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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**