



2021 Summer Program Application

Date: _____

Member First Name:* _____ Last Name:* _____

Date of Birth:* _____ Age: * _____

Please select which weeks you would like your child to attend our Summer Program:

*Note that registration and payment MUST be received by Thursday the previous week in order for your child to attend.

*Orientation is mandatory for parents of new and returning members, and MUST be completed in order for your child to attend. You may schedule your orientation by calling our Front Desk at 978-458-4526, or emailing membership@lbgc.org

Dates:	Circle one:	Summer Program Fee:	To be completed by staff.	
			Date of Payment:	Staff Initials:
Week 1 July 6 th -9 th <i>Payment due no later than July 1st</i>	Yes / No	\$30.00		
Week 2 July 12 th -16 th <i>Payment due no later than July 8th</i>	Yes / No	\$30.00		
Week 3 July 19 th -23 rd <i>Payment due no later than July 15th</i>	Yes / No	\$30.00		
Week 4 July 26 th -30 th <i>Payment due no later than July 22nd</i>	Yes / No	\$30.00		
Week 5 August 2 nd -6 th <i>Payment due no later than July 29th</i>	Yes / No	\$30.00		
Week 6 August 9 th -13 th <i>Payment due no later than August 5th</i>	Yes / No	\$30.00		
Week 7 August 16 th -20 th <i>Payment due no later than August 12th</i>	Yes / No	\$30.00		



Type of Membership (Check one from each column):

- New Membership
- Renew Membership

- Summer Program 2021
- Virtual-Only Program 2021

How many years has the member been attending? _____

Membership Application

Date: _____

First Name:* _____ Last Name:* _____

Date of Birth:* _____ Age: * _____

Gender:* Male Female Trans male Trans female Gender queer
 Gender non-conforming Gender fluid Other _____ Choose not to answer

Address: _____

City:* _____ Zip:* _____

Home Phone:* _____ Cell Phone:* _____

Work Phone:* _____

Parent/Guardian Email: _____

School Information

Name of School:* _____ Grade in September 2021:* _____

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

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

- Asthma Diabetes Hearing impairment Visual impairment ADHD
- Autism Seizures Anxiety/Depression Oppositional Defiant Disorder
- Learning Disability

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:* _____

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:* _____

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) _____

Emergency Contact able to pick up member: Yes No

Emergency Contact phone: _____

Emergency Contact work phone: _____

Does Emergency contact live with member: Yes No

Emergency Contact address if different than member: _____

Emergency Contact employed: Yes No Name of employer: _____

Emergency Contact Name: (2) _____ Relationship to member: _____

Emergency Contact able to pick up member: Yes No

Emergency Contact phone: _____

Emergency Contact work phone: _____

Does Emergency contact live with member: Yes No

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"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Brazilian <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Bi-racial <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Choose not to answer</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 <input type="checkbox"/> Other _____</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"/> None <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Social Security <input type="checkbox"/> SSI (Social security income) <input type="checkbox"/> SSDI (Social security Disability income) <input type="checkbox"/> WIC (Women, Infants, and Children) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> Veteran's Compensation <input type="checkbox"/> Housing (Section 7, Section 8, etc) <input type="checkbox"/> Mass Housing <input type="checkbox"/> Other _____ <input type="checkbox"/> Choose not to answer</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"/> Haitian Creole <input type="checkbox"/> Khmer <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Vietnamese <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 <input type="checkbox"/> Other _____</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"/> Permanent (Own, rent, etc) <input type="checkbox"/> Public Housing <input type="checkbox"/> Group home <input type="checkbox"/> Foster home <input type="checkbox"/> Military Base <input type="checkbox"/> Transitional housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____</p> <hr/> <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> <hr/> <p>Was child adjudicated?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

APPENDIX C

SELF-DECLARATION OF INCOME REPORT / FY2020-21

(Effective June 1, 2021)

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. 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-\$23,700	\$23,701-\$39,550	\$39,551-\$55,950	\$55,951+
2	\$0-\$27,100	\$27,101-\$45,200	\$45,201-\$63,950	\$63,951+
3	\$0-\$30,500	\$30,501-\$50,850	\$50,851-\$71,950	\$71,951+
4	\$0-\$33,850	\$33,851-\$56,450	\$56,451-\$79,900	\$79,901+
5	\$0-\$36,600	\$36,601-\$61,000	\$61,001-\$86,300	\$86,300+
6	\$0-\$39,300	\$39,301-\$65,500	\$65,501-\$92,700	\$92,701+
7	\$0-\$42,000	\$42,001-\$70,000	\$70,001-\$99,100	\$99,101+
8	\$0-\$44,700	\$44,701-\$74,550	\$74,551-\$105,500	\$105,501+

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

Participant/Guardian: _____
(Original signature is required)

Date: _____