

Membership Information Form

The **Positive** Place For Kids



BOYS & GIRLS CLUBS
OF CHARLOTTE COUNTY



Boys and Girls Clubs of Charlotte County

ALL SPACES MUST BE COMPLETED TO PROCESS APPLICATION

Youth's Information

Full Name: _____ **SSN #:** _____
 First Name Middle Last Name

Address: _____
 Street Address Apt./Unit #

 City State Zip

Home Phone: () _____ **Age:** _____ **Birthdate:** / / **Gender:**
 Male Female
 (Circle One)

Ethnicity (Circle One): African American Asian Hispanic Latino Multi-Racial
 Native American White Other _____

Status (Circle One): New Member Renewing Member **School Name:** _____ **Grade:** _____

Reason for Enrolling Child: Our Programs To Keep Out of Trouble
A Safe Place Other _____ **Referred By:** Member/Parent School Juvenile Courts
Law Enforcement Other _____

Parent/Guardian Information

Father/Step Father's Name (Circle One): _____ **Employer:** _____

Address (If not the same): _____

Home Phone: () _____ **Cell Phone:** () _____ **Work Phone:** () _____ Authorized to Pick Up

Mother/Step Mother's Name (Circle One): _____ **Employer:** _____

Address (If not the same): _____

Home Phone: () _____ **Cell Phone:** () _____ **Work Phone:** () _____ Authorized to Pick Up

Guardian's Name (If applicable): _____ **Employer:** _____

Address (If not the same): _____

Home Phone: () _____ **Cell Phone:** () _____ **Work Phone:** () _____ Authorized to Pick Up

Relationship to Child: _____

Pick Up Information

Is your child allowed to walk home? Yes No

The following other people are authorized to pick up my child:

Name: _____ **Relationship to Child:** _____
Home Phone: () _____ **Cell Phone:** () _____

Name: _____ **Relationship to Child:** _____
Home Phone: () _____ **Cell Phone:** () _____

Name: _____ **Relationship to Child:** _____
Home Phone: () _____ **Cell Phone:** () _____

Name: _____ **Relationship to Child:** _____
Home Phone: () _____ **Cell Phone:** () _____

Medical Information

Primary Physician's Name: _____ Phone: () _____

Medical Problems/Physical Disabilities? Yes No If Yes, Explain _____

Allergies? Yes No If Yes, Explain _____

Mental/Behavioral Problems? Yes No If Yes, Explain _____

List all medications Your Child is Taking: _____

Do You Have Insurance? Yes No Insurance Company & Policy #: _____

Do You Have Medicaid? Yes No Number: _____

The following information is necessary for our records and funding. The answers you provide will be kept safe and secure within our Boys & Girls Club. Your cooperation in providing this information is both appreciated and necessary. Please fill out completely.

Current Single Parent: Yes No

Member Lives With: Mother Step Mother Father Step Father
(Check all that apply) Grandparent Other Relative Guardian Other _____

Annual Household Income:

- \$5,001-\$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$25,000
- \$25,001-\$30,000 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$45,000
- \$50,000 +

Public Housing? Yes No

Number in Household: _____

Are there any other club members in the HOUSEHOLD? Yes No

If yes, please list names: _____

By signing below I give consent to the Boys and Girls Club to:

- * Transport my child to activities/field trips
 - * Obtain my child's academic report from his/her school, including grades, attendance, discipline reports, standardized state test scores and reading grade levels.
 - * Use photographs/videos in which my child or I may appear for B&GC publicity, press releases, news stories, reports, and other such purposes.
 - To calculate BMI (Body Mass Index) testing on my child/children for grant objective. (pre, mid & post)
 - I also agree to:
 - * Read and understand the Membership Handbook. Explain club rules to my child.
 - * Ensure my child(ren) follows dress code policy. (See Membership Handbook)
 - * Keep all cell phones, electronic games, trading cards, Ipods, I pads, collectables or other valuables at home.
 - Lost, stolen or damaged items are not the responsibility of the Club; confiscated items may be claimed at the front desk by parents.
 - * Accept responsibility for any damages created by inappropriate behaviors by my child.
 - * Instruct child(ren) to attend daily Power Hour, Smart Moves, and all other scheduled programs for their age group.
 - * Pay any and all late fees charged to me if I fail to pick up my child(ren) on time.
- (See Membership Handbook for late fee policy)

PARENTS AND/OR GUARDIANS WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF A SERIOUS INJURY OR SERIOUS ILLNESS. If parents/guardians cannot be contacted before treatment is deemed necessary, then the Boys & Girls Clubs is hereby authorized to seek any medical treatment, which may be advised or recommended by Physicians, and parents/guardians will accept responsibility to pay for such treatment.

Parent or Guardian Signature: _____

Date: _____