

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

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

- New Membership
- Renew Membership
- 2019-2020 School Year Program
- Summer Program



### 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 2019:\* \_\_\_\_\_

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  ADD  Autism  Visually impaired  Hearing Impaired  Mobility Impaired  Visually 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 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.

<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</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>_____</p> <p>Is your child on a IEP? Individual Education Plan)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>Is your child enrolled in ESL classes (English as Second Language) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</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: \_\_/\_\_/\_\_