



Type of Membership (Check one from each column):

- New Membership School Year Program 2020-2021 Would your child participate in a Virtual Program?
- Renew Membership Summer Program 2020

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

Name of School:* _____ Grade in September 2020:* _____

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

Current Homeroom Teacher's Name:* _____

Expected High School Graduation Date (Year): _____

Reading Level: Behind Age Group Appropriate for Age Group Advanced for Age Group

Is your child in ESL (English as a Second Language) or ELL (English Language Learner) classes? _____

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 Name of employer:* _____

Parent/guardian occupation:* _____

Parent/guardian a former club member: Yes No

Parent/guardian Name: (2)* _____ Relationship to member: (2)* _____

Parent/guardian phone:* _____ Work phone:* _____

Parent/guardian email: _____

Parent/guardian address if different than member:* _____

Parent/guardian employed: Yes No Name of employer:* _____

Parent/guardian occupation:* _____

Parent/guardian a former club member: Yes No

Emergency Contact Information

Emergency Contact Name: (1) _____ 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: _____

Emergency Contact employed: Yes No Name of employer: _____

Emergency Contact Name: (2) _____ 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: _____

Emergency Contact employed: Yes No 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>Ethnicity: (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>*Member lives with... (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>*Total # of People in Household: (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>*Assistance Programs: (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>*School Lunch Program: (check one)</p> <p><input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable</p> <hr/> <p>*Child of military and does not live on base? (Check one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*Primary language Spoken at home: (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> <hr/> <p>Foster Child</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*Single Parent Household? (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>*Household Annual Income:</p> <p>\$ _____</p> <hr/> <p>Is your child on a IEP? Individual Education Plan)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Is your child enrolled in ESL classes (English as Second Language) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*Housing:</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>*Homeless in the last 12 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*Does Member have a history with Juvenile Justice? (Check one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was child adjudicated?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Entered into ETO by: _____ Date: _____

Received a member ID: date: __/__/__, date: __/__/__, date: __/__/__, date: __/__/__, date: __/__/__

APPENDIX C

SELF-DECLARATION OF INCOME REPORT / FY2020-21

(Effective July 1, 2020)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS: FAMILY INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

2. ETHNICITY (please select only one):

Hispanic or Latino Not Hispanic or Latino

3. RACE (please select only one):

White American Indian/Alaskan Native *and* White
 Black/African American Asian *and* White
 Asian Black/African American *and* White
 American Indian/Alaska Native American Indian/Alaskan Native *and* Black/African American
 Native Hawaiian/Other Pacific Islander Other Multi-Racial: _____

4. HOUSEHOLD INFORMATION

1) Circle the number of family and non-family members living in your household below.

2) Circle the corresponding income level (FY2020-21 Median Family Income) Note: Does not need to be on same row as number of household size ~ should be accurate yearly household income.

Household Size	#1 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1	\$0-\$22,700	\$22,701-\$37,800	\$37,801-\$54,950	\$54,951+
2	\$0-\$25,950	\$25,951-\$43,200	\$43,201-\$62,800	\$62,801+
3	\$0-\$29,200	\$29,201-\$48,600	\$48,601-\$70,650	\$70,651+
4	\$0-\$32,400	\$32,401-\$54,000	\$54,001-\$78,500	\$78,501+
5	\$0-\$35,000	\$35,001-\$58,350	\$58,351-\$84,800	\$84,801+
6	\$0-\$37,600	\$37,601-\$62,650	\$62,651-\$91,100	\$91,101+
7	\$0-\$40,200	\$40,201-\$67,000	\$67,001-\$97,350	\$97,351+
8	\$0-\$44,120	\$44,121-\$71,300	\$71,301-\$103,650	\$103,651+

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

Participant/Guardian: _____

(Original signature is required)

Date: _____