





Schenectady City School District and Boys & Girls Clubs of Schenectady 2022-2023 21st Century Afterschool Program Membership Application Required information for membership processing indicated by *

SOARING BEYOND EX	PECTATIONS		Required information f						
Applicant (Child) Nam	ne: *								
Location: (Please sele	ect your child's scho	ool) *							
Central Park Middle School			neida Middle School		SCLA				
Mont Pleasant Mi	ddle School		Sche	nectady Hi	gh School				
PRIMARY CONTACT - PARENT/GUARDIAN DETAILS									
Role in Household: (I	Please select the ro	le in h	nousehold for Primary Pa	arent/Guard	dian) *				
Mother	Father		Step-Parent	Foster	Parent	Grandparent			
Life Partner	Aunt/Uncle		Sibling	Guardi	an	Other Relative			
First Name: *									
Last Name: *									
Suffix:									
Street Address: *									
City: *									
State: *									
Zip Code: *									
Email: *									
Mobile Phone: *									
Home Phone:									
Work Phone:									
Employer/Org:									
			MEMBER DETAILS						
		N	MEMBER INFORMATION	N					
First Name: *									
Middle Name:									
Last Name: *									
Suffix:									
Date of Birth: *									
Street Address: *									
City: *									
State: *									
Zip Code: *									
Email:									
Mobile Phone:									



MEMBER DEMOGRAPHICS									
Member's Age: *									
Member's Gender: (Please circle only one) *									
Male		Fema	ale		Non-l	Binary		Transgender	
Member's Racial/Eth	nical Iden	tity: <i>(Plea</i> :	se circle	only one) *					
American Indian o	r Alaskan N	lative	Asia	n			Black or A	frican American	
Bi-Racial			Guya	anese			Hispanic c	or Latino	
Middle Eastern or	North Africa	an	Mult	i-Racial			Other		
White			Nati	ve Hawaiian o	or Other Pa	cific Isla	ınder		
			SCI	HOOL INFO	RMATIO	N			
School Name: *									
School ID Number:									
Grade: *									
Teacher:	Teacher:								
School Lunch Status: (Please circle only one) * Free/Reduced Not Eligible Entire School is Free									
Additional Support in School/Community: (Circle all that apply) *									
None IEP/504 (Accommodation) Speech Coach					Coach				
Meets with School or Private Counselor						Other (Please specify below)			
Other Additional Support:									
21st CENTURY SCHOOL PROGRAM INFORMATION Please Note: 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									
Days I expect my child to attend: (Circle all that apply) *									
Monday	Monday Tuesday Wednesday T			Tł	nursday	Friday			
How will your child be transported home? My child will: (Circle only one) *									
Take the late bus home at 6:30PM Walk home					ne	Ве	Be picked up no later than 6:30PM		
If being picked up, by whom?:									
MEMBER MEDICAL INFORMATION									
Diagnosed Medical Conditions: (Circle all that apply) *									
None			А	ADD/ADHD		Anxiety/Depression			
Asthma			Д	Autism	Diabete		Diabetes	3	
Hearing Impairment			S	Seizures			Visual Impairment		
Oppositional Defia	ance Disord	der (ODD)					Other (Please specify below)		
Other Diagnosed Me	dical Con	dition:							
Other Physical/Mental/Medical Limitation:									



		BOYS &	GIRLS CLUBS			
	МЕМВЕГ	R MEDICAL IN	NFORMATION CONT	INUED		
Does the member use insulin?) *	Yes			No	
Does the member use an inha	ller? *		Yes		No	
Does the member use an EpiF	Pen? *		Yes		No	
Does the member self-adminis	ster medicat	ion? *	Yes		No	
Has your Child been vaccinate	ed for Covid	-19? *	Yes		No	
	HE	ALTH INSUR	ANCE INFORMATION	J		
Insurance Carrier:						
Member / Policy Number:						
Group Number:						
		ALLERGY	INFORMATION			
Food Allergies: (Select all that	t apply) *					
None		Dairy/La	ictose		Eggs	
Gluten Peanut:				Se	eafood/Shellfish	
Soy			ts	Other (Please Specify Below)		
Other Food Allergies:						
Environmental Allergies: (Sele	ect all that a	pply) *				
None		Bee Stin	gs	Du	ıst	
Grass	Mold		Pollen			
Seasonal	Other (Please Specify Below)					
Other Environmental Allergies	:					
Medication Allergies: (Select a	all that apply	·/) *				
None	Amoxicillin			spirin		
Penicillin	Other (Please Specify Below)					
Other Medication Allergies:						
Other Allergies: (Select all tha	t apply) *					
None		Latex		Lotions		
Perfumes/Colognes		Other (P	Other (Please Specify Below)			
	<u> </u>					

Any Additional Allergies:



\$10,001-\$15,000 \$50,001-\$55,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$175,00 \$15,001-\$20,000 \$55,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,00 \$20,001-\$25,000 \$60,001-\$65,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$185,00 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+\$ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	HOUSEHOLD DEMOGRAPHICS											
Who Are the Adults Living in the Household? (select all that apply) * Mother Step-Mother Aunt Grandparent(s) Sibling(s) Legal Guardian(s) Father Step-Father Uncle Foster Parent(s) Joint Custody Other (Please specify below Other Relative: Number of Adults in Household: (Include only adult parents/guardians) * Number of Youths in Household: (Include youths aged 18 unless emancipated) * Primary language spoken in the home: (Please select only one) * English Spanish Other Housing Type: (Please select only one) * Foster Home Group Home Public Housing Transitional Housing Homeless Household Income Range: (Collected for grant purposes only) * \$0-\$10,000 \$45,001-\$50,000 \$85,001-\$90,000 \$125,001-\$130,000 \$165,001-\$170,000 \$15,001-\$15,000 \$60,001-\$55,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$175,000 \$20,001-\$22,000 \$60,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,00 \$25,001-\$30,000 \$60,001-\$70,000 \$100,001-\$115,000 \$140,001-\$145,000 \$180,001-\$185,00	Household Compo	sition: <i>(Plea</i>	se se le	ect only o	ne) *							
Mother Step-Mother Aunt Grandparent(s) Sibling(s) Legal Guardian(s) Father Step-Father Uncle Foster Parent(s) Joint Custody Other (Please specify belo Other Relative: Number of Adults in Household: (Include only adult parents/guardians) * Number of Youths in Household: (Include youths aged 18 unless emancipated) * Primary language spoken in the home: (Please select only one) * * English Spanish Other Housing Type: (Please select only one) * * Permanent (Own or Rent) Foster Home Group Home Public Housing Transitional Housing Homeless Household Income Range: (Collected for grant purposes only) * * \$0.\$10,001-\$15,000 \$45,001-\$50,000 \$85,001-\$90,000 \$125,001-\$130,000 \$165,001-\$170,00 \$15,001-\$20,000 \$55,001-\$50,000 \$90,001-\$95,000 \$135,001-\$140,000 \$175,001-\$180,0 \$20,001-\$25,000 \$66,001-\$65,000 \$100,001-\$105,000 \$140,001-\$145,000 \$180,001-\$185,00 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 <t< td=""><td>Single Parent/G</td><td>Guardian Hous</td><td>sehold</td><td>Tw</td><td>o or More Parer</td><td>nt/Gu</td><td>ardian Hou</td><td>ısehold</td><td>Self</td><td>(Ema</td><td>ncipat</td><td>ted/18 years old)</td></t<>	Single Parent/G	Guardian Hous	sehold	Tw	o or More Parer	nt/Gu	ardian Hou	ısehold	Self	(Ema	ncipat	ted/18 years old)
Father Step-Father Uncle Foster Parent(s) Joint Custody Other (Please specify belo	Who Are the Adult	s Living in th	ne Hou	sehold?	(select all tha	at ap	ply) *					
Other Relative: Number of Adults in Household: (Include only adult parents/guardians) * Number of Youths in Household: (Include youths aged 18 unless emancipated) * Primary language spoken in the home: (Please select only one) * Cheer English Spanish Other Housing Type: (Please select only one) * Foster Home Group Home Public Housing Transitional Housing Homeless Household Income Range: (Collected for grant purposes only) * \$0.\$10,000 \$45,001.\$50,000 \$85,001.\$90,000 \$125,001.\$130,000 \$165,001.\$170,00 \$10,001.\$15,000 \$50,001.\$55,000 \$90,001.\$90,000 \$130,001.\$135,000 \$170,001.\$175,00 \$15,001.\$20,000 \$55,001.\$60,000 \$95,001.\$100,000 \$135,001.\$140,000 \$175,001.\$180,00 \$20,001.\$25,000 \$60,001.\$65,000 \$100,001.\$110,000 \$140,001.\$145,000 \$180,001.\$180,00 \$25,001.\$30,000 \$65,001.\$70,000 \$105,001.\$110,000 \$145,001.\$150,000 \$185,001.\$190,00 \$35,001.\$40,000 \$75,001.\$80,000 \$115,001.\$150,000 \$150,001.\$160,000 \$190,000.\$190,00.\$190,00 \$35,001.\$40,000 \$80,00	Mother	Step-Mothe	ər	Aunt	Grai	ndpa	rent(s)	S	Sibling(s)		Legal	Guardian(s)
Number of Adults in Household: (Include only adult parents/guardians) * Number of Youths in Household: (Include youths aged 18 unless emancipated) * Primary language spoken in the home: (Please select only one) * English Spanish Other Housing Type: (Please select only one) * Foster Home Group Home Public Housing Transitional Housing Homeless Household Income Range: (Collected for grant purposes only) * * \$0-\$10,000 \$45,001-\$50,000 \$85,001-\$90,000 \$125,001-\$130,000 \$165,001-\$170,00 \$10,001-\$15,000 \$50,001-\$55,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$175,00 \$15,001-\$20,000 \$55,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,00 \$20,001-\$25,000 \$60,001-\$65,000 \$100,001-\$105,000 \$140,001-\$145,000 \$180,001-\$185,00 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$160,000 \$195,001-\$200,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,00	Father	Step-Fathe	er	Uncle	Fost	ter P	arent(s)	Jo	oint Custody		Other ((Please specify belo
Number of Youths in Household: (Include youths aged 18 unless emancipated) * Primary language spoken in the home: (Please select only one) * English Spanish Other Housing Type: (Please select only one) * Permanent (Own or Rent) Foster Home Group Home Public Housing Transitional Housing Homeless Household Income Range: (Collected for grant purposes only) * \$0.510,000 \$45,001.850,000 \$85,001.890,000 \$125,001.8130,000 \$165,001.8170,00 \$10,001.\$15,000 \$50,001.\$55,000 \$90,001.\$95,000 \$130,001.\$135,000 \$170,001.\$175,00 \$15,001.\$20,000 \$55,001.\$60,000 \$95,001.\$100,000 \$135,001.\$140,000 \$175,001.\$180,00 \$20,001.\$25,000 \$60,001.\$65,000 \$100,001.\$105,000 \$140,001.\$145,000 \$180,001.\$185,00 \$25,001.\$30,000 \$65,001.\$70,000 \$105,001.\$110,000 \$145,001.\$150,000 \$185,001.\$190,00 \$30,001.\$35,000 \$70,001.\$75,000 \$110,001.\$115,000 \$150,001.\$150,000 \$190,000.\$195,00 \$35,001.\$40,000 \$75,001.\$80,000 \$115,001.\$120,000 \$150,001.\$160,000 \$190,000.\$195,00 \$40,001.\$45,000	Other Relative:											
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English	Number of Youths in Household: (Include youths aged 18 unless emancipated) *											
Housing Type: (Please select only one) * Permanent (Own or Rent) Foster Home Group Home Public Housing Transitional Housing Homeless Household Income Range: (Collected for grant purposes only) *	Primary language	spoken in th	e hom	e: (Pleas	e select only	one) *					
Permanent (Own or Rent) Foster Home Group Home Public Housing Transitional Housing Homeless Household Income Range: (Collected for grant purposes only) * \$0-\$10,000 \$45,001-\$50,000 \$85,001-\$90,000 \$125,001-\$130,000 \$165,001-\$170,0 \$10,001-\$15,000 \$50,001-\$55,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$175,0 \$15,001-\$20,000 \$55,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,0 \$20,001-\$25,000 \$60,001-\$65,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$185,0 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,0 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,0 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,0 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing A	English			Sp	anish				Other			
Public Housing Transitional Housing Homeless Household Income Range: (Collected for grant purposes only) * \$0-\$10,000 \$45,001-\$50,000 \$85,001-\$90,000 \$125,001-\$130,000 \$165,001-\$170,0 \$10,001-\$15,000 \$50,001-\$55,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$175,0 \$15,001-\$20,000 \$55,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,0 \$20,001-\$25,000 \$60,001-\$65,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$185,0 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,0 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,0 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$200,001+ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	Housing Type: (Ple	ease select (only or	ne) *								
Household Income Range: (Collected for grant purposes only) * \$0-\$10,000 \$45,001-\$50,000 \$85,001-\$90,000 \$125,001-\$130,000 \$165,001-\$170,00 \$10,001-\$15,000 \$50,001-\$55,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$175,00 \$15,001-\$20,000 \$55,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,00 \$20,001-\$25,000 \$60,001-\$65,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$185,00 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	Permanent (Ow	vn or Rent)		Fo	ster Home				Group	o Hon	ne	
\$0-\$10,000 \$45,001-\$50,000 \$85,001-\$90,000 \$125,001-\$130,000 \$165,001-\$170,00 \$10,001-\$15,000 \$50,001-\$55,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$175,00 \$15,001-\$20,000 \$55,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,00 \$20,001-\$25,000 \$60,001-\$65,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$185,00 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+\$ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	Public Housing			Tra	ansitional Hou	sing			Home	eless		
\$10,001-\$15,000 \$50,001-\$55,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$175,00 \$15,001-\$20,000 \$55,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,00 \$20,001-\$25,000 \$60,001-\$65,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$185,00 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+\$ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	Household Income Range: (Collected for grant purposes only) *											
\$15,001-\$20,000 \$55,001-\$60,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$180,00 \$20,001-\$25,000 \$60,001-\$65,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$185,00 \$25,001-\$30,000 \$65,001-\$70,000 \$110,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+\$ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	\$0-\$10,000	\$45,0	01-\$50,0	0,000 \$85,001-\$90,000 \$125,001-\$130,000 \$165,001						\$165,001-\$170,0		
\$20,001-\$25,000 \$60,001-\$65,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$185,00 \$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	\$10,001-\$15,000	\$50,0	01-\$55,0	5,000 \$90,001-\$95,000 \$130,001-\$135,000 \$170,001-\$1						\$170,001-\$175,0		
\$25,001-\$30,000 \$65,001-\$70,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$190,00 \$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	\$15,001-\$20,000	\$55,0	01-\$60,0	\$0,000 \$95,001-\$100,000 \$135,001-\$140,000 \$175,001-\$						\$175,001-\$180,0		
\$30,001-\$35,000 \$70,001-\$75,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$195,00 \$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	\$20,001-\$25,000	\$60,0	01-\$65,0	35,000 \$100,001 \$105,000 \$140,001-\$145,000 \$180,001-\$1						\$180,001-\$185,0		
\$35,001-\$40,000 \$75,001-\$80,000 \$115,001-\$120,000 \$155,001-\$160,000 \$195,001-\$200,00 \$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	\$25,001-\$30,000	\$65,0	01-\$70,0	0,000 \$105,001-\$110,000 \$145,001-\$150,000 \$185,001-\$						\$185,001-\$190,0		
\$40,001-\$45,000 \$80,001-\$85,000 \$120,001-\$125,000 \$160,001-\$165,000 \$200,001+ Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	\$30,001-\$35,000	\$70,0	01-\$75,0	5,000 \$110,001-\$115,000 \$150,001-\$155,000 \$190,000-\$						\$190,000-\$195,0		
Assistance Programs: (Select all that apply) * None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	\$35,001-\$40,000	\$75,0	01-\$80,0	0,000 \$115,001-\$120,000 \$155,001-\$160,								
None Childcare Assistance Financial Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI SSI	\$40,001-\$45,000	\$80,0	01-\$85,0	000	\$120,001-	I-\$125,000 \$160,001-\$165,000 \$200,001+						
Housing Assistance Medicaid SSDI SSI	Assistance Programs: (Select all that apply) *											
	None Childcare Assistance Financial Assistance Food Stamps/SN					od Stamps/SNAP						
TANE Voterania Companyation WIC Other (Diese specific to	Housing Assis	tance	N	Medicaid			SSDI			SS	SSI	
TANF Veteran's Compensation WIC Other (Please specify be	TANF		V	/eteran's C	Compensation	Other (Please specify b						
Other Income Sources:												
MILITARY STATUS												
Does the Member's family include a Parent/Guardian that is in the military? * Yes No												
If yes, which branch?												
Army Navy Air Force Marines							Air Force			Marines		
Coast Guard National Guard Veteran	Coast Guard			Natio	nal Guard	V			Veteran			
If yes, are they currently deployed/will be deployed within the next 6 months? Yes No	If yes, are they cur	rrently deplo	yed/wi	ll be depl	oyed within t	he n	ext 6 mo	onths?	, ,	es/		No
Please provide the Parent/Guardian's Department of Defense ID:	Please provide the	Parent/Gua	ardian's	s Departn	nent of Defer	nse I	D:					·



EMERGENCY CONTACT INFORMATION

Please provide contact information for Additional Parent/Guardian (if applicable) and at least 2 Emergency Contacts

Please provide o	ovide contact information for Additional Parent/Guardian (if applicable) and at least 2 Emergency Contacts								
ADDITIONAL PARENT/GUARDIAN CONTACT INFORMATION									
Relationship to the Member:									
Mother		Father	Step-	Parent	Fo	Foster Parent		Grandparent	
Life Partner		Aunt/Uncle	Siblin	g	G	uardian		Oth	er Relative
First Name:				Last Name:					
Mobile Phone:				Alternate Pho	nate Phone:				
Street Address:				City and Zip	Code:	code:			
Are there any cust	tody is	ssues? Select Yes if doe	es <u>NOT</u> have	e permission to	pick up r	member	Yes		No
If yes, please expl	ain:								
		EMERGE	NCY CON	TACT 1 INFO	RMATIC	ON			
Relationship to the	e Men	nber: *							
Mother		Father	Step	-Parent	F	oster Par	ent	Grandparent	
Life Partner		Aunt/Uncle	Siblir	Sibling			tive	Friend of Family/Other	
First Name: *	Last Name: *								
Mobile Phone: *	Alternate Phone: *								
Street Address: *	City and Zip Code: *								
Is Emergency Contact 1 authorized to pick up the member? * Yes No)		
EMERGENCY CONTACT 2 INFORMATION									
Relationship to the Member: *									
Mother		Father	Step	F	oster Pa	ent	Gra	andparent	
Life Partner		Aunt/Uncle	Siblir	ng	С	ther Rela	ative	Frier	nd of Family/Other
First Name: *	Last Name: *								
Mobile Phone: *			one:						
Street Address: *	City and Zip Code: *								
Is Emergency Contact 2 authorized to pick up the member? * Yes No)	
EMERGENCY CONTACT 3 INFORMATION									
Relationship to the	e Men	nber:							
Mother	Father Step-			-Parent	Foster Parent		ent	Grandparent	
Life Partner		Aunt/Uncle	Sibling		С	Other Relative		Friend of Family/Other	
First Name:				Last Name:					
Mobile Phone:				Alternate Phone:					
Street Address:	City and Zip Code:								
Is Emergency Contact 3 authorized to pick up the member? Yes No)			



IMMUNIZATION STATUS

My child has received all required immunizations to date, and I will provide a copy of their most current immunization record for their member records.

Parent/Guardian Signature: *		Date: *	
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PARENT/GUARDIAN AUTHORIZATION AND ATTESTATION

I understand the Boys & Girls Clubs of Schenectady has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I understand 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. 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 permission for photographs, video images or any other graphic depiction or likeness to be used by Boys & Girls Clubs of Schenectady and its affiliates, donors and partners and acknowledge neither my child nor I will receive payment for same.

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 for data purposes to evidence program effectiveness and/or Club impact on our members.

The Boys & Girls Clubs reserves the right to remove members and/or adults from any facility for what the organization determines to be disruptive or inappropriate behaviors.

Member Expectations:

Play fairly and be honest

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

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

I hereby attest that I have read & understood the above information, and that all of the information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Signatu	Date: *		
	FOR USE E	BY OFFICE ONLY:	
Date Recv'd:		Amt Recv'd:	
Receipt #:		Recv'd by:	
Membership #:		Type: (select one)	NEW or RENEWAL
Date Entered in MCH:		MCH Updated by Staff:	