



BOYS & GIRLS CLUBS  
OF METROWEST

# MEMBERSHIP REGISTRATION FORM 2017-2018

September 1st 2017—August 31st 2018 fill out both sides

1) CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

2) CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

After registration ALL changes must be submitted in writing (email is acceptable), Verbal changes may not be acceptable.

MOTHER or FEMALE GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL phone#: \_\_\_\_\_

WORK phone #: \_\_\_\_\_

EMPLOYED by (name): \_\_\_\_\_ Title: \_\_\_\_\_

CELL phone#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER or MALE GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL phone#: \_\_\_\_\_

WORK phone #: \_\_\_\_\_

EMPLOYED by (name): \_\_\_\_\_ Title: \_\_\_\_\_

CELL Pone#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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### VOLUNTARY INFORMATION – Helps funding resources

ANNUAL HOUSEHOLD INCOME: (Please check one.)

\_\_\_\_ under \$10,000    \_\_\_\_ \$10,001-\$20,000    \_\_\_\_ \$20,001-\$30,000  
\_\_\_\_ \$30,000-\$50,000.    \_\_\_\_ \$50,001-\$70,000    \_\_\_\_ \$over \$70,000

CHILD LIVES WITH: \_\_\_\_ Mother. \_\_\_\_ Father. \_\_\_\_ Other-Whom \_\_\_\_\_

MARITAL STATUS OF PARENT/GUARDIAN: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed  
\_\_\_\_ Other

ETHNIC IDENTITY: (Optional- please check one)

\_\_\_\_ White                      \_\_\_\_ African American                      \_\_\_\_ Hispanic  
\_\_\_\_ Brazilian                      \_\_\_\_ Portuguese                      \_\_\_\_ Asian  
\_\_\_\_ Middle Eastern.                      \_\_\_\_ American Indian/Alaskan                      \_\_\_\_ Other

Great Futures Start Here



### IN CASE OF EMERGENCY:

If parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any medical, physical, or emotional conditions that we should be aware of to better serve your child: (allergies, medication, emotional, etc.)

### AUTHORIZATION AND CONSENT FORM SIGNATURE REQUIRED

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the qualified staff at the Boys & Girls Clubs to transport my child to the nearest hospital.

Child's Doctors name & Phone # \_\_\_\_\_

Health Insurance & ID #: \_\_\_\_\_

I authorize Boys & Girls Clubs' staff/volunteers who are trained in the basics of first aid to treat my child when appropriate.

I understand the Club is not, nor claims to be, a licensed day care center. (Unless your child is registered in the licensed SACC Program).

I give permission for my child to participate in field trips by means of bus/van. I understand that I will be notified in advance of any trips.

Yes / No (circle one) I give consent to have my child photographed/video taped for public relations purposes.

PARENT/GUARDIAN:

SIGNATURE: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_

#### For Office Use Only:

Membership Fee: \$25.00 (1<sup>st</sup> child) / \$20.00 (2<sup>nd</sup> child) / \$15.00 each additional child \_\_\_\_\_

Fee for Seat on Bus: \$300.00 per child for school year \$ \_\_\_\_\_

Option 1) pay \$300.00 1<sup>st</sup> payment at registration 2<sup>nd</sup> payment December 1<sup>st</sup> final payment March 1<sup>st</sup>

Option 2) pay \$30.00 a month – with directors approval

Option 3) Payment plan: see Administration

Date entered in MTS: \_\_\_\_\_

Membership # \_\_\_\_\_