



**BOYS & GIRLS CLUB  
OF GREATER LOWELL**



**2020 Summer Program**

Registration and payment MUST be received by Thursday the previous week to attend the weekly summer program requested.

Summer Program hours are 9:00 am - 5:00 pm (Monday - Friday)

Teen Night summer hours are 5:00 pm - 8:00 pm (Tuesday-Thursday)

\*Orientation is mandatory for all new and existing club members\*

Member Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_ Please check this box if you are filling out this application for the Virtual Club summer program.

Dates	Early Drop Off \$25/wk   7:30am	Late Pick Up \$25/wk  6:00pm	Summer Program Fee \$30/wk	Day of Payment	Method of Payment: Cash, Card, Money Order	Staff Initials
Week 1 July 6th-10th (pay no later than July 3rd)	Not applicable for this season	Not applicable for this season	\$30.00			
Week 2 July 13th-17th (pay no later than July 10th)	Not applicable for this season	Not applicable for this season	\$30.00			
Week 3 July 20th-24th (pay no later than July 17th)	Not applicable for this season	Not applicable for this season	\$30.00			
Week 4 July 27th-31st (pay no later than July 24th)	Not applicable for this season	Not applicable for this season	\$30.00			
Week 5 August 3rd-August 7th (pay no later than July 31st)	Not applicable for this season	Not applicable for this season	\$30.00			
Week 6 August 10th-14th (pay no later than August 7th)	Not applicable for this season	Not applicable for this season	\$30.00			



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**2020 Summer Membership Application**

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

MEMBERSHIP INFORMATION		
First Name: _____	Middle Initials: _____	Last Name: _____
Date of Birth: _____	Age: _____	Gender: M or F
Address: _____		City: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Parent/Guardian Email: _____		

School Information	
School Name: _____	Grade in September 2020: _____
Did your child advance to the next grade on time? _____	
Current homeroom teacher: _____	
Expected year to graduate: _____	

MEDICAL INFORMATION {FILL OUT COMPLETELY AND INCLUDE INSURANCE POLICY #}		
Insurance Carrier: _____	Policy#: _____	Doctor's Name: _____
Phone Number: _____	Family Dentist: Y or N	Emergency Hospital: _____
Medical Disability** Please explain medical, physical, emotional and or behavioral issues		
<input type="checkbox"/> ADD, ADHD	<input type="checkbox"/> Hearing Impaired	
<input type="checkbox"/> Autism	<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mobility Impaired	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Visually Impaired	
<input type="checkbox"/> Allergies: _____		
** Please list any medications we should be aware of: _____		



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### **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 media).

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



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**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 is 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 Name: \_\_\_\_\_

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

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



**BOYS & GIRLS CLUB**  
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PARENT/GUARDIAN CONTACT INFORMATION		
Parent/Guardian Information (1) _____		Relationship to Member: _____
Cell Phone: _____	Work Phone: _____	Email: _____
Address (if different than Member): _____		City: _____
Parent/Guardian Employed: Y or N		Name of employer: _____
Parent/Guardian occupation: _____		Former Club Member: Y or N
Parent/Guardian Information (2) _____		Relationship to Member: _____
Cell Phone: _____	Work Phone: _____	Email: _____
Address (if different than Member): _____		City: _____
Parent/Guardian Employed: Y or N		Name of employer: _____
Parent/Guardian occupation: _____		Former Club Member: Y or N
Parent/Guardian Information (3) _____		Relationship to Member: _____
Cell Phone: _____	Work Phone: _____	Email: _____
Address (if different than Member): _____		City: _____
Parent/Guardian Employed: Y or N		Name of employer: _____
Parent/Guardian occupation: _____		Former Club Member: Y or N



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EMERGENCY CONTACT INFORMATION		
Emergency Contact Name (1) _____		Relationship to Member: _____
Cell Phone: _____	Work Phone: _____	
Address (if different than Member): _____		City: _____
Is the Emergency Contact Employed: Y or N	Emergency Contact Employer: _____	
Emergency Contact Name (2) _____		Relationship to Member: _____
Cell Phone: _____	Work Phone: _____	
Address (if different than Member): _____		City: _____
Is the Emergency Contact Employed: Y or N	Emergency Contact Employer: _____	
Emergency Contact Name (3) _____		Relationship to Member: _____
Cell Phone: _____	Work Phone: _____	
Address (if different than Member): _____		City: _____
Is the Emergency Contact Employed: Y or N	Emergency Contact Employer: _____	

Demographic Information: ALL information provided will remain confidential. This information is used for funding purposes to keep costs affordable. \*\*\*Please check all that apply



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

Household Size	Household Information:				
	1) Circle the number of family and non-family members living in your household below. 2) Circle the corresponding income level (FY20-21 Median Family Income) Note: Does not need to be on the same row as number of household size- should be accurate yearly household income.				
1	\$0-\$22,650	\$22,651-\$37,700	\$37,701-\$52,850	\$52,850+	
2	\$0-\$25,850	\$25,850-\$43,050	\$43,051-\$60,400	\$60,401+	
3	\$0-\$29,100	\$29,101-\$48,450	\$48,451, \$67,950	\$67,951+	
4	\$0-\$32,300	\$32,301-\$53,800	\$53,801-\$75,000	\$75,501+	
5	\$0-\$34,900	\$34,901-\$58,150	\$58,151-\$81,550	\$81,551+	
6	\$0-\$37,500	\$37,501-\$62,450	\$62,451-\$87,600	\$87,601+	
7	\$0-\$40,100	\$40,101-\$66,750	\$66,751-\$93,650	\$93,651+	
8	\$0-\$42,650	\$42,651-\$71,050	\$71,051-\$99,700	\$99,701+	

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: \_\_\_\_\_

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



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STAFF USE ONLY

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

Received Member ID: \_\_\_\_\_ Date: \_\_\_\_\_