

Membership Information Form



BOYS & GIRLS CLUB
OF BETHALTO

324 East Central Street, Bethalto, Illinois 62010
Phone: (618) 377-6030 Fax: (618) 377-6003

For Office Use Only

<p>Member ID <input style="width: 100%;" type="text"/></p> <p>Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former</p> <p>Member Type <input type="checkbox"/> Paid <input type="checkbox"/> Scholarship</p>	<p>Data Entry Date Received: <input style="width: 100%;" type="text"/> ID Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered: <input style="width: 100%;" type="text"/> Entered by: <input style="width: 100%;" type="text"/></p> <p>Membership Dates Start Date: <input style="width: 100%;" type="text"/> End Date: <input style="width: 100%;" type="text"/></p>
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Confidentiality: The information you provide will be kept completely confidential and is only for our records and statistical reporting needed for our funding sources. Your cooperation in providing this information is both appreciated and necessary.

MEMBER (Please Print)

First Name: <input style="width: 100%;" type="text"/>	Middle Name: <input style="width: 100%;" type="text"/>	Last Name: <input style="width: 100%;" type="text"/>
Nick Name: <input style="width: 100%;" type="text"/>	Birth Date: <input style="width: 100%;" type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity:		Social Security Number: N/A
<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> Cuban American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other		

School: <input style="width: 100%;" type="text"/>	Grade: <input style="width: 100%;" type="text"/>
Member's Address: <input style="width: 100%;" type="text"/>	Phone Number: <input style="width: 100%;" type="text"/>
<input style="width: 25%;" type="text"/> (City)	<input style="width: 25%;" type="text"/> (State)
<input style="width: 25%;" type="text"/> (Zip Code)	Referring Organization: <input style="width: 100%;" type="text"/>

MEDICAL INFORMATION (Please Print)

Insurance Company: <input style="width: 100%;" type="text"/>	Medications: <input style="width: 100%;" type="text"/>	Medical Problems/Allergies: <input style="width: 100%;" type="text"/>
Insurance Policy Number: <input style="width: 100%;" type="text"/>		
Physician: <input style="width: 100%;" type="text"/>	Physician Phone: <input style="width: 100%;" type="text"/>	Disabilities: <input style="width: 100%;" type="text"/>
Hospital: <input style="width: 100%;" type="text"/>	Hospital Phone: <input style="width: 100%;" type="text"/>	

Check all that apply:

<input type="checkbox"/> SSDI	<input type="checkbox"/> Day Care Voucher	<input type="checkbox"/> School Lunch
<input type="checkbox"/> SSI	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Veterans Compensation
<input type="checkbox"/> TANF	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Medicaid

Family Setting:

<input type="checkbox"/> 1 Parent
<input type="checkbox"/> Both Parents
<input type="checkbox"/> 1 Parent & 1 Step-Parent
<input type="checkbox"/> Other _____

Household Type:

<input type="checkbox"/> Family
<input type="checkbox"/> Extended Family
<input type="checkbox"/> Foster

CHILD'S HOUSEHOLD (Please Print)**Parent/Guardian**

First Name:

Last Name:

Relationship to Child:

Family 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 and above

Family Size:

E-Mail Address:

Work Phone Number:

Extension:

Cell Phone Number:

Employer:

Job Title:

Occupation:

Spouse

First Name:

Last Name:

Relationship to Child:

Work Phone Number:

Extension:

Cell Phone Number:

E-Mail Address:

Employer:

Job Title:

Occupation:

OTHER PARENT IF APPLICABLE (Please Print)

First Name:

Last Name:

Relationship to Child:

Home Address:

E-Mail Address:

(City)

(State)

(Zip Code)

Phone Number:

Extension:

Phone Type:

- Home
 Work
 Cell

Employer:

Job Title:

Occupation:

EMERGENCY CONTACTS OTHER THAN PARENTS/GUARDIANS (Please Print)

1) First Name:

Last Name:

2) First Name:

Last Name:

Phone Number:

Relationship to Child:

Phone Number:

Relationship to Child:

OPEN DOOR POLICY: *It is the policy of the Boys & Girls Club of Bethalto to allow members to come and go at their own will. While in the Club, a staff person will supervise members, however, members will not be prohibited from leaving the Club at any given time. Parents/Guardians should understand that it is their responsibility to instruct their child on whether they have permission to leave the Club or not. The Boys & Girls Club of Bethalto is not responsible for members who leave the Club.*

I have read the completed application, understand the Club's Open Door Policy and the rules of the Club, and request that my child be admitted into membership. I have explained the rules to my child and agree that the Club will not be responsible for any accident to my child while at the Club or while engaged in any of its activities away from the Club. I give my consent for photographs, in which my child may appear, to be used by the Club.

Parent or Guardian Signature

Club Member's Signature

Date