

Membership Information Form



**BOYS & GIRLS CLUBS
OF CHICAGO**

Club Name: _____

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Required fields are denoted with asterisks. (*)

Head of Household (Please Print)

First Name:* <input type="text"/>	Last Name:* <input type="text"/>	Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:* <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Family Income: <input type="checkbox"/> \$12,001 - \$15,000 <input type="checkbox"/> \$15,001 - \$19,000 <input type="checkbox"/> \$19,001 - \$23,000 <input type="checkbox"/> \$23,001 - \$28,000 <input type="checkbox"/> \$28,001 - \$32,700 <input type="checkbox"/> \$32,701 - \$37,500 <input type="checkbox"/> \$37,501 - \$42,000 <input type="checkbox"/> \$42,001 and Above <input type="checkbox"/> \$9,000 or Below <input type="checkbox"/> \$9,001 - \$12,000 <input type="checkbox"/> Unknown	Address:* <input type="text"/>		
City:* <input type="text"/>		State:* <input type="text"/>	Zip Code:* <input type="text"/>
Phone Number:* () <input type="text"/> - <input type="text"/>		Phone Type:* <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Phone Number:* () <input type="text"/> - <input type="text"/>		Phone Type:* <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Family Size:* <input type="text"/>	Employer: <input type="text"/>	Job Title: <input type="text"/>	

Parents / Guardian (Please Print)

First Name:* <input type="text"/>	Last Name:* <input type="text"/>	Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone Number:* () <input type="text"/> - <input type="text"/>		Phone Type:* <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Phone Number:* () <input type="text"/> - <input type="text"/>		Phone Type:* <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Employer: <input type="text"/>		Job Title: <input type="text"/>	
Relationship:* <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

Member Information (Please Print)

First Name:* <input type="text"/>	Middle Name: <input type="text"/>	Last Name:* <input type="text"/>
Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female	Member Status:* <input type="checkbox"/> New <input type="checkbox"/> Renew	Birth Date: M/D/Y* <input type="text"/> / <input type="text"/> / <input type="text"/>
Pick Up Authorization Password: <input type="text"/>		Ethnicity:* <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other
School:* <input type="text"/>	Grade:* <input type="text"/>	

Household Type:*

Aunt/Uncle Both Parents Father
 Grandparent Guardian Mother
 Other Sister/Brother

Family Setting:*

1 Parent Family 2 Parent Family

Check all that apply:*

- TANF Food Stamps General Assistance SSDI SSI Veterans Compensation Day Care Voucher
 School Lunch Program Medicaid Can Swim

Medication Information (Please Print)

Medications:*

[Empty box for Medications]

Medical Problems / Allergies*

[Empty box for Medical Problems / Allergies]

Disabilities:*

Does your child have any special Needs? _____

Please list any Disabilities your child may have.

Does your child participate in School IEP? _____

Emergency Contact & Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:*	Last Name:*	Phone Number:*	Relationship:*
[Empty box]	[Empty box]	[Empty box]	[Empty box]
2.) First Name:*	Last Name:*	Phone Number:*	Relationship:*
[Empty box]	[Empty box]	[Empty box]	[Empty box]

I have read the completed application, understand the rules of the Boys & Girls Clubs of Chicago and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs of Chicago will not be responsible for any accident to the boy/girl while on the premises or while engaged in any activities away from the Boys & Girls Clubs of Chicago. I give my consent for photographs and video, in which my son/daughter may appear, to be used in any way the Boys & Girls Clubs of Chicago may care to use them. I allow my child to participate in the outcome measurement tool kit survey and for the Boys & Girls Clubs to receive my child's grades and test scores from their school.

Parent or Guardian Signature

Member's Signature

Date

FOR OFFICE USE ONLY: Please do not write in this box.

- ASDC Day Camp Scholarship F/P Teen Reach Teen Reach Trkd Career Development
 Head Start Kids in Care School IEP College Bound Juvenile Justice
 Grant _____