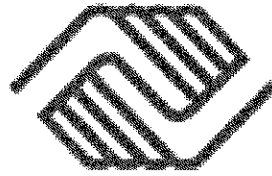


Club Member \_\_\_ Volunteer \_\_\_  
**Type of Membership (Check one):**  
 New Membership  
 Renew Membership  
 School Year Program 2018-2019  
 Summer Program 2018  
 Orientation  
 Payment Date \_\_\_\_\_



**BOYS & GIRLS CLUB  
OF GREATER LOWELL**

**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 2018:\* \_\_\_\_\_  
 Did your child advance to the next grade on time? Yes No  
 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  ADD  Autism  Visually impaired  Hearing Impaired  Mobility Impaired  Asthma  Learning

Disability  Diabetes  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 from 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, Instagram, Twitter and all other social medias).

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.

In accordance with Federal law and U.S Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

**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 use for funding purposes to keep costs affordable.*

<p><b>Ethnicity:</b> (check all that apply)</p> <p><input type="checkbox"/> African American  <input type="checkbox"/> Asian  <input type="checkbox"/> Brazilian  <input type="checkbox"/> Caucasian/White  <input type="checkbox"/> Haitian  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Native American  <input type="checkbox"/> Multi-Racial  <input type="checkbox"/> Other _____</p>	<p><b>*Member lives with...</b> (check all that apply)</p> <p><input type="checkbox"/> Father  <input type="checkbox"/> Mother  <input type="checkbox"/> Step Father  <input type="checkbox"/> Step Mother  <input type="checkbox"/> Aunt  <input type="checkbox"/> Uncle  <input type="checkbox"/> Grandparent/s  <input type="checkbox"/> Foster Parents</p>	<p><b>*Total # of People in Household:</b> (check one)</p> <p><input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8 or more</p>	<p><b>*Assistance Programs:</b> (check all that apply)</p> <p><input type="checkbox"/> SNAP (Food Stamps)  <input type="checkbox"/> SSI  <input type="checkbox"/> SSDI  <input type="checkbox"/> TANF  <input type="checkbox"/> General Assistance  <input type="checkbox"/> Section 8 Housing Voucher  <input type="checkbox"/> Lives in public housing  <input type="checkbox"/> None Applicable</p>	<p><b>*School Lunch Program:</b> (check one)</p> <p><input type="checkbox"/> Free  <input type="checkbox"/> Reduced  <input type="checkbox"/> Unknown  <input type="checkbox"/> Not Applicable</p> <p><b>*Child of military and does not live on base?</b> (Check one)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>*Primary language Spoken at home:</b> (check one)</p> <p><input type="checkbox"/> English  <input type="checkbox"/> Khmer  <input type="checkbox"/> Portuguese  <input type="checkbox"/> Spanish  <input type="checkbox"/> Other _____</p> <p><b>Foster Child</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>*Single Parent Household?</b> (check that apply to you)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No          *****</p> <p><input type="checkbox"/> Single  <input type="checkbox"/> Married  <input type="checkbox"/> Widow/er  <input type="checkbox"/> Divorced  <input type="checkbox"/> Separated</p>	<p><b>*Household Annual Income</b></p> <p>\$ _____</p> <p>Is your child on an IEP? Individual Education Plan) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your child enrolled in ESL classes (English as Second Language) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>*Housing:</b></p> <p><input type="checkbox"/> Section 8  <input type="checkbox"/> Public Housing  <input type="checkbox"/> Private Low Income  <input type="checkbox"/> Emergency Housing (shelter, hotel)</p> <p><b>*Homeless in the last 12 months?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>*Does Member have a history with Juvenile Justice?</b> (Check one)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>Was child adjudicated?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Household Size	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: \_\_/\_\_/\_\_