

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.

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: _____

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

