



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: __/__/__

