



**BOYS & GIRLS CLUB
OF EAST PROVIDENCE**

Membership Information Form

First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____ Birthdate: ____ / ____ / ____

Home Address: _____

State: _____ Zip: _____ Home Phone No.: (____) _____ Email: _____

Gender: Male _____ Female _____

Emergency Contact: _____ Emergency No. and Ext. (____) _____

Ethnicity (Check One – Optional)

____ African American ____ Asian American ____ Caucasian ____ Hispanic _____

____ Native American ____ Pacific Islander ____ Multi-Racial ____ Other

Name of Person Member Lives With: _____

School: _____ Grade: _____

Mother/Guardian's Name: _____

Mother's Occupation: _____ Mother's Employer: _____

Mother's Work Phone and Extension: (____) _____ Mother's Cell Phone (____) _____

Mother's e-mail: _____

Father/Guardian's Name: _____

Father's Occupation: _____ Father's Employer: _____

Father's Work Phone and Extension: (____) _____ Father's Cell Phone (____) _____

Father's e-mail: _____

Member Lives With (Check one):

____ Both Parents _____ Mother/Guardian ____ Father/Guardian ____ Grandparents _____ Other

Household Size: _____

Medical Problems / Allergies: _____

List **ALL** Medications the Member is Taking: _____

Physician: _____ Physician's Phone Number: (____) _____

Preferred Hospital or Clinic: _____ Hospital/Clinic No. (____) _____

Do You Have Insurance: _____ Yes _____ No Policy No. _____

Has your child been a member of the Boys & Girls Clubs previously: _____ Yes _____ No

If Yes: 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 this information is both appreciated and necessary.

Annual Household Income: *Please enter an amount here, or chose a range below.* \$ _____

_____ \$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

Is anyone in the household a member of the military or National Guard? _____ Yes _____ No

Does your child know how to swim? _____ Yes _____ No

Check all programs which apply

_____ AFDC _____ SSDI _____ SSI _____ Day Care Voucher _____ Food Stamps

_____ General Assistance _____ School Lunch Program _____ Veterans Compensation

I have read the completed application, understand the rules of the Boys & Girls Clubs and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club will not be responsible for any accident to the boy/girl while on the Club premises or while engaged in any of its activities away from the Club. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Boys & Girls Club may care to use them. .The Boys and Girls reserves the right to revoke membership at any time.

Parent or Guardian Signature

Club Member's Signature

Date