



January 5th, 2018

To Our Q Center Community,

We hope that you had happy holidays and a joyous new year! We at Q Youth Resources have a lot to celebrate this new year, including some exciting news we would like to share with you – **The Q Center is moving!** After several years in the Family of God Lutheran Church, The Q Center is partnering with the Boys and Girls Club of South Puget Sound to offer our new space in Bremerton Teen Center. We are confident that this new space will better serve our youth and families—with better access to transit and community services, the Bremerton Teen Center is an exciting opportunity to grow.

What does this move mean for current Q Center youth and their families? Here are some answers to questions you may have:

- **When are you moving?**

We are in the process of moving right now, and plan to have our first drop-in in our new space on Friday January 19<sup>th</sup>, 2018.

- **Where is the Bremerton Teen Center?**

The Bremerton Teen Center's address is 3102 Wheaton Way, Bremerton, WA 98310.

- **Does this mean The Q Center is a Boys and Girls Club program?**

The Q Center will remain an independent program operated by Q Youth Resources. We are partnering with the Boys and Girls Club to offer space in their building that is a good fit for our programming.

- **Will we need to fill out new paperwork?**

Yes, there is new paperwork to fill out. All youth who attend our programming will need to fill out Boys and Girls Club paperwork in order to be in their building. The paperwork can be filled out in advance and returned when the participant comes to our new space for the first time.

- **Are there any associated costs?**

The paperwork required does enroll youth in the Boys and Girls Club, and this does cost \$5.00 a month. If this is cost prohibitive, both agencies are ready to work with you to ensure that your youth can continue to attend Q Center programming.

- **How will this change Q Center drop in programming?**

In most ways, our programming will remain the same. Our mission is to provide a safe and empowering space to LGBTQ+ youth, and we will continue to do just that in a space better equipped to meet our needs. We will still host drop-in programming every Friday from 6:00-9:00pm. The adult facilitators present will still be Q Center trained and background checked volunteers. There is one important change—as of this move, youth 19 and 20 years old who are no longer in high school will no longer be able to attend drop-in programming due to the policies of the Boys and Girls Club space use.

- **So if I am 19 or 20, I can't come anymore?**

As of January 19<sup>th</sup>, 19 and 20 year olds will no longer qualify for drop-in programming as participants. While we know this will be disappointing news for some, we plan to develop a youth leadership

program for participants in this age range. We think this is a great opportunity for young people to stay engaged with us and develop leadership skills.

- **Who can I contact if I have questions or concerns about this move?**

- For questions about Q Center programming please email [theqcenter@qyouthresources.org](mailto:theqcenter@qyouthresources.org) or directly message us through our Facebook page ([facebook.com/theqcenter](https://facebook.com/theqcenter))
- For questions about The Boys and Girl's club paperwork or space, please contact Ricki Picariello, Program Director at (360) 362-1854 or [picariellor@bgcsp.org](mailto:picariellor@bgcsp.org)
- If you are 19 or 20 and want to stay informed about our future leadership opportunities, please email [volunteers@qyouthresources.org](mailto:volunteers@qyouthresources.org)

We couldn't have made this move without the support of our youth, their families and other passionate community members who believe in our mission. We look forward to the new youth and families we will reach, as well as improving our service to current youth and families.

Thank you so much for your support. We are excited for you to join us on this new journey!

Sincerely,  
M. Rich  
QYR Board President



**Required Member Information (Please use blue or black ink)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School Name: \_\_\_\_\_ \* Kindergartners may be required to submit proof of birthday Circle: New / Renew

**Is your child eligible for free or reduced price meals or free milk at his/her school? Free \_\_\_ Reduced \_\_\_ None \_\_\_**

**Note: FREE/REDUCED LUNCH LETTERS MUST ACCOMPANY APPLICATION FOR SLIDING SCALE MEMBERSHIP FEE ELIGIBILITY. See club staff for additional questions.**

**Military Information (Please enter yes or no in applicable areas)**

Military Dependant? \_\_\_\_\_ Active? \_\_\_\_\_ Reserves? \_\_\_\_\_ National Guard? \_\_\_\_\_  
 Currently Activated? \_\_\_\_\_ Retired? \_\_\_\_\_ Branch (Please List): \_\_\_\_\_

**Required Emergency Information**

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Lives with child? ( Yes / No ) Preferred Method of Contact: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Child's Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

**\*REQUIRED Medical Information: Please note any medical problems related to your child that BGCSPS should be aware of, i.e. (but not limited to) allergies, food allergies, asthma, hyperactivity, seizures, behavioral issues, disabilities, etc: N/A or necessary details please**

Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_

**Demographic Information (Please enter yes or no in applicable areas)**

Is the child's principle residence a single parent household? (Yes or No) \_\_\_\_\_ Head of Household: Male \_\_\_\_\_  
 Number of residents in the household: \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_ Female \_\_\_\_\_  
 Is the child in foster care? (Yes or No) \_\_\_\_\_ Is the child experiencing homelessness? (Yes or No) \_\_\_\_\_

**Annual Household Income: (Please check)**

\$0-\$5,000 \_\_\_\_\_ \$5,001-\$7,500 \_\_\_\_\_ \$7,501- \$10,000 \_\_\_\_\_ \$10,001-\$12,000 \_\_\_\_\_ \$12,001 - \$15,000 \_\_\_\_\_  
 \$15,001-\$19,500 \_\_\_\_\_ \$19,501-\$30,000 \_\_\_\_\_ \$30,001 - 50,000 \_\_\_\_\_ \$50,001- 60,000 \_\_\_\_\_ \$60,001 & Up \_\_\_\_\_

**Child's Ethnicity (Please Check)**

African-American \_\_\_ American Indian/Alaskan \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Native/Hawaiian/Pacific Islander \_\_\_ Other (Please List) \_\_\_\_\_

I declare that I am the parent or legal guardian of: \_\_\_\_\_ and I have custody and control of this child.

**Mark each line below.** Required to move forward in registration process.

**Membership Fees: All fees must be paid prior to attendance, including past due balances and late fees.** I understand the membership fee that is paid is to register my child(ren) in our files. It is not a fee for any activity. It is non-refundable. I further understand that fees for other services or programs may be charged. I understand that summer program fees are in addition to membership and school year program fees.

Initial-Fees

**Medical Care:** I realize that participation in athletics and other activities carries the possibility of severe or permanent injury. In the event my child is injured or should require medical attention, I hereby authorize you to contact our family doctor. In the event the doctor cannot be reached, I hereby authorize the supervisor, coach or other Boys & Girls Club employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment that may proceed without further authorization. I release the Boys and Girls Clubs of any liability for accidents or injuries that occur while my child is in their care.

Initial-Medical

**Behavior Policy:** As parent/guardian of my son/daughter I agree to fully abide by, and cooperate with, the disciplinary procedures of the BGCSPS. Additionally, I understand enrolling my child(ren) in the BGCSPS is an indication that I have read and will comply with the organizations policies and procedures. I also fully understand that failure to accept responsibility for inappropriate actions either by myself or my child may result in corrective action.

Initial-Behavior

**Drop-in Policy:** I understand members are free to come and go as they please; staff/volunteers do not grant permission to leave, nor do we insist that children stay. Arrival and departure is a matter strictly between the parent/guardian and child. Once a child signs out for the day, they cannot return that day unless they have Club permission.

Initial-Drop-In

**Self-administered Sunscreen:** I understand that I am to apply sunscreen at home. However, I understand that I may send sunscreen with my child. I give permission for my child to self-administer the sunscreen at Club.

Initial-Sunscreen

**Release of Information:** I understand that BGCSPS may share data and information regarding Club members with funding entities as required by grants.

Initial-Release

**Mail/Email Communications:** I consent to receive mail &/or email communications from the Boys & Girls Clubs of South Puget Sound in order to receive information, news, and special offers. If the best mailing address or email differs from page 1, please list it here:

Initial-Mail/Email

Y / N

**Internet Consent:** I give permission to BGCSPS to provide my child internet access from the Club's computer learning centers. I understand the purpose of internet access is to enhance education, culture, recreation and competency in an information-driven global society. I understand my child will lose internet privileges if it is deemed necessary by the Club's employees. I understand that I can take back my permission at any time.

Y / N

**Photo Release Consent:** I hereby give my consent to the BGCSPS to use any images that may be taken of my child(ren) while registered as a Club member. I have read this release, understand it, and intend it to be legally binding.

Y / N

**Survey Release:** I give permission for Boys & Girls Clubs of South Puget Sound to survey my child about his or her Club experience and behaviors, skills and attitudes.

Y / N

**Library Card Consent:** (Pierce County Clubs only) I hereby give my consent to the BGCSPS to release my child's information (including first and last name, address, phone, birthday, email, and parent's name) to the Pierce County Library System for the purpose of obtaining a library card.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_