



First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: M F Ethnicity: _____ Age: _____ DOB: _____

SSN #: _____ * This is required for membership.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Email: _____

Mother or Guardian Name: _____ Cell # _____

Father or Guardian Name: _____ Cell # _____

Emergency Contact Name _____ Relationship to Member _____ Phone# _____

Emergency Contact Name _____ Relationship to Member _____ Phone# _____

Mother Employed? Yes No If yes, work phone _____

Father Employed? Yes No If yes, work phone _____

Have you ever been a member of this club or any branch of the Boys & Girls Clubs of Schenectady before today?

Yes No Branch _____ Year _____

School Information:

School: _____ Grade: _____ Student ID #: _____

Projected High School Graduation Date: Month _____ Year: _____

If already High School Graduate, Graduation Month _____ Year _____

Did You receive a _____ HS Diploma, _____ GED, _____ Dropped out, _____ or Did not Complete

Free Lunch: Yes No Reduced Lunch: Yes No

Are you (member) working? Yes No Place of Employment: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: Mom Step Mom Dad Step Dad Grandparent

Foster parent(s) Other: _____

Do you live in a Housing Development? If yes, which one? _____

Parent/Guardian in the Military? Yes No , What branch? _____ Lives on Base? Yes No

Annual Income Level: \$0 - \$5000 _____ \$30,001 - \$35,000 _____ \$60,001 - \$65,000 _____

\$5001 - \$10,000 _____ \$35,001 - \$40,000 _____ \$65,001 - \$70,000 _____

\$10,001 - \$15,000 _____ \$40,001 - \$45,000 _____ \$70,001 - \$75,000 _____

\$15,001 - \$20,000 _____ \$45,001 - \$50,000 _____ \$75,001 - \$80,000 _____

\$20,001 - \$25,000 _____ \$50,001 - \$55,000 _____ \$80,001 - \$85,000 _____

\$25,001 - \$30,000 _____ \$55,001 - \$60,000 _____ \$85,001 - \$90,000+ _____

Number in Household: _____ Number in Household under 18 _____

Is there a Member of the Household 65 years old or Older: Yes No

Is there a Member of the Household Handicapped: Yes No

Head of Household: Female Male Both

Single Parent: Yes No



Medical Information:

Doctor Name: _____ Doctor Phone: _____

Date of Last Medical Exam: _____

Permission for Treatment by Doctor/Hospital: ___Yes ___No Medicaid: ___Yes ___No

Does your family have health and/or accident insurance: ___Yes ___No

Insurance Carrier: _____ Insurance Phone: _____

Policy #: _____ Group#: _____

Health Problems, Allergies or Food Restrictions? ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

Boys & Girls Clubs of Schenectady's Member Expectations

The Boys & Girls Clubs of Schenectady requires each parent / guardian to review and discuss these member expectations with their child.

- Play fairly and be honest
- Be respectful of staff and others
- Resolve disagreements in a positive manner
- Use appropriate language
- Respect and care for equipment
- Say only good things about others
- Bring my membership card each day
- Follow all rules that apply to my Clubhouse

I understand and agree that the BOYS & GIRLS CLUBS of SCHENECTADY shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BOYS & GIRLS CLUBS of SCHENECTADY, or in connection with any activities of any of its branches or day camp. **I further understand that this is a drop-in program and my child may come and go as s/he pleases unless stated otherwise in specific written program agreements.**

In the event of a medical emergency I understand every effort will be made to contact a parent or guardian. If I cannot be reached, I grant permission to the physician selected by staff to hospitalize, secure proper treatment, and order injection, anesthesia or emergency surgery for my child named above.

I give my consent for any photographs, in which my child may appear, to be used in promotion of BOYS & GIRLS CLUB activities by the news media or the BOYS & GIRLS CLUBS OF SCHENECTADY

I give permission for release of school records for my child.

Date _____ Parent/Guardian Signature: _____

FOR OFFICE USE ONLY

Processed by: _____ Membership #: _____ New ___ Renew ___

Entry Date: _____ Expiration Date: _____ Amount Rec. _____

Receipt # _____ Enrollment #: _____ Census #: _____

Date Entered in MTS _____ By Staff _____