



Type of Membership (Check one from each column):

- New Membership
- Renew Membership

- After-School Program 21/22
- 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:\* \_\_\_\_\_

Will your child be taking the bus to the Club? Yes No

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: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact work email: \_\_\_\_\_

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: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact work email: \_\_\_\_\_

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><b>Ethnicity:</b><br/>(check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> Black or African American<br/> <input type="checkbox"/> Brazilian<br/> <input type="checkbox"/> Haitian<br/> <input type="checkbox"/> Hispanic or Latino<br/> <input type="checkbox"/> Middle Eastern or North African<br/> <input type="checkbox"/> Native Hawaiian or Pacific Islander<br/> <input type="checkbox"/> White<br/> <input type="checkbox"/> Bi-racial<br/> <input type="checkbox"/> Multi-racial<br/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> Choose not to answer</p> | <p><b>*Member lives with...</b><br/>(check all that apply)</p> <p><input type="checkbox"/> Father<br/> <input type="checkbox"/> Mother<br/> <input type="checkbox"/> Step Father<br/> <input type="checkbox"/> Step Mother<br/> <input type="checkbox"/> Aunt<br/> <input type="checkbox"/> Uncle<br/> <input type="checkbox"/> Grandparent/s<br/> <input type="checkbox"/> Foster Parents<br/> <input type="checkbox"/> Other _____</p> | <p><b>*Total # of People in Household:</b><br/>(check one)</p> <p><input type="checkbox"/> 2<br/> <input type="checkbox"/> 3<br/> <input type="checkbox"/> 4<br/> <input type="checkbox"/> 5<br/> <input type="checkbox"/> 6<br/> <input type="checkbox"/> 7<br/> <input type="checkbox"/> 8 or more</p>   | <p><b>*Assistance Programs:</b><br/>(check all that apply)</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> Childcare Assistance<br/> <input type="checkbox"/> Food Stamps/SNAP<br/> <input type="checkbox"/> Medicaid<br/> <input type="checkbox"/> Medicare<br/> <input type="checkbox"/> Social Security<br/> <input type="checkbox"/> SSI (Social security income)<br/> <input type="checkbox"/> SSDI (Social security Disability income)<br/> <input type="checkbox"/> WIC (Women, Infants, and Children)<br/> <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)<br/> <input type="checkbox"/> Veteran's Compensation<br/> <input type="checkbox"/> Housing (Section 7, Section 8, etc)<br/> <input type="checkbox"/> Mass Housing<br/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> Choose not to answer</p> | <p><b>*School Lunch Program:</b><br/>(check one)</p> <p><input type="checkbox"/> Free<br/> <input type="checkbox"/> Reduced<br/> <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Not Applicable</p> <hr/> <p><b>*Child of military and does not live on base?</b><br/>(Check one)</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> |
| <p><b>*Primary language Spoken at home:</b><br/>(check one)</p> <p><input type="checkbox"/> English<br/> <input type="checkbox"/> Haitian Creole<br/> <input type="checkbox"/> Khmer<br/> <input type="checkbox"/> Portuguese<br/> <input type="checkbox"/> Spanish<br/> <input type="checkbox"/> Swahili<br/> <input type="checkbox"/> Vietnamese<br/> <input type="checkbox"/> Other _____</p> <hr/> <p><b>Foster Child</b></p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p>  | <p><b>*Single Parent Household?</b><br/>(check that apply to you)</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/>         *****</p> <p><input type="checkbox"/> Single<br/> <input type="checkbox"/> Married<br/> <input type="checkbox"/> Widow/er<br/> <input type="checkbox"/> Divorced<br/> <input type="checkbox"/> Separated<br/> <input type="checkbox"/> Other _____</p>                               | <p><b>*Household Annual Income:</b></p> <p>\$ _____</p> <p>_____</p> <p>Is your child on a IEP?<br/>(Individual Education Plan)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>Is your child enrolled in ESL classes (English as Second Language) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> | <p><b>*Housing:</b></p> <p><input type="checkbox"/> Permanent (Own, rent, etc)<br/> <input type="checkbox"/> Public Housing<br/> <input type="checkbox"/> Group home<br/> <input type="checkbox"/> Foster home<br/> <input type="checkbox"/> Military Base<br/> <input type="checkbox"/> Transitional housing<br/> <input type="checkbox"/> Homeless<br/> <input type="checkbox"/> Other _____</p> <hr/> <p><b>*Homeless in the last 12 months?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  | <p><b>*Does Member have a history with Juvenile Justice?</b><br/>(Check one)</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <hr/> <p><b>Was child adjudicated?</b></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):**

|   |   |
|---|---|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White                  |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian <i>and</i> White   |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Black/African American <i>and</i> White                          |
| <input type="checkbox"/> American Indian/Alaska Native          | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> 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<br>(0% - 30%) | #2<br>(31% - 50%) | #3<br>(51% - 80%)  | #4<br>(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: \_\_\_\_\_