



BOYS & GIRLS CLUBS
OF HANCOCK COUNTY

2021-22 Membership Application

Jim Andrews Unit - Greenfield

For Club Use Only

Fee Received: Y / N Date: _____
Membership Number _____
Behavior/Disability confirmation: Y / N
Household Demographic confirmation: Y / N
Orientation Complete: Y / N
Staff Initials for intake: _____

Full Name: _____

Nickname/Preferred Name _____

Birthdate: ____ - ____ - ____ **Age:** ____

Gender: Male Female Non-Binary

Race/Ethnic Identity (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Some Other Race |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino | |

Is Member in Foster Care? Yes No

School Information for 2021 / 2022

School Name: _____ **Grade:** _____

Does your child receive additional support in school/community? (check all that apply)

- Individualized Education Plan (IEP) 504 (accommodation) Speech Coach
- Meets with School or Private Counselor Other: _____

Medical / Health Information

Allergies

Food: Peanuts Tree Nuts Dairy/Lactose Soy Gluten Seafood/Shellfish
 Eggs Other: _____

Medicine: Penicillin Aspirin Amoxicillin Other: _____

Environmental: Bee Stings Pollen Dust Mold Grass

Other: Latex Perfumes/Colognes Lotions Other: _____

Medical Conditions

- Asthma Diabetes Hearing Impairment Blindness ADHD Autism Seizures
- Anxiety/Depression Other: _____

Does your child use an inhaler? Yes No **Does your child use insulin?** Yes No

** Youth Information Only **

Type of Membership

(Check one):

- New Membership
- Renew Membership

** Youth Information Only **

Does your child self-administer medication? Yes No If so, which medications _____

Please list any physical, mental or medical limitations of your child below and discuss them with the Youth & Family Services Associate upon submitting your application: _____

Insurance

Insurance Carrier _____ Group Number _____ Policy Number _____

BGCHC is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child requires behavior support due to any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, or if they pose as a potential flight risk, the Unit Director should be notified of this so reasonable accommodation can be considered. Please list any applicable circumstances: _____

Has your child threatened or intentionally caused harm to themselves or others? Yes No If yes, please explain _____

** Parent/Guardian Information **

Head of Household

Relationship to Member (circle): Mother / Father

Step-Parent / Aunt/Uncle / Sister / Brother

Cousin / Grandparent / Foster Parent / Guardian

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-Mail Address: _____

Employer: _____

Parent/Guardian 2

Relationship to Member (circle): Mother / Father

Step-Parent / Aunt/Uncle / Sister / Brother

Cousin / Grandparent / Foster Parent / Guardian

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-Mail Address: _____

Employer: _____

Emergency Contact Please list additional contact(s) other than those above.

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Is this person authorized to pick up member?

Yes No

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Is this person authorized to pick up member?

Yes No

Pickup Contact Please list additional contact(s) other than those above.

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Relationship to Member (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: _____

Cell Phone: _____

Home Phone: _____

Your Responses below are kept **Confidential** and are essential for our funders. This information helps keep membership fees low. All information is required for membership. Thank you!

School Lunch: Free/Reduced Entire School is free
 Not Eligible

Is this a military family?: Yes No

If yes, please list branch, status and I.D. number:

Please check all assistance programs you receive:

- Food Stamps/SNAP
- Medicaid
- Social Security
- SSI (Supplemental security income)
- SSDI (Social security disability insurance)
- Housing (section 7, section 8, etc.)

How many adults and youth live in your household:

#adults _____ #youth _____

Housing Type

- Permanent (Own, rent, etc.) Group Home
- Public Housing Foster Home

Please indicate your total household income by placing a checkmark in the appropriate box

- 0 - \$20,000
- \$50,001 - \$65,000
- \$95,001 - \$110,000
- \$140,001 - \$155,000
- \$185,001 - \$195,000
- \$20,001 - \$35,000
- \$65,001 - \$80,000
- \$110,001 - \$125,000
- \$155,001 - \$170,000
- \$195,001 - \$200,000
- \$35,001 - \$50,000
- \$80,001 - \$95,000
- \$125,001 - \$140,000
- \$170,001 - \$185,000
- \$200,000+

Household Composition

Single Adult Household	
Who is the adult in the single adult household?	<input type="checkbox"/> Mother Only
	<input type="checkbox"/> Father Only
	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Other relative
	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Foster Care
Two + adult household	
Who are the adults in the household?	<input type="checkbox"/> Parents
	<input type="checkbox"/> Grandparents
	<input type="checkbox"/> Other relative
	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Parent and other adult(s)	
<input type="checkbox"/> Self (<i>teen must demonstrate they are 18 or emancipated</i>)	