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| **Clubhouse Membership**  Adeline Wright Graham Clubhouse  Rotterdam Clubhouse  Mont Pleasant Clubhouse  Steinmetz Clubhouse  School Program  Yates Clubhouse | **2021-2022 Membership Application** |

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| **Member Type** | | New Member  Renewing Member | | | | | | | | | | | | | | |
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| **PRIMARY CONTACT : PARENT /GUARDIAN** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Role in Household** | | | | | Mother  Father  Step-Parent | | | | | Aunt/Uncle  Sister | | | | | | Brother  Cousin | | | | Grandparent  Foster Parent | | | | | Guardian  Other Relative | |
| **First Name** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Last Name** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Suffix** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Employer / Organization** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Email Address** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Home Phone** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Mobile Phone** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Work Phone** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **State** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Postal Code** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **MEMBER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Member Information** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Total past years of membership with Boys & Girls Clubs and Clubhouse.** | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **First Name** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Middle Name** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Last Name** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **State** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Postal Code** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Birthdate** | | | | | | | | | **Age:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Gender** | | | Male | | | | | | | | | | | Female | | | | | | | |  | | | |
| **Racial / Ethnic Identity** | | | American Indian or Alaska Native  Asian  Black or African American | | | | | | | | | | | | Hispanic or Latino  Middle Eastern or  North African  Native Hawaiian or other Pacific Islander | | | | | | | | White  Bi-racial  Multi-Racial  Other | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Immunizations:** | | | Yes  No **Please be sure to attach Immunizations Records** | | | | | | | | | | | | | | | | | | | | | | |
| Has your child received the COVID-19 Vaccine?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Lunch** | | | Free/Reduced  Entire School is Free  Not Eligible | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grade** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **School Name** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **School ID Number** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Does your child receive addition supports at school?** | | | | Behavioral Support  IAP  504 | | | | | | | | | |
| **Allergies** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Food Allergies** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Peanuts  Tree Nuts  Dairy/Lactose | | | | Soy  Gluten  Seafood/Shellfish | | | | | | | | | | Eggs  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Environmental Allergies** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Bee Stings  Pollen | | | | Dust  Mold | | | | | | | | Grass  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Medicine Allergies** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Penicillin  Aspirin | | | | Amoxicillin  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Other Allergies** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Latex  Perfumes/Colognes | | | | | | Lotions  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Medical Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Diagnosed Medical Conditions** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Asthma  Diabetes  Hearing Impairment  Visual impairment | | | | | | | | | ADD/ADHD  Autism  Seizures  Anxiety Depression | | | | | | | | | Oppositional Defiance Disorder  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Please list any other physical, behavioral, psychological, or medical limitations.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Does the member use an inhaler?** | | | | | | | Yes  No | | | | | |  | | | | **Does the member use insulin?** | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the member use an EpiPen?** | | | | | | | Yes  No | | | | | |  | | | | **Does the member self-administer medication?** | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Insurance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Insurance Carrier** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Group Number** | | | | |  | | | | | | | | | **Member/Policy Number** | | | | | | | | |  | | | | | |
| **CONTACTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other Parent/Guardian – Contact 1** | | | | | | | | | | | | | | | **Emergency Contact 2** | | | | | | | | | | | | | | |
| **Full Name** | | |  | | | | | | | | | | | | **Full Name** | | | | | | |  | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | **Address** | | | | | | |  | | | | | | | |
| **Phone** | | |  | | | | | | | | | | | | **Phone** | | | | | | |  | | | | | | | |
| **Relationship** | | Caseworker  Child  Grandchild  Grandparent  Neighbor | | | | | | Other  Other Relative  Parent  Stepdad  Stepmom | | | | | | | **Relationship** | | | | | | Caseworker  Child  Grandchild  Grandparent  Neighbor | | | | | Other  Other Relative  Parent  Stepdad  Stepmom | | | |
| **Emergency – Contact 3** | | | | | | | | | | | | | | | **Emergency Contact 4** | | | | | | | | | | | | | | |
| **Full Name** | | |  | | | | | | | | | | | | **Full Name** | | | | | | |  | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | **Address** | | | | | | |  | | | | | | | |
| **Phone** | | |  | | | | | | | | | | | | **Phone** | | | | | | |  | | | | | | | |
| **Relationship** | | Caseworker  Child  Grandchild  Grandparent  Neighbor | | | | | | Other  Other Relative  Parent  Stepdad  Stepmom | | | | | | | **Relationship** | | | | | | Caseworker  Child  Grandchild  Grandparent  Neighbor | | | | | Other  Other Relative  Parent  Stepdad  Stepmom | | | |
| **Household Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Number of adults in household** | | | | | | | | |  | | |  | | | | **Number of children in household** | | | | | | | | | | | |  |
|  | | | | | | | | |  | | |  | | | |  | | | | | | | | | | | |  |
| **Household Composition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Single Adult Household**  **Two + Adult Household**  **Self (emancipated / 18)** | | | | | | | | | **Who are the adults living in the household?** *(Check all that apply)* | | | | | | | | | | | Mother  Father  Parents  Step Father  Step Mother  Grandparent(s)  Foster Parent(s) | | | | Joint Custody  Legal Guardian(s)  Sibling(s)  Uncle  Aunt  Other Relative(s)  Other Adult(s) | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Housing Type** | | | | Permanent (Own or Rent)  Public Housing  Group Home | | | | | | | | | | | | | | Foster Family  Transitional Housing | | | | | | | | | | | |
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| **Household Income Range** | $0 - 10,000  $10,001 – 15,000  $15,001 – 20,000  $20,001 – 25,000  $25,001 – 30,000  $30,001 – 35,000  $35,001 – 40,000  $40,001 – 45,000  $45,001 – 50,000  $50,001 – 55,000 | | | | | | | | | $55,001 – 60,000  $60,001 – 65,000  $65,001 – 70,000  $70,001 – 75,000  $75,000 – 80,000  $80,001 – 85,000  $85,001 – 90,000  $90,000 – 95,000  $95,001 – 100,000  $100,001 – 105,000 | | | | | | | | | $105,001 – 110,000  $110,001 – 115,000  $115,001 – 120,000  $120,001 – 125, 000  $125,001 – 130,000  $130,001 – 135,000  $135,001 – 140,000  $140,001 – 145,000  $145,001 – 150,000  $150,001 – 155,000 | | | | | | $155,001 – 160,000  $160,001 – 165,000  $165,001 – 170,000  $170,001 – 175,000  $175,001 – 180,000  $180,001 - 185,000  $185,001 - 190,000  $190,001 - 195,000  $195,001 - 200,000  $200,000+ | | | | |
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| **Military Status** | | | | | | |
| **Current / Former Military** | Yes  No | **Status** | Active Duty  Reserve/Guard  Veteran | **Branch** | Air Force  Army  Coast Guard | Marine Corps  National Guard  Navy |
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| **APPLICATION APPROVAL** | | |
| I understand the Boys & Girls Clubs 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 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**.** 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 Club reserves the right to remove members and /or adults from any facility for what the organization determines to be disruptive or inappropriate behaviors. | | |
|  | | |
| *Your signature below confirms that all information above is true and accurate.* | | |
|  | | |
|  | | |
|  |  |  |
| **Parent/Guardian Signature** |  | **Date** |

**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

**For Use By Office:**

Date Rcv’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Rcv’d \_\_\_\_\_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rcv’d By \_\_\_\_\_\_\_\_\_\_ Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New\_\_\_\_\_\_\_\_ Renew \_\_\_\_\_\_\_\_ Date Entered in DV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered into Donor View By Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_