



<p>For BGCD Staff Use Only</p> <p><input type="checkbox"/> New Membership</p> <p><input type="checkbox"/> Renewing Membership</p> <p><input type="checkbox"/> Birth Certificate Reviewed by _____</p>

Our goal is to learn as much as possible about our members in order to make any reasonable accommodation or support that will ensure their success at the Club. **All information will be kept confidential.** Please provide the information below so we can provide a safe and fun experience for your child. We do not discriminate based on income, race, disability status, sexual orientation or gender.

Thank you for printing clearly!

Member/Child First Name: _____ **Last Name:** _____

Birth Date: ____ / ____ / ____ **Age:** _____ **Sex:** Male Female Other _____

*A birth certificate and proof of K2 enrollment is required for all five year olds and newly enrolled members.
All information collected on the membership application is confidential and will only be seen by specifically-designated staff.
Your child's age as of September 1st determines the child's group from Sept-June*

Address: _____ **City:** _____ **Zip Code:** _____

Member cell phone (if over 13) _____ **Member Email (if over 13)** _____

School: _____ **Home Phone #** _____

School Type: Public Charter Private school METCO program Other _____

Grade: _____ **Has member been in this grade before?** Yes No

Member's sibling(s) are current or past Club members? Yes No
 Is member in foster care or in kinship placement? Yes No
 Is parent/guardian of this child in the military? Yes No

Memberships are accepted at all 3 sites : Marr, McLaughlin and Walter Denney

My child will participate most frequently at the Marr/ McLaughlin sites Walter Denney site

PARENT/GUARDIAN(S) INFORMATION

Relationship to Member (circle) Mother Father Step-Parent
 Aunt/Uncle Sister Brother Cousin Grandparent Foster Parent
 Other _____
Name _____
Address _____
City _____ **Zip Code** _____
Cell _____
Place of Employment _____
Work _____
E-Mail _____

Relationship to Member (circle) Mother Father Step-Parent
 Aunt/Uncle Sister Brother Cousin Grandparent Foster Parent
 Other _____
Name _____
Address _____
City _____ **Zip Code** _____
Cell _____
Place of employment _____
Work _____
E-Mail _____

ONE CALL COMMUNICATION-please circle preference of communication	email	call	text
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Race (Check One):
 African American/Black
 Asian Native American/Pacific Islander
 Caucasian/White
 Bi-Racial Multi-Racial
 Hispanic/Latino Other _____

Language most used at home:
(check one)
 Other: _____
 English Mandarin
 Haitian Creole French
 Hindi Vietnamese
 Portuguese Cambodian
 Spanish Cape Verdean

School Lunch Program (check one)
 Free
 Reduced
 Pay for lunch

Does Member have a childcare voucher? (Child Care Choices of Boston)
 Yes
 No

Does your child know how to swim? <input type="checkbox"/> Yes <input type="checkbox"/> No

For BGCD Staff Use Only:	
<input type="checkbox"/> Allergy _____	<input type="checkbox"/> Asthma
<input type="checkbox"/> EpiPen	<input type="checkbox"/> Inhaler

Only completed forms will be processed

Medical Information

Health Insurance Company: Mass Health Tufts Harvard Pilgrim Fallon Community Health Blue Cross/Blue Shield
 Other _____ **Name of policy holder** _____
Policy Number _____ **Primary Care physician name** _____ - _____
Physician Phone Number _____

Allergies

Please check here if your child does not have any known allergies.

Food: Peanuts Tree Nuts Dairy/Lactose Strawberries Soy Wheat Seafood/Shellfish Eggs
 Other _____ **Medicine:** Penicillin Aspirin Amoxicillin Other: _____

Environmental Bee Stings Pollen Dust Mold Grass Latex Perfumes/Colognes Lotions
 Other: _____

Medical /Mental Health Conditions

Asthma Diabetes Hearing Impairment Blindness ADHD Autism Seizures Mood Disorder
 Other _____
 Are you concerned about a medical condition that will impact their time at the Club? Yes No _____

Does your child self-administer medication? Yes No If so, what medication does your child take? _____

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

Does your child use insulin? Yes No

Please note children may not bring medication to the Club. Exceptions are for the following self-administration emergency meds only: Insulin Pumps, Epi Pen and Asthma Inhalers. Staff may not administer medication at any time.

EMERGENCY CONTACT INFORMATION: Please list at least two different family members/people who can be contacted and will pick up your child if you cannot be reached. (please do not list parent/guardian) All contacts must be age 18 and over.

Name: _____ Relationship to Member (circle) Aunt/Uncle Sister Brother Cousin Grandparent Family Friend Other _____ Home _____ Work _____ Cell: _____	Name: _____ Relationship to Member (circle) Aunt/Uncle Sister Brother Cousin Grandparent Family Friend Other _____ Home _____ Work _____ Cell: _____
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For BGCD Staff Use Only:
 Inclusion Meeting Requested

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. We are committed to providing an environment where all children can succeed. Because we are an open door/drop in program, and based on our resources and capacity of staff, some children may be enrolled in an individualized program plan. The Inclusion Programming Staff will work with families to create the best and safest program plan for your child.

What are your child's strengths _____

Please indicate if your child could use extra support in any of the following areas:

- | | |
|---|---|
| <p>Physical</p> <p><input type="checkbox"/> Uses/needs a wheelchair</p> <p><input type="checkbox"/> Uses/needs elevator access</p> <p><input type="checkbox"/> Other</p> <p>Communication</p> <p><input type="checkbox"/> Sign Language <input type="checkbox"/> Non-Verbal</p> | <p>Other common areas where members might need additional support:</p> <p><input type="checkbox"/> Transitioning from one activity to another</p> <p><input type="checkbox"/> Managing overstimulation (ex. to lights or noise)</p> <p><input type="checkbox"/> Following directions <input type="checkbox"/> Managing frustration</p> <p><input type="checkbox"/> Making and keeping friendships <input type="checkbox"/> Controlling anger or other feelings</p> <p><input type="checkbox"/> Managing a large group experience <input type="checkbox"/> Asking for help</p> <p>Other: _____</p> |
|---|---|

Does your child receive additional support in school or in the community?

- Individualized Education Plan (IEP) 504 (accommodation) Speech Coach Meets with School or Private Counselor
- Smaller Classroom Size Other: _____
- Please check here if you feel you and your child will benefit from a meeting with our Director of Inclusive Services, or will need to create an individualized program schedule.

DEMOGRAPHICS - Your responses to the elements below are kept *CONFIDENTIAL* and are crucial for funders and help us keep membership fees low by securing donations and grants.

- | | | | |
|---|---|---|---|
| <p>Total # of People in Household: (check one)</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9 or more</p> | <p>Member lives with most often:</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Grandparent/s</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Guardian</p> <p><input type="checkbox"/> Step Father <input type="checkbox"/> Uncle</p> <p><input type="checkbox"/> Step Mother <input type="checkbox"/> Aunt</p> <p><input type="checkbox"/> Foster Parent</p> <p><input type="checkbox"/> Brother/s: How many? ____</p> <p><input type="checkbox"/> Sister/s: How many? ____</p> | <p>Housing Type:</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Own</p> <p><input type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Live with relatives</p> <p><input type="checkbox"/> Other _____</p> | <p>Single Parent/Guardian household? (check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Parents have joint custody</p> |
|---|---|---|---|

- Assistance Program (Check all that apply) Social Security Medicaid Veterans Compensation
- TANF (Temporary Assistance for Needy Families) WIC (Women Infants & Children) Other _____

Dorchester Neighborhood:

- Ashmont Bowdoin/Geneva Ave Cedar Grove Codman Square Franklin Field
- Fields Corner Grove Hall Harbor Point Jones Hill Neponset Uphams Corner Savin Hill

DEMOGRAPHICS - Your responses to the elements below are kept *CONFIDENTIAL* and are crucial for funders and help us keep membership fees low by securing donations and grants.

Household Annual Income – Select the range that best fits:

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> \$0 - \$15,678 | <input type="checkbox"/> \$15,679 - \$21,112 | <input type="checkbox"/> \$21,113 - \$22,311 | <input type="checkbox"/> \$22,312 - \$26,546 | <input type="checkbox"/> \$26,547 - \$30,044 |
| <input type="checkbox"/> \$30,045 - \$31,980 | <input type="checkbox"/> \$31,981 - \$37,414 | <input type="checkbox"/> \$37,415 - \$37,777 | <input type="checkbox"/> \$37,778 - \$42,848 | <input type="checkbox"/> \$42,849 - \$45,510 |
| <input type="checkbox"/> \$45,511 - \$48,282 | <input type="checkbox"/> \$48,283 - \$53,243 | <input type="checkbox"/> \$53,244 - \$53,716 | <input type="checkbox"/> \$53,717 - \$60,976 | <input type="checkbox"/> \$60,977 - \$68,709 |
| <input type="checkbox"/> \$68,710 - \$76,442 | <input type="checkbox"/> \$76,443-\$81,000 | <input type="checkbox"/> \$82,000+ | | |

Please **sign below** to show you have reviewed, understand and consent to the information listed in each bulleted area.

In order to best reflect on and improve our practices and programming, we will survey members. In addition, funders frequently ask for information to show that we are monitoring and assessing the work we do with the members. In certain program areas, we hope to reflect improvement in skills, attitudinal shifts, knowledge and overall growth.

- I understand BGCD may survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA) Outcome Measurement Tool Kit or other survey instruments. BGCD may share information about my child with BGCA or other program partners for research purposes and/or to evaluate the program's effectiveness.

All information shared will be kept confidential; shared via de-identifying data or information will be shared in aggregate.

- My child may be photographed and/or named in newspapers, newsletters, and/or any other promotional materials for BGCD, as well as audio or video records, and for use or distribution in other non-BGCD publications, electronic or otherwise, without notifying me. I also agree to allow BGCD to use photographs, audiotapes, video records or other work produced by my minor child for publicity purposes. I hereby waive any right to inspect or approve any of the above that may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising therefrom.
- I understand BGCD is a drop-in facility and has an open door policy: Members are not required to attend the Club every day. • Members are advised to stay on Club premises; however, we cannot legally require a member to stay at the Club. • Boys & Girls Club is NOT a day care center, NOT a licensed facility and NOT responsible for the time or manner in which your child may arrive at or leave the Club. The Club is a drop-in program with an open door policy. The children are free to come and go as they choose. I understand and will make a plan with my child so that he/she understands how I want them to proceed.
- I understand that, for safety reasons, BGCD *strongly discourages* parents to allow children under the age of 10 yrs old to walk home. I also understand children who walk will be released at 5:45pm each day.
- How will your child get home from the Club? (Check all that apply) Walker Adult Pick-Up (siblings who pick up should be 13 yrs or older) Other: _____
- I have attended an orientation and showed evidence of age and grade if required. I understand memberships run from Sept-June. Summer registration and programming is a separate process and requires a new registration and fee.
- I agree to follow the policies set forth by BGCD. I understand BGCD hours may change at times during the year. I will insure the Club is open prior to dropping off my child and will pick up on time / adhere to the late pick up policy.
- My contact information is correct and I will update it as necessary. All my emergency contacts listed are aware they have been listed and are willing to pick up my child if need be.
- I agree to be contacted via the ONE CALL system BGCD will use as a form of communication.
- I understand that three late pick ups in one school year may result in termination from membership
- Fees are due in full at time of enrollment. I understand Bantam (5 yr olds) enrollment slots are limited.
Fees are as follows:
(Income based) Bantams 5 yr old
\$5 Membership ages 6-18yrs (Sept-June)

I understand Boys & Girls Clubs of Dorchester is not affiliated with Boys & Girls Clubs of Boston and memberships are not shared or transferrable

Date received _____ Entered by _____ Reviewed by _____

Parent Signature _____ Date _____

