, representatives, and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the Club, or its agents, representatives, or employees.

Name of Participant: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

WAIVERS & RELEASES

Data Collection

- Yes No I give my permission to the BGC of Greater Peoria to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGC of Greater Peoria in writing.

Medical

- Yes No I give permission to the BGC of Greater Peoria to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Technology

- Yes No As a member of the Boys & Girls Club of Greater Peoria, our child may have access to the internet. While the Boys & Girls Club of Greater Peoria has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club of Greater Peoria will not be responsible for such unauthorized access

Transportation

- Yes No Parents and Club members may be responsible for their own transportation to and from the Club, unless otherwise specified

Data Sharing

- Yes No I give my permission to the BGC of Greater Peoria to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGC of Greater Peoria, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGC of Greater Peoria in writing.

Press/Media

- Yes No I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGC of Greater Peoria, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

Miscellaneous

- Yes No I understand that the Boys & Girls Club of Greater Peoria is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGC of Greater Peoria reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

**Consent to Disclosure of School Student Records and Information
Including Mental Health and Developmental Disability Information**

Mail to: 3202 N. Wisconsin Ave. • Peoria IL 61603 • Phone: 309-672-6793

Student's name (during School): _____ Date of Birth: _____
 Year & Name of last PSD150 school attended: _____ Graduated? Yes ___ No ___

I hereby grant my consent to Peoria School District No. 150 to disclose the selected information to the recipient identified below:

Transcript Immunizations Other: Report Cards

Recipient:

Name: Boys and Girls Clubs of Greater Peoria
 Address: _____
 City, State, Zip _____
 Mail _____ Fax _____ FAX # _____ Phone: _____

Information to be Disclosed:

1. The student record of _____ ("the Student"), including but not limited to any documents created by Peoria School District No. 150, pursuant to the *Illinois School Student Records Act*, 105 ILCS 10/1 et seq.
2. All documents and communication from a therapist, doctor, or hospital which may be deemed mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 11/1 et seq.

The purpose for this disclosure is for: data collection

If I do not grant this consent, these records will be not released to the recipient, but I will not suffer any other consequences. This consent is valid for one calendar year from the date set forth below, and may be revoked at any time in writing. I also understand that I have the right to inspect and copy the information to be disclosed pursuant to this consent.

Guardians's signature: _____ **Date:** _____

Student's signature: _____ **Date:** _____

Witness _____

Note: If the student is under age 12, only the parent's signature is needed. If the student is between ages 12 and 18, both the parent's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.

2022-2023 Back Pack Program New Member Evaluation

All members who attend Boys & Girls Clubs of Greater Peoria participate in our Back Pack/Healthy Habits program. Throughout the year, our families have expressed the need for assistance with food and other household items, especially over the weekend when they do not receive free school meals. As part of this program, each member will regularly receive food distribution bags. All members are asked to participate in routine program evaluation to ensure this program is serving our families appropriately. Please fill out this survey and return to the Club with the rest of your member's application.

1. **My family relies on free meals from my child's school:**
 - Every week
 - Most weeks
 - Some weeks
 - Never
2. **My family struggles to have enough food during the weekend**
 - Every week
 - Most weeks
 - Some weeks
 - Never
3. **My family has access to fresh produce (fruits and vegetables)**
 - Every week
 - Most weeks
 - Some weeks
 - Never
4. **My family has access to high quality, fresh protein sources (meat & meat alternatives)**
 - Every week
 - Most weeks
 - Some weeks
 - Never
5. **Receiving a food package on Fridays would help my family get through the weekend**
 - Every week
 - Most weeks
 - Some weeks
 - Never
6. **My family selects and prepares meals together:**
 - Every week
 - Most weeks
 - Some weeks
 - Never
7. **I discuss nutrition and healthy movement with my child(ren):**
 - Every week
 - Most weeks
 - Some weeks
 - Never

I would be interested in receiving the following in my child's backpack:

- | | |
|--|---|
| <input type="checkbox"/> Fresh fruits/vegetables | <input type="checkbox"/> Frozen meals |
| <input type="checkbox"/> Fresh meat | <input type="checkbox"/> Hygiene products |
| <input type="checkbox"/> Frozen fruit/vegetables | <input type="checkbox"/> Cleaning products |
| <input type="checkbox"/> Frozen meat | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Dry goods (canned/boxed food options) | |
| <input type="checkbox"/> Snack food | |



Boys & Girls Clubs of Greater Peoria, Inc.
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Member of National United Way

Teen REACH Screening Sheet – required for members of all ages

Our program receives funding from a program called Teen REACH (Responsibility, Education, Achievement, Caring, and Hope) and is therefore required to ask the following screening questions for reporting purposes. Answers are for demographic information only and will not affect the youth's ability to participate in the Club.

- | | | |
|---|------------------------------|-----------------------------|
| Is the member considered a Senior in High School for the 2021-2022 school year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the member living in a single parent household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the member reside in a household receiving TANF? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the member have any current academic difficulties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the member at risk of being held back to repeat a grade level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the member been held back to repeat a grade level previously? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the member have a record of truancy or chronic absenteeism? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the member have any reported behavior issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the member been a victim of bullying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the member been a perpetrator of bullying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Before joining the Club, has the member been unsupervised after school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the member witnessed or been a victim of family violence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the member identify as LGBTQ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have any of the member's siblings dropped out of school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any of the member's siblings teen parents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any of the member's siblings involved in the juvenile justice system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are one or both of the member's parents incarcerated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any of the member's siblings gang involved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the member involved in any gang activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the member in the DCFS system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the member homeless? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the member pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the member a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2023 CDBG PUBLIC SERVICES - SERVICE APPLICATION FORM



This program is partially funded with Community Development Block Grant (CDBG) funding, which is provided to the City of Peoria by the U.S Department of Housing and Urban Development (HUD). HUD asks for the following information from each participant to make sure the funding is being properly used for low-income residents of the City of Peoria (per CFR 570.208 a 2 A/B). This form will be kept confidential.

Program Name: Boys and Girls Clubs of Greater Peoria

Participant's Name:					
Current Address:					
City, State, Zip:					
Date of Birth:					
Race (circle one ONLY):					
White	Black/African American	Asian		American Indian	Hawaiian
American Indian & White	Asian & White	American Indian & Black/African American		Black/African American & White	Other Multi-Racial
Circle ALL that apply:					
Hispanic		Yes	No	Elderly (62+)	
Live in Public Housing		Yes	No	Have a Disability	
Female Head of Household and/or Single Parent		Yes	No		

Circle the total number of people who live in your home. Then, across from that number, circle your household's annual income range.

Total Number in Household	Household Income Range	30% Extremely Low Income	50% Very Low Income	80% Low Income
1	→	\$0-\$17,950	\$17,951-\$29,900	\$29,901-\$47,800
2	→	\$0-\$20,500	\$20,501-\$34,150	\$34,151-\$54,600
3	→	\$0-\$23,050	\$23,051-\$38,400	\$38,401-\$61,450
4	→	\$0-\$25,600	\$25,601-\$42,650	\$42,651-\$68,250
5	→	\$0-\$27,650	\$27,651-\$46,100	\$46,101-\$73,750
6	→	\$0-\$29,700	\$29,701-\$49,500	\$49,501-\$79,200
7	→	\$0-\$31,750	\$31,751-\$52,900	\$52,901-\$84,650
8	→	\$0-\$33,800	\$33,801-\$56,300	\$56,301-\$90,100

This information is correct to the best of my knowledge:

Participant Signature (or Parent/Guardian)

Date

NOTE: This is the first version of this form for 2023. An updated version will be available when HUD provides their annual household income updates.

APPLICATION APPROVAL

I understand the BGC of Greater Peoria has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Greater Peoria and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

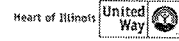
Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature

Date



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Member Pick-up

In order to provide quality programming for our youth we need your help. We are requesting that you pick up your child between 5:30 pm – 6:00 pm. The Club understands that your child may be involved in outside extra-curricular activities or have appointments, please let us know that information in advance and we will accommodate.

Member must be picked up promptly at the end of program. Pick up after 6:00 pm will result in a charge of \$1 per minute. *If family doesn't communicate by 6:15 pm we will call local law enforcement to arrange for an escort for your child. If picking up late becomes habitual, additional action will be taken.*

Members 13 and younger must be picked up from the Club by a parent, guardian or another authorized adult. Members age 14 and older may escort other members of their household from the Club provided they have written permission. Members who leave unescorted without written permission will be subject to disciplinary action, up to and including suspension and termination of membership.

Only persons listed on the Authorized Adult Pick-up Form can sign the child out at the end of the day.

Authorized adults may be asked for a photo I.D. to retrieve the member.

Members who leave the building are not allowed to return unless prior arrangements have been made by families.

Please call immediately, if you will be late due to an unavoidable emergency, to make the Site Director/Assistant Site Director aware of the situation. Please note this does not exempt you from the late fees.

Kansas Site Phone: 309-215-6902

Grinnell Site Phone: 309-215-6900



Boys & Girls Clubs of Greater Peoria, Inc.

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Club rules:

The Boys and Girls Clubs of Greater Peoria is committed to providing a safe place for children and youth. Aggressive and hostile behavior that is intentional (bullying) is not tolerated. No one shall threaten (verbally, nonverbally or physically) the safety of another person.

Violence, as defined as aggressive behavior which subjects a person to unwanted physical contact, is not tolerated. No one shall possess, use, threaten the use of, or store a weapon on Club property or at any Club event. Weapons include, but are not limited to, guns, knives, or swords with blades over four inches in length, explosives and any chemical whose purpose is to cause harm to another person.

Gang activity is not allowed on Club grounds. This includes but not limited to: display of gang symbols, soliciting others for membership, intimidating or threatening others, or other criminal activity.

In the interest of a tobacco-free environment and in compliance with state law, smoking and/or the use of other tobacco products is prohibited on Club property or at Club sponsored events. Substance abuse which includes the possession, use or sale of illegal drugs or the unlawful use of lawful substances including alcohol, marijuana, and prescription drugs will not be tolerated on Club premises or at any Club-sponsored or Club-related functions.

The Behavior Support and Response Procedures is our guide for disciplinary action which can and will include: behavioral write up, removal for the day/early pick up, suspension for day (s) and removal from the program. A copy can be requested from the clubs or the Director of Programming.

The Policies for the protection of youth is our guide to keep all members safe. A copy can be requested at anytime from the clubs or Director of Programming.

Parent of Conduct

- I will treat Club staff, volunteers, members and other parents with respect
- I encourage my child to participate in events and activities
- I will teach my child that effort is more important than victory
- I will remember that children learn best by example
- I will work with Club staff to assist them in providing the most positive experience possible for my child
- I will arrange for my child to be picked up on time



Boys & Girls Clubs of Greater Peoria, Inc.
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Bullying Policy

The Boys and Girls Clubs of Greater Peoria (BGCGP) is committed to providing a safe, secure and healthy environment that allows all students to maximize their learning potential. The BGCGP considers bullying to be detrimental to the health and safety of students and is prohibited.

Bullying includes aggressive and hostile behavior that is intentional and involves an imbalance of power between the bully and the bullied. This behavior may include but is not limited to physical and verbal assaults, nonverbal or emotional threats or intimidation, harassment, social exclusion and isolation, extortion, use of computer or telecommunications to send messages that are embarrassing, slanderous, threatening or intimidating (cyber-bullying). Bullying may also include teasing, put-downs, name calling, rumors, false accusations, and hazing. Bullying based on sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, medical, emotional or learning disability in its educational programs or activities is also prohibited by law and BGCGP policy.

Bullying behavior is prohibited at all BGCGP afterschool programs, buildings, properties and educational environments. This includes any property or vehicle owned, leased, contracted or used by the BGCGP such as public transportation regularly used by students that go to and from the BGCGP.

Club members who engage in any form of bullying behavior at the BGCGP will be subject to disciplinary action in accordance with BGCGP policy. Consequences and sanctions for such actions, including retaliating against someone for reporting bullying behavior, may include but are not limited to, parent notification, suspension, expulsion or referral to law enforcement officials for possible legal action. BGCGP staff will support the identified victim.

Education, intervention, awareness, and prevention shall exist for staff and Club members to ensure a learning environment free of bullying or intimidation toward and between Club members and staff.

Disclosure and Public Reporting

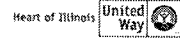
BGCGP will distribute this policy to all Club members, their parents, and/or guardians and employees. The BGCGP will provide a copy of the policy to anyone who requests it.

Reports of bullying may be made verbally or in writing and may be made confidentially. All such reports, whether verbal or in writing, will be taken seriously and a clear account of the incident is to be documented.



Boys & Girls Clubs of Greater Peoria, Inc.

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By signing this form, I am acknowledging that I have read the after-school program rules, will ask for the behavior support and response procedures if needed and the policies for the protection of youth. I understand and agree to comply with the rules and procedures outlined within. I have also reviewed these rules and procedures with my child.

Date: _____

Club Member Name (printed): _____

Club Member Signature: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

PLEASE RETURN THIS PAGE SIGNED WITH MEMBERSHIP APPLICATION.