



BOYS & GIRLS CLUB
OF GREATER LOWELL

Club
Love

Type of Membership (Check one from each column):

- ☐ New Membership
☐ Renew Membership

- ☐ After-School Program 22/23
☐ Summer program 2023

Note: Only fully completed applications will be accepted.

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

Member's sibling(s) are current or past Club members? ☐ Yes ☐ No

Is this member in foster care or in kinship placement? ☐ Yes ☐ No

How will your child get home from the Club? ☐ Walk (13+ Walker Policy) ☐ Adult Pick-Up ☐ Other: _____

Address Information

Address:* _____

City:* _____ Zip:* _____

Parent/Guardian Information

Home Phone:* _____

Cell Phone:* _____

Work Phone:* _____

Email:* _____

School Information

Name of School:* _____

Grade in September 2022:* _____

Please indicate your child's reading level:

- ☐ Below Grade Level
☐ At Grade Level
☐ Above Grade Level



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

If you selected Yes, please select which bus your child will be taking from the schools that currently provide transportation:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Bailey (Elementary Only) | <input type="checkbox"/> McAvinnue |
| <input type="checkbox"/> Daley | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Greenhalge (2022/2023 School-Year Only) | <input type="checkbox"/> Morey |
| <input type="checkbox"/> Lincoln | <input type="checkbox"/> Murkland |
| <input type="checkbox"/> Pawtucketville | <input type="checkbox"/> Pyne Arts |
| <input type="checkbox"/> Robinson | <input type="checkbox"/> Rogers |
| | <input type="checkbox"/> Wang |

Please indicate if your child needs extra support or has any allergies by checking off any of the following that apply:

Physical:

- ☐ Uses/needs a wheelchair
- ☐ Hearing Impairment
- ☐ Vision Impairment
- ☐ Diabetes
- ☐ Other (Please Describe):

Allergies:

- ☐ Peanuts
- ☐ Dairy/Lactose
- ☐ Seafood/Shellfish
- ☐ Penicillin
- ☐ Aspirin
- ☐ Amoxicillin
- ☐ Bee Stings
- ☐ Pollen
- ☐ Dust
- ☐ Mold
- ☐ Latex
- ☐ Perfumes/Colognes
- ☐ Lotions
- ☐ Other: _____



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Other common areas where members might need additional assistance:

- | | |
|--|---|
| <input type="checkbox"/> Transitioning from one activity/group to another. | <input type="checkbox"/> Managing an experience in a large group. |
| <input type="checkbox"/> Managing overstimulation (ex. lights or noise). | <input type="checkbox"/> Managing frustration. |
| <input type="checkbox"/> Following directions. | <input type="checkbox"/> Controlling anger or other feelings. |
| <input type="checkbox"/> Making and keeping friendships. | <input type="checkbox"/> Asking for help. |

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

Does your child receive additional support in school or in the community? Please check off any of the following that apply?

- | | |
|--|---|
| <input type="checkbox"/> Individualized Education Plan (IEP) | <input type="checkbox"/> Meets with School or Private Counselor |
| <input type="checkbox"/> 504 (Accommodation) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Speech Coach | |

If you did check off any of the boxes above, please contact the Youth Services Manager to sign a release.
thalia.estevez@lbgc.org

Medical Information

Note: Your child's medical information must be completely filled out for this application to be accepted.

Insurance Company: _____

Insurance Carrier: _____ Insurance Policy Number: _____

Primary Doctor's Name: _____ Doctor's Phone: _____

Do you have a family dentist? ☐ Yes ☐ No Dentist Contact: _____

Emergency Hospital: _____



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Parent/Guardian and emergency contact information must be filled out completely for this application to be accepted.

Parent/Guardian Information

Parent/guardian Name: (1)* _____

Relationship to member:* _____

Parent/guardian phone:* _____

Work phone:* _____

Parent/guardian email: _____

Would you like to receive emails from the club? ☐ Yes ☐ No

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: _____

NOTE: Club members' emergency contact must be someone OTHER than the primary parent/caregiver.



SELF-DECLARATION OF INCOME REPORT / FY 2022-2023

(Effective June 15, 2022)

Federal regulations require we obtain this information to document assistance 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"/> | <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 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1		\$0-\$26,550	\$26,551-\$44,250	\$44,251-\$62,600	\$62,601+
2		\$0-\$30,350	\$30,351-\$50,550	\$50,551-\$71,550	\$71,551+
3		\$0-\$34,150	\$34,151-\$56,850	\$56,851-\$80,500	\$80,501+
4		\$0-\$37,900	\$37,901-\$63,150	\$63,151-\$89,400	\$89,401+
5		\$0-\$40,950	\$40,951-\$68,250	\$68,251-\$96,600	\$96,601+
6		\$0-\$44,000	\$44,001-\$73,300	\$73,301-\$103,750	\$103,751+
7		\$0-\$47,000	\$47,001-\$78,350	\$78,351-\$110,900	\$110,901+
8		\$0-\$50,050	\$50,051-\$83,400	\$83,401-\$118,050	\$118,051+

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

Participant/Guardian: _____

Date: _____



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

Ethnicity: (check all that apply) <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	*Members live with... (check all that apply) <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 _____	*Total # of People in Household: (check one) <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	*Assistance Programs: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Child Care 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"/> Veterans 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	*School Lunch Program: (check one) <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable *Child of military and does not live on base? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
*Primary language Spoken at home: (check one) <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 _____ Foster Child <input type="checkbox"/> Yes <input type="checkbox"/> No	*Single Parent Household? (check that apply to you) <input type="checkbox"/> Yes <input type="checkbox"/> No ***** <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 _____	*Household Annual Income: \$ _____ _____	*Housing: <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 _____ *Homeless in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Does Member have a history with Juvenile Justice? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No Was child adjudicated? <input type="checkbox"/> Yes <input type="checkbox"/> No



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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.

☐ By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to attain your child's school records. (By not checking the box, you are choosing to opt out.)

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.

☐ By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to track your child's outcome and progress. (By not checking the box, you are choosing to opt out.)

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.

☐ By checking this box, you are acknowledging and agreeing that the Boys & Girls Club of Greater Lowell cannot be held responsible for the consequences from your child having access to the internet during club hours.

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).

☐ By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to take photographs and videos of your child.

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, websites, YouTube, Facebook, and Twitter).

☐ By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to use your child's likeness for public relations materials.

Member's Name: _____

Parent/Guardian Signature: _____ **Date:** _____