

# Boys & Girls Clubs of Boston



*The mission of BGCB is to help boys and girls develop the qualities needed to become responsible citizens and leaders. To achieve this, we offer a variety of program activities and support services designed to assist in the educational, emotional, physical and social development of 6- to 18-year old youth, without regard to social, racial, ethnic, or religious background.*

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## Membership Application

Membership Renewal  New Applicant  \*\*\*\*\* Full-Time Member  Summer Camp

### Please Check One:

Blue Hill  Charlestown  Chelsea  Roxbury  South Boston   
Mattahunt Elementary  King Middle School  Bates Elementary  Dearborn Middle School

### Head(s) of Household:

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

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Annual Household Income:** Below \$13,000  \$13,001-\$17,000  \$17,001-\$23,000   
\$23,001-\$27,000  \$27,001-\$33,000  \$33,001-\$37,000  \$37,001-\$42,999  Above \$43,000

**Housing:** Rent  Own  Public Housing  Shelter  Foster Home  Other: \_\_\_\_\_

### Member Information:

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

Birth Date: \_\_\_\_\_ Gender: Female  Male

Ethnicity (optional): African-American  Asian  Caribbean Islands  Caucasian   
Hispanic  Multi-Racial  Native American  Other \_\_\_\_\_

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

Type of School: Public  Charter  Parochial  Private  Metco  Other

Child lives with (please check all that apply):

Both Parents  Mother Only  Father Only  Aunt/Uncle  Sister/Brother

Grandparent  Guardian  Foster Parent  Step-Parent  Other \_\_\_\_\_

Address (If different from Head of Household):

\_\_\_\_\_ Street City State Zip

**Number of Siblings:** Ages: 0-6 \_\_\_\_\_ 7-12 \_\_\_\_\_ 13-18 \_\_\_\_\_ Over 18 \_\_\_\_\_

**Assistance Programs (Please check all that apply):**

Temporary Assistance for Needy Families (TANF)  Food Stamps  SSDI  SSI   
General Assistance  Veterans Compensation  Day Care Voucher  Medicaid

Does your child qualify for the National School Lunch Program?

No  Reduced Price  Free

**Medical Information:**

Health Insurance Company: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Medical Problems (Please describe):

- Allergies: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Physical Restrictions: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Other: \_\_\_\_\_

**Pick-Up Information:**

Emergency Contacts: Please specify two people, other than a parent or guardian, who can be contacted if there is no answer at home or work.

**Primary Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_

**Secondary Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_

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The application is factual and complete to the best of my ability. I understand that participation is contingent upon acknowledging receipt of BGCB's parent handbook and a commitment to attend an orientation session within 30 days of enrollment. Six and seven year old members and parents are required to attend an orientation session prior to participation. A birth certificate and proof of first grade enrollment are required for all six year olds.

I give my consent for photographs, audiotapes, and video records of my son/daughter to be used by BGCB for publicity purposes. I also agree to allow BGCB to use photographs, audiotapes, video records or other work produced by my son/daughter for publicity purposes.

In the event of injury, or should emergency care be required and I cannot be reached, I authorize staff from Boys & Girls Clubs of Boston to sign for emergency medical attention for my child.

By signing below, it is understood that the code of conduct will be adhered to. Failure to comply with club rules and expectations can lead to termination of membership.

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

\_\_\_\_\_  
Signature of Club Member Date