



# MEMBERSHIP APPLICATION

2017-18 School-Year

Town  Holmes

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender:  M  F Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**School Information:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child Qualifies for:  Free  Reduce  Paid Lunch

**PRIMARY CONTACT**

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

**Authorized Pick-up Contact**

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Employer: \_\_\_\_\_

**Authorized Pick-up Contact**

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Employer: \_\_\_\_\_

**Not able to pick up child:**

Please indicate if anyone is **not** able to pick up child. If listed person attempts a pick up, the primary contact will be immediately notified by program staff.

	Name	Relationship to Member
1	Click or tap here to enter text.	Click or tap here to enter text.
2	Click or tap here to enter text.	Click or tap here to enter text.



BOYS & GIRLS CLUBS  
OF THE NORTHTOWNS



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**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital:  Yes  No

Medicaid:  Yes  No

Does your family have health and/or accident insurance:  Yes  No

Serious Health Problems:  Yes  No

If Yes, describe: \_\_\_\_\_

Medications:  Yes  No

If Yes, describe: \_\_\_\_\_

Food allergies or allergic reactions: \_\_\_\_\_

Learning disabilities, special education services or other special needs staff should be aware of:  Yes  No

If Yes, describe: \_\_\_\_\_

**General:**

Birth State/Country: \_\_\_\_\_ Religious Affiliation(s) \_\_\_\_\_

English as a Second Language?  Yes  No

English Language Learner/Limited English Proficiency?  Yes  No

Other language(s) spoken at home: \_\_\_\_\_

Member has permission to be used in public relations materials:  Yes  No

Member may participate in all Club activities in or adjacent to the club building:  Yes  No

**The following information is used for grant & funding purposes ONLY. All information is kept completely confidential. Please fill out as accurately as possible.**

**Household:**

Member lives with:  Mom  Step Mom  Dad  Step Dad  Grandparent  Other: \_\_\_\_\_

Number in Household: \_\_\_\_\_ Number under 18: \_\_\_\_\_

a Member of the Household 65 years old or older:  Yes  No

Current Single Parent:  Yes  No

Is a Member of the Household Handicapped or Disabled:  Yes  No

Current Head of Household:  Female  Male

Annual Income Level: \$0 - \$5000  \$30,001 - \$35,000  \$60,001 - \$65,000

\$5001 - \$10,000  \$35,001 - \$40,000  \$65,001 - \$70,000

\$10,001 - \$15,000  \$40,001 - \$45,000  \$70,001 - \$75,000

\$15,001 - \$20,000  \$45,001 - \$50,000  \$75,001 - \$80,000

\$20,001 - \$25,000  \$50,001 - \$55,000  \$80,001 - \$85,000

\$25,001 - \$30,000  \$55,001 - \$60,000  \$85,001 - \$90,000+



**Please check all that apply to the following questions:**

Note: The following is used for grant & funding purposes ONLY and will be kept completely confidential.

	Yes	No	Previously
Member involved in foster care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member involved in criminal justice system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member on probation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member is/way runaway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member gang involvement/affiliation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member has school attendance problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member has repeated school grades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling gang involvement/affiliation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling involved in criminal justice system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent military involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the child repeated one or more grades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sibling experienced teen pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disclaimer:**

The Boys & Girls Clubs of the Northtowns is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of the Northtowns responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Clubs of the Northtowns legal fees. The Boys & Girls Clubs of the Northtowns is not responsible for lost or stolen items.

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement:  Yes  No

**Agreements:**

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulation under' which it operates.

1. I give consent for my child to take part in neighborhood trips(i.e. library, park and playground) away from the facility under proper supervision:  Yes  No
2. In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed in the medical section of this form) necessary for the proper health and wellbeing of my child.  Yes  No
3. I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.  Yes  No
4. I give consent for my child to participate in evaluation surveys that will help us measure the effectiveness and success of our programming.  Yes  No
5. I agree to review and update this information whenever a change occurs and at least once every six months.  Yes  No
6. The Boys & Girls Clubs of the Northtowns Staff has parental permission to obtain student information from All School District's for which the member attends  Yes  No

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



I \_\_\_\_\_ understand the rules and regulations of the Boys & Girls Clubs of the Northtowns.

- Sign in at the front desk & Have a positive attitude at all times.
- Participate in the various activities provided.
- Respect the staff and other members. Only use positive language.
- Respect the building and supplies & Assist with clean up.
- Drugs, alcohol, or weapons are not permitted.
- Hats and Coats must be removed upon entry.

Members Signature: \_\_\_\_\_

#### PERMISSION TO LEAVE THE CLUB

**\*\*If your child will always be picked up please DO NOT fill out this section\*\***

#### PHONE CALL RELEASE:

\_\_\_\_\_ (Initial) I give my son/daughter permission to be released from the club after a phone call to the front desk from an authorized pick up person. I understand that a cell phone call to the child is unacceptable.

#### WALKING RELEASE:

I give my Daughter/Son \_\_\_\_\_ permission to leave the Boys & Girls Club to go \_\_\_\_\_ (location) at \_\_\_\_\_ (time). My signature constitutes permission by the parent/guardian for their child to leave the Club without a parent/guardian pick-up. Without this completed form the child will be required to be picked up daily at the Boys & Girls Club of the Northtowns by designated closing time. Any changes to the agreement must be brought to the Club Director's attention immediately.

Thank You,

Please print parent/guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_