



SHINE Boys and Girls Center

1100 S. 13th Avenue, Yuma AZ 85364 | (928) 318-5800 | www.TheSHINEProgram.org

Membership Application

*Please complete all forms. Applications with missing information will not be accepted.
Information gathered from this application will only be used to improve our services,
ensure state/federal compliance and funding.*

After School Program Hours:

Monday – Friday
2:30 PM – 5:30 PM

We follow YSD1 and Crane District early out days.

Summer Program Hours:

Monday – Friday
7:30 AM – 5:30 PM

Youth Membership Types (check all that apply):

- After-School Program
- Mentor / Leader Training
- Summer Camp
- Educational Workshop

Office Use Only

- Completed Application No Yes
- Active Military Confirmed No Yes
- HACY Resident Confirmed No Yes
- Homework First Program No Yes
- 21st Century Grant No Yes

Comments: _____

SHINE Staff: _____

Date: _____

CHILD'S INFORMATION

First Name: _____ Middle: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____

School: _____ Current Grade: _____

Primary Language (check one):

- English
- Spanish
- Other: _____

Race / Ethnicity:

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other _____

Child lives with:

- Both Parents
- Mother Only
- Father Only
- Foster Care
- Guardian
- Joint Custody
- Other _____

School Lunch Program Eligibility (check one): Free Reduced Not Eligible

Does the child participate in any of the following school and private programs? (check all that apply):

- Sports
- Traveling Team
- Clubs
- AVID
- JSA
- Boy/Girl Scouts
- FBLA
- Culinary Arts
- StuCo
- FFA
- Art / Theater
- Music Training
- Other: _____

If available, would child benefit from working with a tutor: No Yes

History of/or current placement in special education? No Yes

Has child ever been expelled or suspended? No Yes

If yes, why? _____

Reason for need/interested in our Program/s? (check all that apply):

- Child Care
- Learn new skills
- Other: _____

PARENT / GUARDIAN INFORMATION

Please fill out both sections if child lives with two parents/guardians.

Are you or any member of your household on active military duty? No Yes

Are you a client/resident of Housing Authority City of Yuma? No Yes

First Name: _____ Middle: _____ Last Name: _____

Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Work Home

Phone Number (alternate): _____ Cell Work Home

Email Address: _____

Employer: _____

Occupation: _____ Work Number: _____

How many members are in your household, including yourself? _____

How many household members are or will be attending the Center? _____

First Name: _____ Middle: _____ Last Name: _____

Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Work Home

Phone Number (alternate): _____ Cell Work Home

Email Address: _____

Employer: _____

Occupation: _____ Work Number: _____

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Additional adult authorized to pick up child:

First Name: _____ Middle: _____ Last Name: _____

Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Work Home

Phone Number (alternate): _____ Cell Work Home

Email Address: _____

CHILD'S MEDICAL HISTORY

Date of last physical exam: ____/____/____

Are immunizations up to date? No Yes

Allergies: No Yes Allergy Medication: No Yes

If yes, specify: _____

Is child currently taking prescription or over the counter medications? No Yes

If yes, specify (please provide name and reason): _____

Does your child have AHCCCS Health Insurance?: No Yes

Do you need assistance applying for it? No Yes

Please list any known or possible neurodevelopmental disorders (check all that apply):

Autism Emotional Disturbance Learning Disability
 Speech or Language Impediment ADD/ADHD Other: _____

Please list any known or possible medical conditions (check all that apply):

Asthma Diabetes Epilepsy Congenital Heart Problems
 Other medical conditions/reasons that would inhibit the member from taking part in certain physical activities: _____

Members Insurance Company: _____

Members Primary Physician: _____ Phone: _____

EMERGENCY CONTACT

First Name: _____ Middle: _____ Last Name: _____

Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Work Home

Phone Number (alternate): _____ Cell Work Home

Email Address: _____

TRANSPORTATION AND RELEASE

Child will arrive to the Center by way of (check all that apply):

Walking Parent/Guardian School Bus Other _____

Child is authorized to leave the center by way of (check all that apply):

- Walking/bike Time: _____
 Picked up by parent/guardian and authorized adults on this form **only**.

Child will participate in Program/s the following day/s:

Monday Tuesday Wednesday Thursday Friday

My child is authorized to be picked up by:

- 1) First name: _____ Last name: _____
Phone: _____ Home Cell Work
Relationship to child: _____
- 2) First name: _____ Last name: _____
Phone: _____ Home Cell Work
Relationship to child: _____

I understand that if I allow my child to walk/bike home alone, SHINE Boys and Girls Center is not responsible for my child's actions, safety, and whereabouts. SHINE will not release children unless the option above is checked.

I understand I need to give SHINE Boys and Girls Center one (1) day notice to any changes of authorized and unauthorized adults. Notice must be via email, mail, or written letter.

I understand my child must be picked up no later than 5:30 PM. I will pay a late fee of \$25 applicable after 5:35 PM if I fail to pick up my child on time.

Signed _____ Date: _____

DISCIPLINE POLICY

Members of the SHINE Boys and Girls Center shall adhere to its fundamental principles to ensure an environment conducive to a peaceful and productive learning experience.

The SHINE Boys and Girls Center principles include the following core values:

Self-Discipline	Kindness	Respect	Responsibility
Honesty	Fairness	Health and Wellness	Courage
Perseverance	Leadership	Sportsmanship	Citizenship

Members who demonstrate exemplary behavior will be recognized with a SHINING STAR AWARD. This award allows your child to earn points and redeem them for prizes.

Offenses include, but are not limited to:

Bullying	Violence	Profanity
Fighting	Disrespect	Vandalism
Failure to follow rules/instructions	Destruction of property	Inappropriate/disruptive behavior
Possession of illegal or otherwise threatening items		

If members conduct themselves in a disorderly fashion and disregard the Program's rules and/or endanger their fellow members consequences will include at least one or a combination of the following:

- Verbal warning
- Clean-up duty (tables, chairs, trash, equipment, supplies, etc.)
- Time out (write and reflect on their actions and how it affected others)
- Report sent to parents/guardians
- Meeting with parents/guardians to create Behavioral Support Plan for child
- Suspension or termination of membership
- **No refunds or credits will be issued upon member being dismissed from the program.**

I have reviewed the Discipline Policy with my child. My child will follow the rules and follow the consequences of misconduct. I understand and agree to all the terms on this Policy.

Child's Name

Parent/Guardian Name Printed

Signature

Date: _____

RATE AND PAYMENT AGREEMENT

AFTER-SCHOOL PROGRAM

Monthly Fee: Child 1 = \$75.00
Child 2 = \$60.00
Child 3 = \$40.00
Additional Children Each = \$30.00

MILITARY DISCOUNT

After-School Program: \$40.00 per child
SHINE van / walk with staff: \$10

SUMMER BREAK

Weekly Fee: Child 1 = \$100
Child 2 = \$80
Child 3 = \$60
Additional children each = \$50

TRANSPORTATION (per child)

Walk with Staff (OC Johnson) = \$20.00
SHINE van pick-up = \$20.00*
**Check availability with staff.*

OTHER FEES

One-Time Enrollment Fee: \$15
Late Pick-up: \$25 per child after 5:35 PM
Late Payment Fee:
\$10 per day after the 5th of the month
Returned check Fee: \$40.00

PAYMENT INFORMATION

Acceptable forms of payment:

Check
Card
Money Order
PayPal

- I understand SHINE Boys and Girls Center will update my invoice with any applicable fees as described above.
- I understand full payment must be made on or before the 5th of each month.
- I understand that the monthly payment for the Afterschool Program and weekly payment for Summer Camp are to be paid fully regardless of the day/s my child can/will miss.

Child's Name

Parent/Guardian Name Printed

Signature

Date: _____

HOMWORK FIRST PROGRAM

This is not a tutored class.

Members registered for this Program will be required to complete their homework before participating in other recreational activities. Assistance may be available on occasion, but all members are expected to work on their own assignments.

- Child will participate in Homework First Program
- Child will not participate.

Parent/Guardian signature: _____

IPAD AGREEMENT

The SHINE Boys and Girls Center is aware that iPads are being issued for educational purposes. While we support the use of iPads for educational purposes, it is imperative that we outline the rules concerning our usage of iPads at our facility for our members and their parents.

The rules are as follow:

- iPads are to be used for homework ONLY.
- If using an iPad for homework, this must be used in the computer lab. When outside the computer lab, all iPads must remain in backpack.
- WIFI will be provided for HOMEWORK purposes ONLY.

If the above rules are not adhered to; your child will face the following consequences as listed below:

- 1st Offense: Verbal Warning will be given to the member (child).
- 2nd Offense: Member will lose iPad privileges for the day and parent will be notified immediately.
- 3rd Offense: Loss of privilege to use iPad at the facility entirely until further notice.

Parent/Guardian signature: _____

APPLICATION AGREEMENT

SHINE Boys and Girls Center, its sponsors, and all associate personnel reserve the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of SHINE and may be used for publicity, reporting purposes, grant applications, and promotional or media use. I understand that if I disagree, I must provide SHINE with a written request to not photograph my child.

I hereby release SHINE Boys and Girls Center, its sponsors, and all associated personnel (managers, assistants, coaches, volunteers, etc.) of any liability that my child might incur while participating in SHINE. It is further understood that my child will respect and follow program rules and codes of conduct.

I have read the complete application and understand the rules of the SHINE Boys and Girls Center and request that my son/daughter be admitted into membership.

Additionally, I confirm I read and agree with all the forms included in this application:

- Child's Information
- Parent/Guardian Information
- Child's Medical History
- Emergency Contact
- Transportation and Release
- Discipline Policy
- Rate and Payment Agreement
- Homework First Program
- Application Agreement

By signing below, you claim that you have completed the application, reviewed it with your child, and agreed to the above terms.

Parent/Guardian Name Printed

Signature

Date: _____