



675 Watertown Street Newton, MA 02460
Phone: (617) 630-2066 Fax: (617) 630-8999
www.newtonbgc.com



BOYS & GIRLS CLUBS
OF AMERICA

MEMBERSHIP APPLICATION

2011-2012

Check Membership Category

- General Membership:** for grades 1-8; \$125 per family, per school year
- Seasonal General Membership:** Fall and Spring \$75, Winter \$100
- Check here if your family is enrolled in the Kids Corp or Transportation Programs**

Financial Aid Is Available: No Child will be denied membership if they cannot afford to pay. Those seeking financial assistance should check the box, fill out the Scholarship Form, and provide needed information.

*** I. CHILD INFORMATION * RENEWAL NEW MEMBERSHIP SIBLING**

Note: Please fill out this form completely for the first child in a household. For additional children, submit additional membership forms and complete required sections, marked with an asterisk (*).

Child's Name: _____ D.O.B. ____/____/____ Age: ____
First Name Last Name

Address: _____ Girl Boy
Street City Zip

School: _____ **Current Grade:** _____

Ethnicity: African American Asian Caucasian Hispanic Multi-Racial Other _____

II. FAMILY INFORMATION – (FIRST CHILD ONLY)

Please list below if living in member's home:

Place of Employment

Work phone

Mother: _____ () ____ - ____
First Name Last Name

Father: _____ () ____ - ____
First Name Last Name

Guardian: _____ () ____ - ____
First Name Last Name

Mother's Cell Phone Number: () ____ - ____ **Mother's Email Address:** _____

Father's Cell Phone Number: () ____ - ____ **Father's Email Address:** _____

Guardian's Cell Phone Number: () ____ - ____ **Guardian's Email Address:** _____

FOR OFFICE USE ONLY

Paid? Yes No-Explanation: _____ **ETO #** _____ **Received Date** ____ / ____ / ____

OVER, PLEASE

III. EMERGENCY CONTACTS – (FIRST CHILD ONLY)

Please list 2 contacts *other than those living in the same household as the member!* This section **MUST** be completed.

Applications **cannot** be accepted unless we obtain 2 emergency contacts with phone numbers **different** than above.

Name 1: _____ Relationship to Child: _____

Cell Phone: (____) ____-____ Other: (____) ____-____ Home Work

Name 2: _____ Relationship to Child: _____

Cell Phone: (____) ____-____ Other: (____) ____-____ Home Work

IV. HOUSEHOLD INFORMATION

Number of people in household: _____

- less than \$ 9,999 \$15,000 - \$24,999 \$35,000 - \$44,999 \$55,000 - \$64,999
 \$10,000 - \$14,999 \$25,000 - \$34,999 \$45,000 - \$54,999 Over \$65,000

Please check any of the following that apply:

- Single Parent Household (female) SSI/SSDI General Assistance Section 8 Housing Voucher
 Single Parent Household (male) Food Stamps Public Housing

* V. MEDICAL INFORMATION *

Does the child have any physical limitations or other problems we should know about? yes no

If yes, please describe: _____

Is the child taking any medication? _____

Health Insurance Provider _____ Policy Number _____

Please list any allergies, medical, or social conditions your child/children may have that may effect their participation in activities at the Club. Make sure to include all prescribed medications taken by your child/children.

(Please attach an additional sheet if necessary)

I give consent for photographs to be taken of my child(ren) to be used in displays, brochures, newsletters etc., exclusively for the John M. Barry Boys & Girls Club of Newton. yes no

I give consent for the Program Director to view my child's report card to enable their participation in reward and incentive programs and to provide data to gage the effectiveness of educational programs offered at the John M. Barry Boys & Girls Club of Newton. All information is confidential. yes no

I give my permission to the John M. Barry Boys & Girls Club of Newton to share information about the minor child listed on this application with Boys & 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, and other information collected by John M. Barry Boys & Girls Club of Newton, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I also hereby give my permission for my child to join the John M. Barry Boys & Girls Club and to participate in all Club activities. I certify that my child is fit and capable of participating in activities without restriction unless noted above. I hereby, for myself, my child, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I or my child may have against The John M. Barry Boys & Girls Club, its staff, and members of its Board of Directors, for any and all injuries suffered by during participation in Club-sponsored activities.

* Date: ____/____/____ Signature of Parent/Guardian: _____ *

OVER, PLEASE