



BOYS & GIRLS CLUB OF GREATER SALEM

The Boys & Girls Club of Salem is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, gender or gender identify, familial status, disability, ancestry, age, marital status, public assistance status, sexual orientation, veteran history/military status or genetic information. The Boys & Girls Club of Greater Salem is funded in part by The City of Salem, Planning Department and the U.S. Dept. of Housing and Urban Development.

2017-2018 Membership Application

*Please PRINT all information and answer all questions. All 3 pages MUST be filled out to process application.
All information is considered confidential.*

*Membership Dues are paid on a school year basis, September-June.
Senior Memberships expire on the 19th Birthday.*

CHILDS NAME (first & last) _____ FIRST TIME MEMBER (Y/N) _____ MALE/FEMALE

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ AGE _____ Dues: \$25 for 8-12 year olds; \$10 for 13-18 year olds

PARENT GUARDIAN CONTACT INFORMATION:

NAME _____ RELATIONSHIP TO CHILD _____

PHONE _____ WORK PHONE _____ EMAIL _____

NAME _____ RELATIONSHIP TO CHILD _____

PHONE _____ WORK PHONE _____ EMAIL _____

WITH WHOM DO YOU LIVE?

BOTH PARENTS _____ MOTHER _____ FATHER _____ GUARDIAN _____ OTHER _____

HOUSEHOLD LANGUAGE _____

EMERGENCY NUMBERS: OTHER THAN THOSE LISTED ABOVE

NAME _____ PHONE# _____ RELATIONSHIP _____

NAME _____ PHONE# _____ RELATIONSHIP _____

EDUCATIONAL INFORMATION ABOUT YOUR CHILD

Current School _____

Grade _____ Teacher's Name _____

Learning Disabilities, IEP: if any, please describe: _____

Member Health Information

Special Diet: _____

Allergies: _____

Emergency Medications: _____

Chronic Health Conditions: _____

Insurance Information

Child's Physician's Name _____

Address _____ Phone # _____

Company Name _____ Policy Number _____

FOR PARENTS/GUARDIANS

I, _____, allow my child, _____, to participate in Boys & Girls Club of Greater Salem daily program activities, and special events, including outdoor activities within walking distance of the Club. (Trips using transportation will have a separate slip issued.) I allow my child to be photographed, and for those photos to appear on bulletin boards within the Club, in newspapers, social media and/or in PR materials for the Club. I will allow my child to join the Boys & Girls Club of Greater Salem and participate in the activities allowed by our family physician. I understand that failure to comply with the rules and regulations of the Boys & Girls Club of Greater Salem may result in the cancellation of my child's membership with no refund of dues.

I understand that I will assume full responsibility for any accidents incurred, thereby releasing the Boys & Girls Club of Greater Salem and its staff and its directors, of all liabilities. 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 staff of the Boys & Girls Club of Greater Salem to transport my child to a hospital or medical facility nearby, and to secure for my child the necessary medical treatment.

I understand the nature of the Club's "Open Door Policy" which means: children may arrive or depart from the Club at any time during their time in the program; the Club is not licensed by the Department of Early Education and Care or any other state agency; the Club is not responsible for the care or supervision of children beyond Club closing time; and the Club is a drop-in service that provides supervision in each Club room and area and in all programming areas.

I give my permission to the Boys & Girls Club of Greater Salem to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Greater Salem, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Current research indicates that after-school programs not only keep children safe and out of trouble, but they also significantly improve academic achievement. The Boys & Girls Club programming is "fun with a purpose." Your child may participate in a program called, "Project Learn" or other programs that assist members in becoming proficient in basic academic skills, in having the ability to make good decisions about what to do after high-school graduation, and in becoming a lifelong learner.

Please sign if you agree that Club staff may speak with your child's educators about his or her academic record, grades and behaviors in school so that the Club may better assist your child in doing well in school.

Parents/Guardian's Signature _____ Date _____

It is very important that you complete the information below. It is used to apply for funds through grants and private donors to fund programs and daily operations of the Club.

Is there a single parent in the home? Yes ____ No ____

Does your child receive free or reduced-price lunch in school? Yes ____ No ____

PARTICIPANT DATA
(Must be updated annually)
Household Income Limits as of April, 2017

Subgrantee Agency: _____

All information provided will be kept confidential. This program is funded by the U.S. Dept. of Housing & Urban Development (HUD) through the City of Salem Dept. of Planning & Community Development (DPCD). The DPCD is required to ask the following questions annually in order to comply with federal regulations imposed by HUD. If you have any questions regarding this form, please contact the DPCD at 978-619-5685.

Participant Name or Assigned#: _____

The following information is required to determine your eligibility for this program:

Household Size: _____

Household Gross Income (include the total of all income for household members 18+): *(Check One)*

- | | | |
|--|--|---|
| <input type="checkbox"/> \$21,700 or less | <input type="checkbox"/> \$41,321 – 41,400 | <input type="checkbox"/> \$68,251 – 70,350 |
| <input type="checkbox"/> \$21,701 – 24,800 | <input type="checkbox"/> \$41,401 – 46,550 | <input type="checkbox"/> \$70,351 – 78,150 |
| <input type="checkbox"/> \$24,801 – 27,900 | <input type="checkbox"/> \$46,551 – 51,700 | <input type="checkbox"/> \$78,151 – 84,450 |
| <input type="checkbox"/> \$27,901 – 31,000 | <input type="checkbox"/> \$51,701 – 54,750 | <input type="checkbox"/> \$84,451 – 90,700 |
| <input type="checkbox"/> \$31,001 – 33,500 | <input type="checkbox"/> \$54,751 – 55,850 | <input type="checkbox"/> \$90,701 – 96,950 |
| <input type="checkbox"/> \$33,501 – 36,000 | <input type="checkbox"/> \$55,851 – 60,000 | <input type="checkbox"/> \$96,951 – 103,200 |
| <input type="checkbox"/> \$36,001 – 36,200 | <input type="checkbox"/> \$60,001 – 62,550 | <input type="checkbox"/> \$103,201 or over |
| <input type="checkbox"/> \$36,201 – 38,450 | <input type="checkbox"/> \$62,551 – 64,150 | |
| <input type="checkbox"/> \$38,451 – 41,320 | <input type="checkbox"/> \$64,151 – 68,250 | |

In signing this form, I/we certify that all of the information provided above is true and correct to the best of my/our knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility. I/we authorize the funding agency and/or the City of Salem to obtain verification from any source I/we provide.

Name (printed) _____ *Signature* _____ *Date:* _____

The following information will not affect your eligibility for this program. If you prefer not to answer, the agency representative accepting this form may complete this portion via observation.

Ethnicity: Hispanic or Latino*: Yes ____ No: ____
**Whether yes or no, please check one race category below!*

- Race:**
(Check one)
- White
 - Black/African American
 - Asian
 - Native Hawaiian/Other Pacific Islander
 - American Indian or Alaskan Native
- Multi Race:
- American Indian/Alaskan Native & White
 - Asian & White
 - Black/African American & White
 - Am. Indian/Alaskan Native & Black/African Am.
 - Other Multi-Racial

For agency use: _____ *Intake Date:* _____

Based on household size and income, indicate income category:

- Very Low Income Low Income Moderate Income High