

Child's Name: Last _____, First _____
BOYS AND GIRLS CLUBS OF THE EAST VALLEY: MEMBER INFORMATION FORM

OFFICE USE ONLY: KidTrax Member ID # _____		Receipt # _____	Amount _____	Associate _____
Member Status: <input type="checkbox"/> Renewing <input type="checkbox"/> New				
Service Date: (Date of input) _____	Termination Date: (Expiration Date) <u>05/31/17</u>	Initial Service Date (Orig membership date) _____	Renewal Date: <u>6/1/16</u>	Orientation Date: _____/_____/____

PLEASE PRINT
Head of Household, Parent or Guardian information

*Name of person Member lives with: _____ Gender _____ *Home Phone: _____

*Home Address: _____ City _____

State: _____ Zip Code: _____ Email address: _____

*Community Member: Yes or No (please provide copy of CDIB) **Gila River Branches ONLY: District #:** _____

Family Info

*Family Setting (check one): One Parent Family Two Parent Family Other

Household Description (check one): Family Extended Family Non-Family Other

Member lives with (check one): Both Parents Mother Father Aunt/Uncle Sister/Brother Grandparent
 Guardian Other

of sisters/step sisters _____ # of brothers/step brothers _____ *Total Number of people residing in the household _____

*Father First Name _____ Last Name: _____ Mobile Number _____

Employer _____ Job Title _____ Work Phone & Extension _____

*Mother First Name _____ Last Name: _____ Mobile Number _____

Employer _____ Job Title _____ Work Phone & Extension _____

*Guardian First Name _____ Last Name: _____ Mobile Number _____

Employer _____ Job Title _____ Work Phone & Extension _____

Emergency Contact if Parent/Guardian Cannot be Reached:

Contact Name: _____ Phone _____ Alt # _____

Relationship to member: _____

If your child will ride the bus here, who is the primary emergency contact for bussing? _____
(Will be called if your child is not at the bus stop)

<p>The following information is STRICTLY CONFIDENTIAL. It is necessary for our records and for the funding the Boys & Girls Clubs of the East Valley receives. Your cooperation in providing this information is appreciated. Thank you.</p>													
<p>Is a parent/guardian a U.S. Armed Forces Member? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active Duty/Reserve Branch: _____</p>													
<p>Annual Household Income:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> \$0-\$4,999</td> <td><input type="checkbox"/> \$35,000-\$49,999</td> <td rowspan="5"> <p>Family Participation in Assistance Programs (Check all that apply):</p> <input type="checkbox"/> SSDI <input type="checkbox"/> Day Care Vouchers <input type="checkbox"/> School Lunch Program <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamp <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF/AFDC <input type="checkbox"/> General Assistance <input type="checkbox"/> I receive no assistance </td> </tr> <tr> <td><input type="checkbox"/> \$5,000-\$9,999</td> <td><input type="checkbox"/> \$50,000-\$59,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000-15,999</td> <td><input type="checkbox"/> \$60,000-\$69,000</td> </tr> <tr> <td><input type="checkbox"/> \$16,000-\$24,999</td> <td><input type="checkbox"/> \$70,000-\$79,000</td> </tr> <tr> <td><input type="checkbox"/> \$25,000-\$34,999</td> <td><input type="checkbox"/> \$80,000+</td> </tr> </table>			<input type="checkbox"/> \$0-\$4,999	<input type="checkbox"/> \$35,000-\$49,999	<p>Family Participation in Assistance Programs (Check all that apply):</p> <input type="checkbox"/> SSDI <input type="checkbox"/> Day Care Vouchers <input type="checkbox"/> School Lunch Program <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamp <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF/AFDC <input type="checkbox"/> General Assistance <input type="checkbox"/> I receive no assistance	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$50,000-\$59,999	<input type="checkbox"/> \$10,000-15,999	<input type="checkbox"/> \$60,000-\$69,000	<input type="checkbox"/> \$16,000-\$24,999	<input type="checkbox"/> \$70,000-\$79,000	<input type="checkbox"/> \$25,000-\$34,999	<input type="checkbox"/> \$80,000+
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CONTINUED ON OTHER SIDE

MEMBER INFORMATION

*First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____ * Birth Date: ____/____/____ Age: _____

*Name of School: _____ Grade: _____

Can child swim? ___ Yes ___ No * Disabled? ___ No ___ Physically disabled ___ Developmentally Disabled ___ Learning disabled

Gender: ___ Male ___ Female Ethnicity: ___ African-American ___ Asian ___ Hispanic ___ Hawaiian/Pacific Islander
___ Multi Racial ___ Native American ___ White/Caucasian ___ Other

Is the child covered under a health insurance program? ___ No ___ Yes Name of Insurance: _____
Policy Number: _____

Physician's Name: _____ Phone: _____ Preferred Hospital/Clinic _____

Medical Problems/Special Needs (Physical, behavioral, learning, etc) _____
*List all over-the-counter and prescription medications your child is taking. Indicate "at home" or "at Club" or "Both":

PLEASE READ CAREFULLY AND SIGN BELOW

AS THE PARENT/GUARDIAN,

* ___ I understand that Membership payments are final and that refunds cannot be issued.

I authorize and give my consent to the Boys & Girls Clubs of the East Valley (BGCEV) to use any photographs and video footage in which my son/daughter may appear for membership cards, advertising and publicity purposes.

Initial one:

* ___ I do give my consent to the use of my child's photographs or video footage
___ I do not give my consent to the use of my child's photographs or video footage

I give my permission to the BGCEV to survey and interview my child to find out what his/her behaviors, skills and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, connection to the community, as well as his/her other experiences at the club.

I understand that the purpose of these surveys is to help find out how well the Club is meeting my child's needs and to identify areas which may call for further attention. The information collected is confidential and that my child's name will not be used in conjunction with any report and/or presentation. My child's participation in any survey or interview is strictly voluntary and my child may choose to stop participation at any time. Participation does not in any way affect a child's membership.

I give my permission to the BGCEV to share information about the minor child listed on this application with Boys and Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, data collected via surveys or questionnaires and other information collected by BGCEV. All information provided to BGCA will be kept confidential.

Initial one:

* ___ I do give my consent to my child's participation in the survey and evaluation process.
___ I do not give my consent to my child's participation in the survey and evaluation process.

I understand the rules of the BGCEV and request that my child be admitted into membership. I have explained the rules to my child. I agree that the BGCEV will not be responsible for personal injury or loss of property while on the Club premises or while engaged in any of its activities away from the Club. While I understand that every effort will be made to reach me, I give my consent to have my child be given a medical examination and/or emergency treatment by a paramedic, physician or hospital in case of emergency. I understand that the BGCEV is a Youth Development Agency and the Branches operate on a "drop in" basis under an open door policy. I understand that BGCEV are not a licensed childcare facility, which means that my son/daughter can come and go at will. It is my responsibility as a parent/guardian to advise my child if he/she may or may not leave the Club unsupervised.

*

Parent or Guardian Signature _____ Date _____

How did you hear about us? (Circle all that apply): Internet Magazine Newspaper Friend Family TV Radio Keystone Other: _____

Would you like to be a member of the Branch Board? ___ Yes ___ No

****If there is a person who is LEGALLY banned from picking up your child, as the front office for the appropriate form to complete. This form and the appropriate legal documentation must be on file at the Club.****