**Afterschool Program 2020-2021**

***Schenectady High School Membership Application***

**Student/Member Information**

**START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID:** Click or tap here to enter text.

Student’s First Name Click or tap here to enter text. Last Name Click or tap here to enter text. Middle Click or tap here to enter text.

Birthdate Click or tap here to enter text. Gender  Male  Female

Address:  Same as Head of Household  Same as Other Guardian

Click or tap here to enter text.

City:Click or tap here to enter text. State:Click or tap here to enter text. Zip:Click or tap here to enter text.

Ethnicity:Click or tap here to enter text. Language:Click or tap here to enter text. Member Since:Click or tap here to enter text. Member ID#Click or tap here to enter text.

Can Swim? Yes No Shirt Size? Small Medium Large X-Large

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**Head of Household**

First NameClick or tap here to enter text. Last NameClick or tap here to enter text.

Gender Male Female EmailClick or tap here to enter text.

AddressClick or tap here to enter text.

CityClick or tap here to enter text. StateClick or tap here to enter text. ZipClick or tap here to enter text.

Home PhoneClick or tap here to enter text. Mobile PhoneClick or tap here to enter text. Employed? Yes No

Employer:Click or tap here to enter text. Title:Click or tap here to enter text. Occupation:Click or tap here to enter text.

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**Other Parent/Guardian**

First NameClick or tap here to enter text. Last NameClick or tap here to enter text.

Gender Male Female EmailClick or tap here to enter text.

Address Click or tap here to enter text.

CityClick or tap here to enter text. StateClick or tap here to enter text. ZipClick or tap here to enter text.

Home Phone:Click or tap here to enter text. Mobile Phone:Click or tap here to enter text. Employed? Yes No

EmployerClick or tap here to enter text. TitleClick or tap here to enter text. OccupationClick or tap here to enter text.

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**School and Work**

School NameClick or tap here to enter text. GradeClick or tap here to enter text.

TeacherClick or tap here to enter text. Student IDClick or tap here to enter text.

Free or Reduced Lunch? No Free Reduced

Projected Date of Graduation?Click or tap here to enter text. Received:  HS Diploma  GED  Did not complete

Is member working? Yes No If Yes, Place of Employment:Click or tap here to enter text.

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**Emergency Contact**

Contact #1 NameClick or tap here to enter text. Relationship to MemberClick or tap here to enter text.

PhoneClick or tap here to enter text. Authorized for Pickup?  Yes  No

Contact #2 NameClick or tap here to enter text. Relationship to MemberClick or tap here to enter text.

PhoneClick or tap here to enter text. Authorized for Pickup?  Yes  No

Are there any custody issues? If yes, please specifyClick or tap here to enter text.

**Medical Information**

Health Insurance? Covered Not covered

Insurance Carrier:Click or tap here to enter text. Policy #:Click or tap here to enter text.

Doctor NameClick or tap here to enter text. Doctor PhoneClick or tap here to enter text.

Medications? Yes No If Yes, explain:Click or tap here to enter text.

Allergies? Yes No If Yes, explain:Click or tap here to enter text.

Disabilities? Yes No If Yes, explain:Click or tap here to enter text.

Epi-Pen? Yes No

Inhaler? Yes No

Other Health Problems, Restrictions or Concerns:Click or tap here to enter text.

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

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**Household Information**

Family Setting: Single Parent Two Parent Legal Guardian Foster Home Other:Click or tap here to enter text.

Housing Development?  MacGathan  Steinmetz  Yates Village  South Gate  None

Active Military? Yes No

School Lunch? Free Reduced No Food Stamps? Yes No

Medicaid? Yes No

DSS? Yes No

TANF? Yes No

Number in Household:Click or tap here to enter text.

Annual Income:

$0-14,999

$15,000-24,999

$25,000-34,999

$35,000-44,999

$45,000-54,999

$55,000-64,999

$65,000-74,999

$75,000-84,999

$85,000-94,999

$95,000-104,999

Greater than$105,000

Member lives with:

Single Parent

Two Parent

Grandparent

Legal Guardian

Foster Home

OtherClick or tap here to enter text.

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**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 ● 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

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**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 & GIRLSCLUBS 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: Click or tap here to enter text.

*Child name:* Click or tap here to enter text.

*Attendance: Days I expect my child to attend:  Mon Tues Wed Thurs Fri*

**FOR OFFICE USE ONLY:**

Date Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Rec’d \_\_\_\_\_\_\_\_\_\_\_\_Receipt # \_\_\_\_\_\_\_\_\_\_\_ Rec’d by \_\_\_\_\_\_\_\_\_\_

Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New\_\_\_\_\_\_\_\_\_\_\_ Renew \_\_\_\_\_\_\_\_\_\_\_

Date Entered in DV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered by Staff \_\_\_\_\_\_\_\_\_\_\_