



BOYS & GIRLS CLUBS
OF NORTHEAST FLORIDA

***is Required**

Student

Member Information

*Last Name: _____ *First Name: _____

Middle Name: _____ *SSN (last 4): _____ *Birthday: _____

*Gender: Male Female Nickname: _____

*Race/Ethnicity: Asian Black Latino/Hispanic Native

White Other: _____

Club: Arlington Community Academy School: Arlington Community Academy

*Grade: _____ *Student ID: _____ (For ACA students - 9999+last 4)

*Income Level: \$0-18,000 \$18,001-24,000 \$24,001-26,000

\$26,001-28,000 \$28,001-41,500 \$41,501+

*Free/Reduced Lunch: Free Reduced Paid in Full

*Household Size: _____

*Living With: Both Parents Single Mother Single Father Alt. Custody

Other Family Other Foster Care Group Home

*Is Parent Active Military: *Email: _____

*Member Address

*Address: _____

*City: _____ *State: _____ *Zip: _____

Phone: _____

Cell: _____

Contact Information:

Contact Instructions: _____

*Emergency Contact: _____

Please turn over →

Medical Information

Interests activities: _____

*Languages spoken at home: _____

Doctor Contact: _____ Last Visit: _____

Dentist Contact: _____

Allergies: _____

Medical Warnings: _____

Medications: _____

Special Needs: _____

Insurance: ___No Insurance ___Medicare ___Medicaid ___Private Insurance

Insurance Company: _____ Insurance ID: _____

Parent 1

Parent Information

*Last Name: _____ *First Name: _____

Birthday: _____ *Relationship: _____

*Email: _____ *Employer: _____

*Phone: _____ *Cell: _____

*Guardian: Yes___ No___ *Authorized to pick up: Yes___ No___

Same Address as Member: Yes___ No___

Parent 2

Parent Information

*Last Name: _____ *First Name: _____

Birthday: _____ *Relationship: _____

*Email: _____ *Employer: _____

*Phone: _____ *Cell: _____

*Guardian: Yes___ No___ *Authorized to pick up: Yes___ No___

Same Address as Member: Yes___ No___