



Afterschool Program 2021-2022
Oneida Middle School Membership Application
Student/Member Information

START DATE: _____

STUDENT ID: _____

Student's First Name _____ Last Name _____ Middle _____

Birthdate _____ Gender Male Female

Address: _____

City: _____ State: _____ Zip: _____

Ethnicity: _____ Language: _____ Member Since: _____ Member ID# _____

Head of Household

First Name _____ Last Name _____

Gender Male Female Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Employed? Yes No

Employer: _____ Title: _____ Occupation: _____

Other Parent/Guardian

First Name _____ Last Name _____

Gender Male Female Email _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Mobile Phone: _____ Employed? Yes No

Employer _____ Title _____ Occupation _____

School and Work

School Name _____ Grade _____

Teacher _____ Student ID _____

Free or Reduced Lunch? No Free Reduced

Projected Date of Graduation? _____ Received: HS Diploma GED Did not complete

Is member working? Yes No If Yes, Place of Employment: _____

Emergency Contact

Contact #1 Name _____ Relationship to Member _____

Phone _____ Authorized for Pickup? Yes No

Contact #2 Name _____ Relationship to Member _____

Phone _____ Authorized for Pickup? Yes No

Are there any custody issues? If yes, please specify _____

Medical Information

Health Insurance? Covered Not covered

Insurance Carrier: _____ Policy #: _____

Doctor Name _____ Doctor Phone _____

Medications? Yes No If Yes, explain: _____

Allergies? Yes No If Yes, explain: _____

Disabilities? Yes No If Yes, explain: _____

Epi-Pen? Yes No

Inhaler? Yes No

Other Health Problems, Restrictions or Concerns: _____

Permission to be treated by a Doctor/Hospital? Yes No

Household Information

Family Setting: Single Parent Two Parent Legal Guardian Foster Home Other: _____

Housing Development? MacGathan Steinmetz Yates Village South Gate None

Active Military? Yes No DSS? Yes No

School Lunch? Free Reduced No TANF? Yes No

Food Stamps? Yes No Number in Household: _____

Medicaid? Yes No

Annual Income:

<input type="checkbox"/> \$0-14,999	<input type="checkbox"/> \$45,000-54,999	<input type="checkbox"/> \$85,000-94,999
<input type="checkbox"/> \$15,000-24,999	<input type="checkbox"/> \$55,000-64,999	<input type="checkbox"/> \$95,000-104,999
<input type="checkbox"/> \$25,000-34,999	<input type="checkbox"/> \$65,000-74,999	<input type="checkbox"/> Greater
<input type="checkbox"/> \$35,000-44,999	<input type="checkbox"/> \$75,000-84,999	<input type="checkbox"/> than \$105,000

Member lives with:

<input type="checkbox"/> Single Parent	<input type="checkbox"/> Grand-parent	<input type="checkbox"/> Foster Home
<input type="checkbox"/> Two Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other _____

Boys & Girls Clubs of Schenectady 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
- Follow all rules that apply to my Clubhouse
- Respect and care for equipment
- Say only good things about others
- Bring my membership card each day
- Use appropriate language

Parent Agreement

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, DSS and for my child to participate in surveys conducted by the BOYS & GIRLS CLUBS OF SCHENECTADY.

Date _____ Parent/Guardian Signature: _____

Child name: _____

Attendance: Days I expect my child to attend: Mon__Tues__Wed__Thurs__Fri__

Transportation Permission- If your child is attending the 21st Century Community Learning Center they are eligible to ride the late bus home if they currently receive transportation to and from school normally.

__My child will take the late bus home at 6:30pm.

Late bus stop corner _____ & _____ (regular stop)

__My child will walk home when program ends at 6:30pm

__My child will be picked up no later than 6:30pm by _____

__Check here if your child receives Special Education Transportation Services. If yes, please specify: _____

FOR OFFICE USE ONLY:

Date Rcv'd _____	Amount Rcv'd _____	Receipt # _____	Rcv'd By _____
Exp. Date _____	Membership # _____	New _____	Renew _____
Date Entered in DV _____	Enrollment # _____	Entered By Staff _____	