Club Member \_\_\_ Volunteer \_\_

**Type of Membership (Check one):**

□ New Membership

**□** Renew Membership

□ School Year Program

□ Summer Program 2017

**How many years has the member been attending**? \_\_\_\_\_\_\_\_\_\_

 ****

 **Membership Application**

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

First Name:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\* Male \_\_\_\_Female\_\_\_\_\_

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

City:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information**

School Name:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in September 2017:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child advance to the next grade on time? Yes No

Name of School:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Homeroom Teacher’s Name:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected High School Graduation Date (Year): \_\_\_\_\_\_\_\_\_\_

**Medical Information (Fill out completely and include insurance policy number)**

Insurance Carrier:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance policy #:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a family dentist? Yes No

Emergency Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Disability\*\* explain medical, physical, emotional, or behavior issues

ADHD ADDAutismVisually impairedHearing Impaired Mobility Impaired Visually Impaired Asthma Learning DisabilityDiabetes Allergies

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies (i.e. food, medicine, etc.):\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications we should be aware of:\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Parent/guardian Name: (1)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to member: (1)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian phone:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work phone:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian address if different than member:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian employed: yes no

Parent/guardian name of employer:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian occupation:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian a former club member: yes no

Parent/guardian name: (2)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian relationship to member: (2)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian phone:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work phone:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian email:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian address if different than member:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian employed:\* yes no

Parent/guardian name of employer:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian occupation\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian a former club member: yes no

**Emergency Contact Information**

**Emergency Contact Name:** (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact relationship to member: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Emergency contact live with member: yes no

Emergency Contact phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact address if different than member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Emergency Contact employed: yes no

Emergency Contact name of employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name:** (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact relationship to member: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Emergency contact live with member: yes no

Emergency Contact phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact address if different than member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Emergency Contact employed: yes no

Emergency Contact name of employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information**

I give permission to the Boys & Girls Club of Greater Lowell and my child’s school to exchange information regarding my child. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's school or the Boys & Girls Clubs in writing.

NOTE - Parents/Guardians by your signature on this application you authorize the release of any/all of your child’s school’s academic progress reports and report cards to Boys & Girls Club of Greater Lowell for purposes of copying & submitting ***the data only*** to Boys & Girls Club of Greater Lowell funding sources, not your child’s name.

Please initial if you **do not** want to give permission your child’s school and BGCGL to share to information:\_\_\_\_\_\_

**Outcome Tracking**

I give permission for my child to participate in the tracking of BGCGL outcomes/goals, which includes taking surveys, pre/post tests, participating in focus groups and tracking progress against goals.

Please initial if you **do not** want to give permission your child to participate in outcome tracking:\_\_\_\_\_\_

**Technology**

 As a member of the Boys & Girls Club, my child will have access to the internet. While precautions are taken by the Boys & Girls Clubs of Greater Lowell, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Greater Lowell or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

Please initial if you **do not** want to give permission your child to participate in technology programs:\_\_\_\_\_\_

**Public Relations & Media**

My child has permission to be used in public relation materials for the Boys & Girls Club of Greater Lowell. This may include, but is not limited to, having his/her photo or name in newspapers, newsletters, TV, BGCGL website, YouTube, BGCGL Facebook and Twitter pages).

Please initial if you **do not** want to give permission your child or their likeness to be used: \_\_\_\_\_\_

My child has permission to be used in public relations materials of funders and partner organizations or companies that are associated with the Boys & Girls Club of Greater Lowell (includes, but is not limited to having his/her photo or name in newspapers, newsletters, website, YouTube, Facebook, and Twitter).

Please initial if you **do not** want to give permission your child or their likeness to be used by funders or partners: \_\_\_\_\_\_

**Disclaimer**

I hereby give permission for my child to become a member of the Boys and Girls Club of Greater Lowell. I understand that the Club I not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child.

**Open Door Policy**

 **The Boys & Girls Club of Greater Lowell maintains an Open Door Policy. It is the responsibility of the Parent/ Guardian to set and enforce their expectations regarding how and when their child/teen may leave the club. The Club is not a licensed child care center and cannot be responsible for the supervision of children beyond closing time. Parents/ Guardians are responsible for their children/teen’s transportation to and from the Club.**

**Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Demographic Information:** *All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity:****(check all that apply)** **□** African American**□** Asian**□** Brazilian**□** Caucasian/White**□** Haitian**□** Hispanic/Latino**□** Native American**□** Multi-Racial**□** Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\*Member lives with...** **(check all that apply)** **□** Father**□** Mother**□** Step Father**□** Step Mother**□** Aunt**□** Uncle**□** Grandparent/s**□** Foster Parents | **\*Total # of People in** **Household:** **(check one)**  □ 2□ 3□ 4□ 5□ 6□ 7□ 8 or more | **\*Assistance Programs:** **(check all that apply)** **□** SNAP **(**Food Stamps)**□** SSI**□** SSDI**□** TANF**□** General Assistance**□** Section 8 Housing Voucher **□** Lives in public housing | **\*School Lunch** **Program:****(check one)** **□** Free**□** Reduced**□** Unknown**□** Not Applicable |
| **\*Child of military** **and does not live** **on base?****(Check one)****□** Yes**□** No |
| **\*Primary language** **Spoken at home:****(check one)** **□** English**□** Khmer**□** Portuguese**□** Spanish□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Foster Child** **□** Yes**□** No | **\*Single Parent Household?** **(check that apply to you)** **□** Yes**□** No\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*□ Single □ Married□ Widow/er□ Divorced□ Separated | **\*Household Annual Income:**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is your child on a IEP? Individual Education Plan) **□** Yes **□** NoIs your child enrolled in ESL classes (English as Second Language) **□** Yes **□** No | **\*Housing:** □ Section 8□ Public Housing□ Private Low Income□ Emergency Housing  (shelter, hotel)**\*Homeless in the last** **12 months?****□** Yes **□** No | **\*Does Member** **have a history** **with Juvenile****Justice?****(Check one)****□** Yes**□** No**Was child** **adjudicated?****□** Yes **□** No |

|  |  |  |
| --- | --- | --- |
| HouseholdSize |  | **Household Income** **Please circle the range closest to your household income based on the size of your household.** |
| 1 |  | $0-$19,050 | $19,052-$31,750 | $31,751-$44,750 | $44,751+ |
| 2 |  | $0-$21,800 | $21,801-$36,300 | $36,301-$51,550 | $51,551+ |
| 3 |  | $0-$24,500 | $24,501-$40,850 | $40,851-$57,550 | $57,551+ |
| 4 |  | $0-$27,200 | $27,201-$45,350 | $45,351-$63,900 | $63,901+ |
| 5 |  | $0-$29,400 | $29,401-$49,000 | $49,001-$69,050 | $69,051+ |
| 6 |  | $0-$31,600 | $31,601-$52,650 | $52,651-$74,150 | $74,151+ |
| 7 |  | $0-$33,750 | $33,751-$56,250 | $56,251-$79,250 | $79,251+ |
| 8 |  | $0-$35,950 | $35,951-$59,900 | $59,901-$84,350 | $84,351+ |

Entered into ETO by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received a member ID: date: \_\_/\_\_\_/\_\_\_, date: \_\_/\_\_\_/\_\_\_, date: \_\_/\_\_\_/\_\_\_, date: \_\_/\_\_\_/\_\_\_, date: \_\_/\_\_\_/\_\_\_