



Type of Membership (Check one from each column):  □ New Membership □ School Year Program 2020-20  □ Renew Membership □ Summer Program 2020	□ Would your child participate in a Virtual Program?
How many years has the member been attending?	-
Membershin	Application
Date:	Application
First Name:* Last N	ame:*
Date of Birth:* Age: *	
Address:	
City:*	
Home Phone:*Cell	
Work Phone:*	
Parent/Guardian Email:	
School In:	formation
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	oriate 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 completel	• • • • • • • • • • • • • • • • • • • •
Insurance Carrier:*In	
	octor's Phone:
Do you have a family dentist? Yes No	
Emergency Hospital:	
Medical Disability** explain medical, physical, emotional, or	r 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:*	
Parent/guardian email:	
Parent/guardian address if different than member:*_	
Parent/guardian employed: $\square$ Yes $\square$ 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:	Name of employer:*
Parent/guardian occupation:*	
Parent/guardian a former club member:	□ No
Emergency Contact Information	
Emergency Contact Name: (1)	Relationship to member: (1)
Does Emergency contact live with member: Yes	$\sim$ No
Emergency Contact phone:	
Emergency Contact work phone:	
Emergency Contact address if different than member	r:
Emergency Contact employed: Yes No	Name of employer:
Emergency Contact Name: (2)	Relationship to member: (2)
Does Emergency contact live with member: $\Box$ Yes	s No
Emergency Contact phone:	
Emergency Contact work phone:	
Emergency Contact address if different than member	r:
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.

progress reports and report cards to Boys & Girls Club of Greater Lowell for purposes of copying & submitting the data only to Boys

NOTE - Parents/Guardians by your signature on this application you authorize the release of any/all of your child's school's academic & 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:

Date:

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





**Demographic Information:** All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.

Ethnicity: (check all that apply)  African American Asian Brazilian Caucasian/White Haitian Hispanic/Latino Native American Multi-Racial Other_	*Member lives with (check all that apply)    Father   Mother   Step Father   Step Mother   Aunt   Uncle   Grandparent/s   Foster Parents	*Total # of People in Household: (check one)  2 3 4 5 6 7	*Assistance Programs: (check all that apply)  SNAP (Food Stamps) SSI SSDI TANF General Assistance Section 8 Housing Voucher Lives in public housing	*School Lunch Program: (check one)  □ Free □ Reduced □ Unknown □ Not Applicable  *Child of military and does not live on base? (Check one)  □ Yes □ No
*Primary language Spoken at home: (check one)  □ English □ Khmer □ Portuguese □ Spanish □ Other  Foster Child □ Yes □ No	*Single Parent Household? (check that apply to you)  Pes No ***********************************	*Household Annual Income:  \$	*Housing:  Section 8 Public Housing Private Low Income Emergency Housing (shelter, hotel)  *Homeless in the last 12 months? Yes No	*Does Member have a history with Juvenile Justice? (Check one)  Yes No Was child adjudicated? Yes No

Received a member ID: date: \_\_/\_\_\_\_, date: \_\_/\_\_\_\_, date: \_\_/\_\_\_\_, date: \_\_/\_\_\_\_,

# APPENDIX C

## SELF-DECLARATION OF INCOME REPORT / FY2020-21 / CARES Act CDBG-CV2

(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 REIMBURSEMSENT

### **PARTICIPANT INFORMATION**

☐ INDIVIDUAL

☐ FAMILY

(Original signature is required)

1. PARTICIPANT STATUS:

lress:		_ City, State, Z	Zip Code:	
ETHNICITY (please	select only one):			
Hispanic or Latino	☐ Not Hispan	ic or Latino		
RACE (please select o	only one):			
White Black/African American Asian American Indian/Alaska Native Hawaiian/Other	a Native	<ul><li>☐ Asian <i>and</i> White</li><li>☐ Black/African Amer</li></ul>	askan Native and Black/Afric	an American
•	umber of family and non	n-family members living in y el (FY2020-21 Median Fam		not need to be on sam
1) Circle the n 2) Circle the co as number of	umber of family and non orresponding income lev of household size ~ shoul #1	el (FY2020-21 Median Fam ld be accurate yearly housel #2	nily Income) Note: Does in note income.  #3	#4
1) Circle the n 2) Circle the co as number o	umber of family and non orresponding income lev of household size ~ shoul #1 (0% - 30%)	el (FY2020-21 Median Fam ld be accurate yearly housel #2 (31% - 50%)	ily Income) Note: Does in the income.  #3 (51% - 80%)	#4 (81% and above)
1) Circle the n. 2) Circle the coas number of Household Size	umber of family and non orresponding income lev of household size ~ shoul #1	el (FY2020-21 Median Fam ld be accurate yearly housel #2	nily Income) Note: Does in note income.  #3	#4
1) Circle the n. 2) Circle the coas number of Household Size	umber of family and non orresponding income lev of household size ~ shoul #1 (0% - 30%) \$0-\$22,700	#2 (31% - 50%) \$22,701-\$37,800	#3 (51% - 80%) \$37,801-\$54,950	#4 (81% and above) \$54,951+
1) Circle the n. 2) Circle the coas number of Household Size  1 2	umber of family and non orresponding income lev of household size ~ should  #1 (0% - 30%) \$0-\$22,700 \$0-\$25,950	#2 (31% - 50%) \$22,701-\$37,800 \$25,951-\$43,200	#3 (51% - 80%) \$37,801-\$54,950 \$43,201-\$62,800	#4 (81% and above) \$54,951+ \$62,801+
1) Circle the n. 2) Circle the coas number of  Household Size  1 2 3	#1 (0% - 30%) \$0-\$25,950 \$0-\$29,200	#2 (31% - 50%) \$22,701-\$37,800 \$25,951-\$43,200 \$29,201-\$48,600	#3 (51% - 80%) \$37,801-\$54,950 \$43,201-\$62,800 \$48,601-\$70,650	#4 (81% and above) \$54,951+ \$62,801+ \$70,651+
1) Circle the n. 2) Circle the coas number of  Household Size  1 2 3 4	#1 (0% - 30%) \$0-\$25,950 \$0-\$29,200 \$0-\$32,400	#2 (31% - 50%) \$22,701-\$37,800 \$25,951-\$43,200 \$29,201-\$48,600 \$32,401-\$54,000	#3 (51% - 80%) \$37,801-\$54,950 \$43,201-\$62,800 \$48,601-\$70,650 \$54,001-\$78,500	#4 (81% and above) \$54,951+ \$62,801+ \$70,651+ \$78,501+
1) Circle the n. 2) Circle the coas number of  Household Size  1 2 3 4 5	#1 (0% - 30%) \$0-\$22,700 \$0-\$25,950 \$0-\$29,200 \$0-\$32,400 \$0-\$35,000	#2 (31% - 50%) \$22,701-\$37,800 \$25,951-\$43,200 \$29,201-\$48,600 \$32,401-\$54,000 \$35,001-\$58,350	#3 (51% - 80%) \$37,801-\$54,950 \$43,201-\$62,800 \$48,601-\$70,650 \$54,001-\$78,500 \$58,351-\$84,800	#4 (81% and above) \$54,951+ \$62,801+ \$70,651+ \$78,501+ \$84,801+