

BYA

Program Application 5.15

1255 Allston Way
Berkeley, CA. 94702

Date of Application:	
Office Use Only- Entered into BYA Database BY:	DATE:
Participant's First Name:	
Participant's Last Name:	
Drivers/School/State ID#:	
Street Address:	
City: (For City of Berkeley residents, please submit proof of residency. E.g. Phone Bill, Utility Bill within the last 30 days)	
Zip Code:	
Telephone:	
Emergency Contact Name:	
Emergency Contact Number:	
Date of Birth of Participant:	
Age of Participant:	
Participant's Social Security #: <i>(REQUIRED OF ALL PARTICIPANTS)</i> <i>(*Note: This information is strictly confidential and is used only to determine eligibility for City and County-sponsored services).</i>	
MEDI-CAL	
Are You/Your Child enrolled in Medi-Cal?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	
Gender:	Decline to State:
ETHNICITY (Please also make a selection from the "RACE" options in the next box)	
Hispanic / Latino(a): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: (Check all that apply) √	
(Single Race Categories)	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
(Multiple Race Categories)	
<input type="checkbox"/> American Indian / Alaskan Native AND Black / African American	
<input type="checkbox"/> American Indian / Alaskan Native AND White	
<input type="checkbox"/> Asian AND White	
<input type="checkbox"/> Black / African American AND White	
<input type="checkbox"/> Other or Multiracial (please specify):	
Check all that apply:	

<input type="checkbox"/> Single Female Headed Family	<input type="checkbox"/> Disabled*
<input type="checkbox"/> Homeless*	<input type="checkbox"/> Chronically Homeless*
*BYA must obtain verification or self-certification.	
School (Under age 18 only):	
Grade (Under age 18 only):	
Adult living with Participant NAME: RELATIONSHIP:	DAYTIME PH: CELL PH:
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Adult living with Participant: NAME: RELATIONSHIP:	DAYTIME PH: CELL PH:
Who is AUTHORIZED to pick up participant? (List All):	

MEDICAL HISTORY & COVERAGE

Name of Family Doctor:	
Phone of Doctor	
Health Insurance Provider	
Insurance Id#	
Has the participant completed the following?	(Indicate Yes or No)
Chicken Pox Shots	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps Shots	<input type="checkbox"/> Yes <input type="checkbox"/> No
TB Test Shots	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tetanus Booster Shots	<input type="checkbox"/> Yes <input type="checkbox"/> No
German Measles Shots	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the participant have?	(Indicate Yes or No):
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the participant have any of the following allergies?	(Indicate Yes or No):
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insect Bites	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, Please Specify:	
Special Health Needs:	

INCOME ELIGIBILITY

Please attach recent Bank Statement, Payroll Stub, Tax Return or Self-Certify to apply for services under BYA’s Discounted Fee Schedule.

Family receives public assistance	Indicate Yes or No Below	
AFDC/TANF/Cal Works	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cal FRESH (Food Stamps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medi-Cal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, Self-Certify:		

PROGRAM INTEREST Check all that apply.

Indicate Yes or No	Programs/Activities
<input type="checkbox"/> Yes <input type="checkbox"/> No	Afterschool Center
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arts & Crafts
<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Education
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Food Box once per month
<input type="checkbox"/> Yes <input type="checkbox"/> No	Gardening
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual and Family Counseling
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lady Hoops/Girls Twilite Basketball
<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidd Elite Basketball
<input type="checkbox"/> Yes <input type="checkbox"/> No	Music
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mentoring
<input type="checkbox"/> Yes <input type="checkbox"/> No	College Field Trips
<input type="checkbox"/> Yes <input type="checkbox"/> No	Science, Technology, Engineering, and Math (S.T.E.M.) Activities
<input type="checkbox"/> Yes <input type="checkbox"/> No	Summer Jam Day Camp
<input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Center
<input type="checkbox"/> Yes <input type="checkbox"/> No	Youth Council
	Other:

ATTENDANCE and REPORT CARDS (Under age 18 only)

In order for BYA to track our participant’s attendance and academic progress in school, we request attendance records and report cards from school. The information remains confidential within BYA and is only used to improve participant attendance and to develop individual academic plans. Please sign below to indicate that you give permission for BYA to obtain the participant’s attendance records as well as report cards, and to communicate with school staff about attendance and/or academic related issues. I, (Parent/Guardian) _____ hereby give my permission for (Participant’s school) _____ to release the attendance records and report cards of (Participant’s name) _____ to BYA.

Parent/Guardian Signature

Date

PHOTO RELEASE AUTHORIZATION

I authorize BYA to publish photos of my child or myself

_____ participating in BYA program activities in BYA promotional or informational materials such as the newsletter, Annual Report, brochures, invitations, and the official BYA website. Further, I do hereby for myself and for my heirs and assigns, on behalf of my child or ward or myself release and agree to indemnify and hold harmless BYA, its officers, agents, and employees from any liability, loss, claim, demand, action, or cause of action which arises or may arise or be occasioned in any way by such photos.

Parent/Guardian/ or Participant 18 and over Signature

Date

WAIVER & RELEASE

I, (Parent/Guardian or Participant 18 and over) _____, the undersigned, hereby authorize (Participant name) _____, my child, ward, or myself, to participate in activities coordinated by BYA. I do hereby for myself and for my heirs and assigns, on behalf of my child, ward, or myself for his, her, or my heirs and assigns, release and agree to indemnify and hold harmless BYA and the City of Berkeley, their officers, agents, and employees from any liability, loss, claim, demand, action, or cause of action which arises or may arise or be occasioned in any way by such participation.

Parent/Guardian/ or Participant 18 and over Signature

Date

CODE OF CONDUCT AGREEMENT

By this application, you agree to abide by the Code of Conduct Agreement below.

Each parent or guardian must SIGN OUT the participant with appropriate BYA staff.
Absolutely no profanity, no fighting, nor disruptive behavior is permitted at BYA. Fighting will not be tolerated at BYA and will result in automatic suspension.
Vandalizing or stealing BYA property or the property of others will result in AUTOMATIC DISMISSAL.
No riding bicycles, skateboards, or skates inside the BYA facility. Running or yelling inside the BYA facility will not be tolerated.
It is against BYA rules for any participant to leave the BYA facility once the participant has signed into BYA.
BYA is not responsible for participants who leave designated areas of supervision without authorization.
Participants should <u>not bring anything of value</u> to the BYA facility including but not limited to: basketballs, footballs, walkmen, watches, video games. <u>BYA will not be responsible for the loss of these items or similar items.</u>
Participants are prohibited from using the Computer Lab without supervision. Participants are prohibited from going to the MySpace.Com website and will be barred from computer use if they access the site.
Participants understand that if they are caught with alcohol or drugs that they will be automatically suspended from BYA.