

**Membership Fee: \$20.00**

Includes (\$5.00 locker Fee)



**BIRD STREET COMMUNITY CENTER**

**Youth Development**

**School Year 2008 – 2009 Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Sex  Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Guidance Councilor: \_\_\_\_\_

With whom does youth live?  Mother  Father  Guardian  Foster Parent

Parent/Guardian Name \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Section 1.01 EMERGENCY INFORMATION**

Please list two emergency contacts with different phone numbers in the order that we should call.

Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_

Address: \_\_\_\_\_

**Section 1.02**

**Office Use Only:**

Membership Fee: \_\_\_\_\_ Membership Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: **06/22/2008**

Application Completed  Membership ID Completed  New Member  Returning Member

Lock Serial Number: \_\_\_\_\_ Member ID Number: \_\_\_\_\_

Name of Staff who completed the Intake: \_\_\_\_\_

## Bird Street Community Center

### HEALTH INFORMATION

Where does your child receive health care? \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have any special limitations or concerns such as allergies, dietary restrictions, medical programs, on any Medications, or chronic health conditions which we should know about?  No  Yes, Please describe:

\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION AND CONSENT

I give my child permission to participate in the programs offered by Bird Street Community Center. My child has no physical problems that would prohibit him/her from doing participating. I understand that all activities are supervised.

Section 1.09 I understand that Bird Street Community Center and all the collaborating agencies will take all precautions to guard my child's safety while he/she is participating in its events. However, I understand that in all sports and physical activity, there is certain level of risk. I waive all claims against any and all persons connected with Bird Street Community Center or any of the collaborating agencies for any injuries sustained during any program-sponsored activity. I understand that not all of the activities are at Bird Street or are supervised by Bird Street staff. I assume all responsibility for my child's actions during and in conjunction with Bird Street Community Center and the collaborating agencies and waive compensation in regard thereof.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Bird Street Community Center and all collaborating agencies to transport my child to a hospital or medical facility nearby and secure for my child the necessary medical treatment.

I understand that the Bird Street Community Center's staff and that of all collaborating agencies is trained in the basics of first aid and authorize them to give my child first aid when appropriate. I permit the Summer Program to use photographs, which may contain my child's picture for promotional purposes. I also permit Bird Street Community Center and all collaborating agencies to transport my son/daughter to outside activities organized and/or supervised by Bird Street Community Center and all collaborating agencies.

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

## Bird Street Community Center

### MEMBERSHIP RULES

Bird Street Community Center is dedicated to providing a safe and respectful environment for our youth and the community. In order to achieve this level the following actions are not allowed while attending Bird Street Community Center or any events/trips sponsored by Bird Street Community Center and carry the following consequences:

#### **ACTION**

#### **CONSEQUENCE**

- |  |   |
|--|---|
| <b>1. Physically Fighting and/or verbally instigating a fight.</b>   | Immediate suspension and a meeting with family. Repeated offenses could result in termination of membership   |
| <b>2. Destruction of property</b>  | Immediate suspension and a meeting with family. Member is expected to repay Bird Street Community Center for any damage to the property.  |
| <b>3. Theft of Bird Street Community Center property or any member's property.</b>   | If member is caught in the act it is an immediate suspension with potential immediate expulsion. Family meeting is required. Bird Street Community Center reserves the right to act on suspicions of theft and could suspend members while conducting an investigation. |
| <b>4. Threatening and/or bullying of other members and/or staff.</b>   | <b>First Offense:</b> Meeting with youth<br><b>Second Offense:</b> Suspension and meeting with family and youth   |
| <b>5. Swearing</b>   | Reminding youth to control their swearing. Repeated excessive swearing could result in a family meeting. Violent swearing and swearing in the form of threatening and instigating a fight will result in suspension and meeting with parent.                            |
| <b>6. Possession of weapons</b>  | Immediate suspension and meeting with family. Could result in termination of membership.  |
| <b>7. Wearing Hats inside the building</b>   | <b>First Offense:</b> reminder of the rule<br><b>Second Offense:</b> Staff will take the youth's hat for the day<br><b>Continued Offenses:</b> Meeting with youth and overview of rules.  |
| <b>8. Leaving the building during program time on their own if under the age of 14</b>   | Meeting with youth regarding rules and sent home for the day.   |
| <b>9. Bringing coats and bags into program areas such as Teen Center or Gym</b>  | Members will be sent to the locker area to place articles in lockers. Unsupervised bags and coats will be placed in Lost and Found bin. Bird Street Community Center is not responsible for any lost or stolen material   |
| <b>10. Hanging out in the staircase, hallway, and lobby areas and/or excessively leaving Bird Street Community Center during program hours</b> | Members will be reminded that they need to be in a program space. If members refuse to move to a program space and/or they continue to stay outside of program spaces, they will be asked to leave for the day.   |

**Bird Street Community Center**  
**Evening Van Rides**  
**Transportation fee: \$5 per semester**

Bird Street Community Center offers drop off service to three designated areas in Roxbury and three areas in Dorchester at 6:15 p.m., Monday through Friday for registered members. This service is provided through our Vans and is limited to 15 youths for Dorchester and 15 youths for Roxbury. Van service costs an additional \$10.00 for the entire school year (\$5.00 from Sept. to Dec.& \$5.00 from Jan. to June) **this is on a first come first serve bases.**

The Van stops are as follows:

**Roxbury:**

- McDonalds Parking lot on Warren Street
- The Corner of Dudley Street and Vine Street
- Stop and Shop in the Grove Hall Plaza

**Dorchester:**

- Dunkin Donut Parking Lot on Boston Street and Columbia Road
- Walgreen's Parking Lot on the corner of Bowdoin and Geneva Avenue
- Burger King Parking Lot on corner of Washington Street and Columbia Road

Youth interested in taking the Van rides in the evening must have this form completed and signed by a parent and submitted, with the \$5.00 fee/s, to either the Youth Development Director or Assistant Director before being available for Van rides. A wait list is provided for the Van rides in case there is space on any given day. Parents will be notified if their child is on the Van waitlist.

I, \_\_\_\_\_, want to sign my child, \_\_\_\_\_, for evening van drop offs at the following area (Please Check only ONE drop off point):

**Roxbury:**

- McDonalds Parking lot on Warren Street
- Stop and Shop in the Grove Hall Plaza
- The Corner of Dudley Street and Vine Street

**Dorchester:**

- Dunkin Donut on the corner Boston St. & Columbia Rd
- Walgreen's on the corner of Bowdoin and Geneva Avenue
- Burger King on corner of Washington St & Columbia Rd

I understand that my son/daughter will be obliged to abide by Bird Street Community Center rules while on the Van.

I understand that the Van rides are subject to the availability of vans and that Bird Street Community Center can discontinue this service at any time without prior notice.

I have read this Van Ride permission slip and understand its terms and general Bird Street Community Center terms of membership. I sign it voluntarily and with full knowledge of its significance.

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

\_\_\_\_\_  
Date

## Bird Street Community Center

Member ID #: \_\_\_\_\_  
Date Entered: \_\_\_\_\_

**CONFIDENTIAL INFORMATION – Please fill out one form per youth**

All information provided in this form is confidential – please do not include your name, or the name of your child, on this form. We need the following information in order to continue to receive Federal and State government contracts. These contracts provide funding that allow us to provide the programs and services available at the Center at minimum cost to you. Thank you for your time and cooperation.

Neighborhood (check the area you live in):

- |   |                                      |                                       |  |                                       |
|---|--------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Allston/Brighton | <input type="checkbox"/> Charlestown | <input type="checkbox"/> Back Bay     | <input type="checkbox"/> Chinatown     | <input type="checkbox"/> Downtown     |
| <input type="checkbox"/> East Boston      | <input type="checkbox"/> Fenway      | <input type="checkbox"/> Hyde Park    | <input type="checkbox"/> Jamaica Plain | <input type="checkbox"/> Mattapan     |
| <input type="checkbox"/> North Dorchester | <input type="checkbox"/> North End   | <input type="checkbox"/> Roslindale   | <input type="checkbox"/> Roxbury       | <input type="checkbox"/> South Boston |
| <input type="checkbox"/> South Dorchester | <input type="checkbox"/> South End   | <input type="checkbox"/> West Roxbury |  |                                       |

Housing:       Rent               Own               Public Housing       Homeless       Other:

Is this a female Headed Household:       Yes       No

Member’s Racial Makeup (please check one):

- |   |   |                                       |                                  |                                |
|---|---|---------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Cape Verdean           | <input type="checkbox"/> Hispanic     | <input type="checkbox"/> Haitian | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multi-racial | <input type="checkbox"/> Other:  |                                |

Annual Household Income (**please choose family size and check the income level in that row that best represents your household income**):

Household Size Income	Very Low	Low Income	Moderate
<input type="checkbox"/> 1 Person Family	<input type="checkbox"/> \$16,950	<input type="checkbox"/> \$28,300	<input type="checkbox"/> \$43,850
<input type="checkbox"/> 2 Persons Family	<input type="checkbox"/> \$19,400	<input type="checkbox"/> \$32,300	<input type="checkbox"/> \$50,100
<input type="checkbox"/> 3 Persons Family	<input type="checkbox"/> \$21,800	<input type="checkbox"/> \$36,350	<input type="checkbox"/> \$56,400
<input type="checkbox"/> 4 Persons Family	<input type="checkbox"/> \$24,250	<input type="checkbox"/> \$40,400	<input type="checkbox"/> \$62,650
<input type="checkbox"/> 5 Persons Family	<input type="checkbox"/> \$26,200	<input type="checkbox"/> \$43,650	<input type="checkbox"/> \$67,650
<input type="checkbox"/> 6 Persons Family	<input type="checkbox"/> \$28,100	<input type="checkbox"/> \$46,850	<input type="checkbox"/> \$72,650
<input type="checkbox"/> 7 Persons Family	<input type="checkbox"/> \$30,050	<input type="checkbox"/> \$50,100	<input type="checkbox"/> \$77,650
<input type="checkbox"/> 8 Persons Family or More	<input type="checkbox"/> \$32,700	<input type="checkbox"/> \$53,350	<input type="checkbox"/> \$82,700

Family Financial Support and Characteristic (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> TAFDC Recipient    | <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Food Stamp         |
| <input type="checkbox"/> Child Support      | <input type="checkbox"/> Supplemental Security Income (SSI)          | <input type="checkbox"/> Refugee Assistance |
| <input type="checkbox"/> Alimony            | <input type="checkbox"/> Boston Public School Free Lunch Program     | <input type="checkbox"/> AFDC               |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Veterans Compensation                       | <input type="checkbox"/> Currently Employed |
| <input type="checkbox"/> Handicapped        | <input type="checkbox"/> Unemployment Insurance                      |   |

*Thank you for your consideration and time in filling out this information.*

**500 Columbia Road, Dorchester, MA 02125 (617) 282-6110/fx: (617) 282-2507**

*An Affiliate of United Way of Massachusetts Bay*

In order for us to process this application properly and better serve your child we need you to give us one of the following. All parts of this application must be finished before your child can become a member.

**A copy of:**

- Food Stamp Card
- Proof of Boston Public School Free Lunch Program
- Unemployment Insurance
- AFDC
- TAFDC Recipient
- Veterans Compensation
- General Assistance
- Free Care
  - Copy of insurance card
  - Copy of Mass Health Cad
  - Copy of Neighborhood Health Plan
  - Copy of Boston Health Net Card
- Public Housing
  - Section 8
  - Low Income Subsidize Housing
  - Reduced Rent
  - Boston Housing Assistance
- Copy of EBT card
- Copy of TANIF (welfare)