



EYC Application 2021-2022

The Club/Teen Center Boys & Girls Club of the Chattahoochee Valley, in partnership with Columbus State University, is a recipient of a Georgia Department of Education 21st Century Community Learning Center grant for a program called Empowered Youth of Columbus (EYC). This is very exciting news for your child, who is now eligible for additional enrichment programs through the Boys & Girls Club, as well as one on one tutoring opportunities, additional field trips, and more.

There is **NO COST FOR THE EYC PROGRAM.**

_____ Yes, I would like to enroll my child in the EYC program. I grant permission for the Boys & Girls Club to (initial) share the information listed on the Boys & Girls Club membership and application forms.

Student Name: _____ GTID #: _____

Student's Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

School: _____ Grade: _____ School Day Teacher: _____

Sibling(s) Please include grade level of sibling(s): _____

Race/Ethnicity:

☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Mixed ☐ Other: _____

Lives with: ☐ Both parents ☐ Single parent mother/father ☐ Grandparent(s) ☐ Foster care ☐ Joint custody
☐ Guardian ☐ Other _____

Primary Language spoken at home: ☐ English ☐ Spanish ☐ Other: _____ Free/Reduced Lunch: ☐ Yes ☐ No

Are there areas of study you would like additional help for your child in?

☐ Math ☐ Reading ☐ Social Skills ☐ Other _____

Does your child have an IEP (Special Education)? ☐ Yes ☐ No Does your child have a 504 plan? ☐ Yes ☐ No

Does your child have any medical restriction/allergies? ☐ Yes ☐ No

Because the EYC program is funded by the Georgia Department of Education, we require your permission to release your child's Muscogee County School education records, including school registration information, assessment data, student grades and test scores so that we may measure the effectiveness of our program. Please sign below if you agree to release your child's education records.

I understand all results will be kept confidential. I can revoke this right at any time in writing.

Photo/Video Release: I give permission to the EYC Program to take videos/pictures that may include my child and might be used in publications (e.g. newspaper, newsletters, program websites, social media).

Survey Participation: I give permission for my child to participate in surveys for program evaluation and planning purposes.

Parent/Guardian Name: _____ Parent/Guardian Phone: _____
(PLEASE PRINT)

Parent/Guardian Signature: _____ Date: _____