

For Membership Directors ONLY:

- Membership Renewal New Applicant
 Full-Time Member Summer Camp

- BH CT JOR SB YAW
 CON DEAR FH MATT SUM

Membership Application



**BOYS & GIRLS CLUBS
OF BOSTON**

Our mission is to help young people, especially those who need us most, build strong character and realize their full potential as responsible citizens and leaders. We do this by providing: a safe haven filled with hope and opportunity, ongoing relationships with caring adults, and life-enhancing programs

Member Information

First Name: _____	Last Name: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Date of Birth (mm/dd/yyyy): _____	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
School: _____	Grade: _____
Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Parochial <input type="checkbox"/> Private <input type="checkbox"/> METCO <input type="checkbox"/> Other	
Child lives with <input type="checkbox"/> both parents <input type="checkbox"/> mother only <input type="checkbox"/> father only <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother	
<input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> other _____	
Child will be: <input type="checkbox"/> picked up by an adult <input type="checkbox"/> walk home with family member / friends / alone (please specify)	

Parent/Guardian Information

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____

Emergency Contact Information Two people who can be contacted if you cannot be reached.

Name: _____	Name: _____
Relationship to member: _____	Relationship to member: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Cell Phone: _____	Cell Phone: _____

Medical Information

Health Insurance Company: _____

Name of Policy Holder: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number: _____

Please check all that apply:

Allergies – **Food** _____

Allergies – **Medicine** _____

Allergies – **Environmental** _____

Physical Restrictions _____

Asthma _____

Medications _____

Other Medical Concerns (Please be specific): _____

Physical Restrictions (Please be specific): _____

Demographic Information

Ethnicity: Black Asian Caribbean Islands Caucasian
 Hispanic Multi-Racial Native American Other _____

Housing: Rent Own Public Housing Shelter Foster Home Other: _____

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

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 receive: Reduced Price Lunch Free Lunch Neither

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 prior to participation. A birth certificate and proof of first grade enrollment are required for all six year olds.

All information collected in this form is **confidential** and will only be seen by specifically-designated **adult staff**. This information is essential for BGCB funding purposes and to assist in better serving your child. If you have any concerns about handling of this information please speak to the Executive Director at your club.

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