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

|  |  |
| --- | --- |
| **Member Type** | [ ]  New Member[ ]  Renewing Member |
|  |  |  |  |
| **PRIMARY CONTACT : PARENT /GUARDIAN** |
|  |
| **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** |  |
|  |  |
|  |  |
| **MEMBER DETAILS** |  |
|  |  |
| **Member Information** |  |
| **Total past years of membership with Boys & Girls Clubs and Clubhouse.**  |  |
|  |  |
| **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.** |
|  |
|  |  |  |
| **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** |
|  |
| **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 |
|  |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_