

Membership Form



BOYS & GIRLS CLUBS
OF MERCED COUNTY

Office use only

KidTrax ID # _____

August 15, 2016 – June 2, 2017

Individual Fee: \$20 __

Family (3 or more) \$50 __

MEMBER (CHILD'S) INFORMATION

_____	_____	_____
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First Name

Middle Name

Last Name

Home Address

City

Zip

Phone Number

<input type="checkbox"/> M <input type="checkbox"/> F

Gender

Age

Birth Date

School

Grade

Ethnicity: (Check One)

<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____
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Father's (Male Guardian) Information:

_____	_____	_____
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First Name

Last Name

Phone (Cell) Number

Employer

Occupation

Work Number

E-mail _____

Mother's (Female Guardian) Information:

_____	_____	_____
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First Name

Last Name

Phone (Cell) Number

Employer

Occupation

Work Number

E-mail _____

Emergency Contact Person:

_____	_____	_____	_____
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First Name

Last Name

Phone Number

Relationship

Pick-Up (Allowed to pick-up child) Information:

_____	_____	_____	_____
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First Name

Last Name

Phone Number

Relationship

First Name

Last Name

Phone Number

Relationship

House Hold Type: (mark one)

<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Group Home	<input type="checkbox"/> Guardians	<input type="checkbox"/> Single Parent (<input type="checkbox"/> mother/ <input type="checkbox"/> father)	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Other _____
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Number of Sisters and Step-Sisters

Number of Brothers and Step-Brothers

Number of People living in your home:

Medical Problems/Allergies:

List all Medication Child is Taking:

Physician:

Physician's Phone Number

Preferred Hospital or Clinic:

Hospital/Clinic Phone:

Has your child been a member of the Boys & Girls Clubs previously? YES NO

Number of Years

Which Club?

The Following Information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing the information is both appreciated and necessary.

Check All Programs Which Apply: TANF Food Stamps SSDI SSI

Medi-cal Free Lunch Cal Works Other

Annual Household Income:

\$9,000 or below \$9,001 – \$12,000 \$12,001 – \$15,000 \$15,001 – \$19,000

\$19,001 – \$23,000 \$23,001 – \$28,000 \$28,001 – \$32,700 \$32,701 – \$37,500

\$37,501 – \$42,000 \$42,001- \$45,000 Over \$45,000

Please check program interest: Power Hour SMART Moves SMART Girls

Passport To Manhood Triple Play: Mind, Body & Soul Torch / Keystone Leadership Clubs

Allowed to Walk? ___ No ___ Yes ___ Yes w/ siblings only

The Club is open to all members during hours of operation. Please note: There are no in and out privileges.

I have read the completed application and the rules of the Boys & Girls Clubs of Merced County. I have explained the Club rules to my son/daughter and request that he/she be admitted into membership.

Parent or Guardian Signature

Date

Club Member's Signature

Date

Office use only: _____
Staff Signature Date

Membership Fee Paid:
 \$20 per member ____
 \$50 per family (3 or more) ____

Revision 15
07//2016