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| **Head of Household (Please Print)** |  |  |  |
| **First Name: \*** | **Last Name: \*** | **Gender** |
|  |  | 🞎Male 🞎Female |
| Family Income:\_\_\_ $0-$10,000\_\_\_ $10,001 - $20,000\_\_\_ $20,001 - $30,000\_\_\_ $30,001 - $40,000\_\_\_ $40,001 - $50,000\_\_\_ $50,001 - $60,000\_\_\_ Greater than $60,001 | **Address: \*** | **Address Type** 🞎Home 🞎Work 🞎\_\_\_\_\_\_\_\_ |
| (Line 1)  |
| (Line 2) |
| (City) | (State) | (Zip Code) |
| Phone Number: \* Phone Type: \* |  |
| ( )  | 🞎Home 🞎Work 🞎\_\_\_\_\_\_\_\_ |
| ( ) | 🞎Home 🞎Work 🞎\_\_\_\_\_\_\_\_ |
| **Family Size:** | **E-Mail Address:** | **Email Type** |
|  |  | 🞎Home 🞎Work 🞎\_\_\_\_\_\_\_\_ |
| **Parent/Guardian Information (Please Print)** |
| **First Name:** | **Last Name** | **Gender:** |  |
|  |  | 🞎Male 🞎Female |
| **Address:** | **Address Type:** |
| (Line 1) | 🞎Home 🞎Work 🞎\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Line 2) |
| (City) | (State) | (Zip Code) |
| **Phone Number:**  | **Phone Type:** |
| ( ) | 🞎Home 🞎Work 🞎\_\_\_\_\_\_\_\_ |
| ( ) | 🞎Home 🞎Work 🞎\_\_\_\_\_\_\_\_ |
| **Email Address:** | **E-mail Type:** |
|  | 🞎Home 🞎Work 🞎\_\_\_\_\_\_\_\_ |
| **Member Information (Please Print)** |
| **First Name: \*** | **Last Name:\*** | **Phonetic Spelling:**  |
|  |  |  |
| **Nickname:** | **Birth Date: \*** |
|  |  / /  |
| **Gender: \*** | **Ethnicity: \*** |
| 🞎Male 🞎Female | \_\_\_ African American \_\_\_Asian \_\_\_Bi-Racial \_\_ Caucasian \_ Pacific Islander \_\_\_ Haitian \_\_\_Hispanic \_\_\_Multi-Racial \_\_Other, (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Membership Type: \*** | **School Name: \*** | **Grade:** |
| \_\_\_\_ Childcare\_\_\_\_ General\_\_\_\_ Summer\_\_\_\_ Teen\_\_\_\_ Grant\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |
|  |  |
| **Family Setting:** |
| \_\_\_ Both Parents \_\_\_ Grandparents\_\_\_ Legal Guardian \_\_\_ Single Parent |
| **Referring Organization** |
| \_\_ DCP&P \_\_ Childcare Resources \_\_\_ Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Check all that apply:** |  |  |
| 🞎TANF 🞎Food Stamps🞎General Assistance🞎SSDI🞎SSI 🞎Veterans Compensation🞎Day Care Voucher🞎Free School Lunch🞎Medicaid |  |  |
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| **Member Medical Information (Please Print)** |
| **Insurance Company** | **Medications:** | **Medical Problems/Allergies:** |
|  |  |  |
| **Insurance Policy Number** |
|  |
|  |
| **Physician:** | **Physician Phone:** | **Disabilities:** |
|  |  |  |
|  |  |
| **Pick-up Information (Please Print)** |
| **Two people authorized to pick up member**  |
| 1. **First Name:**
 | **Last Name:** | 1. **First Name:**
 | **Last Name:** |
|  |  |  |  |
| Phone: ( ) | Phone: ( ) |
| 🞎Acquaintance🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎Emergency Contact 🞎Primary Emergency Contact🞎Lives with Member | 🞎Acquaintance🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎Emergency Contact 🞎Primary Emergency Contact🞎Lives with Member |

**Pick-up Authorization Password:**

The Boys & Girls Clubs of Monmouth County also uses the following fields to learn more about your child. Please check one item from each group below

Facebook: \_\_\_No \_\_ Username/Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School medical records release: \_\_\_ Yes \_\_\_ No

I authorize the Boys & Girls Clubs of Monmouth County to access and/or receive copies of my child’s academic transcripts, interim reports, report cards, and standardized test scores including the PARCC in order to assist my son/daughter in achieving his/her educational goals. \_\_\_ Yes \_\_\_ No

Walk home: \_\_\_Yes \_\_\_ No

I have read the complete application, understand the rules of the Boys & Girls Clubs of Monmouth County and request that my son/daughter be admitted into membership. Although every effort will be made to prevent injury, if an injury should occur to my child while participating in Club activities, I agree to hold the Boys & Girls Clubs of Monmouth County, its agents and employees, and any volunteers/employees harmless.

I understand by enrolling my child he/she will be part of an electronic student management system that complies with full confidentiality and Acceptable Use Policies of The Boys & Girls Clubs of Monmouth County.

I grant the Boys & Girls Clubs of Monmouth County the unlimited right to use and/or reproduce photographs or likenesses in any legal manner for the internal or external promotional and information activities of the Boys & Girls Clubs of Monmouth County. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of the Boys & Girls Clubs of Monmouth County in which he/she is involved. I also agree to allow my child’s work and/or photograph to be published on the Boys & Girls Clubs of Monmouth County Web site/Internet pages, and publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

**PLEASE NOTE THAT ANNUAL CLUB MEMBERSHIP FEES ARE NOT TRANSFERABLE BETWEEN UNITS NOR REFUNDABLE.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature Member’s Signature Date**

**Revised 4/8/19**