



MEMBERSHIP APPLICATION

2019-2020

ELEMENTARY SCHOOL SITES

First Name: _____ Middle: _____ Last: _____
 Gender: M F Ethnicity: _____ DOB: _____ AGE: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Previous member of another Club? _____

School Information:
 School: _____ Grade: _____ Teacher: _____
 Child Qualifies for: Free Reduce Paid Lunch

<p>PRIMARY CONTACT Relationship to Member: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____ Employer: _____</p>	<p>Relationship to Member: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____ Employer: _____</p>
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<p>Authorized Pick-up Contact Relationship to Member: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Employer: _____</p>	<p>Authorized Pick-up Contact Relationship to Member: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Employer: _____</p>
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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		
2		



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: _____

**** If YES for Food Allergies or Serious Health Problem, attached Individual Health Plan must be filled out by a doctor in order for children to be admitted to the program.**

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 <input type="checkbox"/>	\$30,001 - \$35,000 <input type="checkbox"/>	\$60,001 - \$65,000 <input type="checkbox"/>
	\$5001 - \$10,000 <input type="checkbox"/>	\$35,001 - \$40,000 <input type="checkbox"/>	\$65,001 - \$70,000 <input type="checkbox"/>
	\$10,001 - \$15,000 <input type="checkbox"/>	\$40,001 - \$45,000 <input type="checkbox"/>	\$70,001 - \$75,000 <input type="checkbox"/>
	\$15,001 - \$20,000 <input type="checkbox"/>	\$45,001 - \$50,000 <input type="checkbox"/>	\$75,001 - \$80,000 <input type="checkbox"/>
	\$20,001 - \$25,000 <input type="checkbox"/>	\$50,001 - \$55,000 <input type="checkbox"/>	\$80,001 - \$85,000 <input type="checkbox"/>
	\$25,001 - \$30,000 <input type="checkbox"/>	\$55,001 - \$60,000 <input type="checkbox"/>	\$85,001 - \$90,000+ <input type="checkbox"/>



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.

- 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
- 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
- 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
- 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
- I agree to review and update this information whenever a change occurs and at least once every six months. Yes No
- 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
(Members Name)

- 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: _____

Disclaimer:

I understand the club rates and agree to pay the required amount before my child begins attending the program I understand that if I have an issue paying the fees, I must speak with the Club Director immediately. Any disputes with payment can result in my child not being able to attend the program.

Parent Name: _____ Date: _____

Signature: _____