



2020-2021 Membership Application

Summer Program (June 1 – August 14)

Monday through Friday 7:30 am – 5:30 pm

School Program (August 31– May 19)

Monday, Tuesday, Thursday, Friday 1:30 pm – 8:30 pm

Wednesdays 1:30 pm - 7:00 pm

Non-School Weekdays 7:30 am – 5:30 pm

(The Club for Boys is **closed** for adverse weather, some holidays, and staff training. Please check our website @ www.theclubforboys.org or Facebook page for info)

New Member

Renewal (has been a member within past three-year period)

All new members and parent(s) must attend an orientation meeting before attending the Club for Boys. During summer program, new members' meetings start at 8:00 a.m. on Mondays. During the school year meetings start at 6:00 p.m. on Mondays. Meeting times may change if school is out or the Club is closed. Please ask the office staff for the next meeting if unsure.

Member Name (Please print clearly)

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Last

First

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different): _____

City _____ State _____ Zip _____

Primary Phone Number _____

Date of Birth ____/____/____ Current Age _____

School Attending (Fall School Year 2020-2021) _____ Grade _____

If your son has brothers who are members, please list their names here:

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Last

First

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Last

First

Confidential Information:

In order to qualify for certain federal, state and local grant funding, the Club for Boys needs to gather the following information. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both necessary and appreciated.

Family Setting – (Please check who the member lives with):

- | | | |
|--|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Grandparents(s) |
| <input type="checkbox"/> Other Relatives | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Other |

Race/Ethnicity: Asian American Black/African American White/Caucasian
 Hispanic/Latino Native American Multi-Racial
 Other _____

Monthly Household Income: \$ _____ We receive TANF and/or food stamps

Total People living in Household: _____

Household Type: Apartment House Mobile Home Motel Other _____

At any time during the past year have you lived in a motel, at the Cornerstone Rescue Mission, WAVI shelter or with others because you did not have a permanent home? ____ Yes ____No

At any time during the past year, has a close family member of your son been in jail? ____Yes ____No

Member Medical Information

1. Does your son have any serious food allergies? ____No ____ Yes (If “yes” please list them here. If you have a medical form from his Dr., please give a copy to the front office for his file):

2. Does your son have any medical/physical limitations that we should know about? ____ No ____ Yes
If so, please list the condition (allergies, diabetes, asthma, heart murmur, etc.)

3. Has your son been diagnosed with a physical or mental disability/condition? ____No ____Yes
If so, please write the disability or condition (such as ADHD, cerebral palsy, Down syndrome, FAS)?

(please let us know if your son requires special accommodations.)

4. Is your son currently taking any medications? ____No ____Yes If so, please list: _____

(Please see the office if you need us to keep any medication on site for your son.)

Parent/Guardian authorizations for: _____

(Print Member Name)

1. **Medical Treatment:** I give the Club for Boys permission to seek emergency medical treatment for my minor child if I cannot be reached. I release the Club for Boys, its officers, staff, volunteers and donors from liability and responsibility. I am aware and understand that I will be responsible for the cost of any/all medical attention and treatment necessary. _____ (Please initial)

2. **First Aid-** I give the Club for Boys permission to provide first aid and preventative measures for my son. This may include applying over the counter topical ointments, sunscreen, and bug spray. _____ (Please initial)

3. **Pictures and Video:** I give permission for my child's picture, moving picture, or any other graphic depiction or likeness, to be used by the Club for distribution and social media (website, FB page).
Yes _____ No _____ (Please Initial)

4. **School Contacts:** I give permission for my son's school and the Club for Boys to discuss my son's progress in schoolwork or behavior.
Yes _____ No _____ (Please Initial)

Grade _____ School Attending (**Fall** School Year 2020-2021) _____

All payments and paperwork must be completed, and the application signed by the parent/guardian before the application will be accepted.

Date _____ Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Office Use Only

Family Income Level: Free _____ Reduced _____ Paid _____ No Info Paid _____

Date Paid _____/_____/_____ Receipt # _____ Amount Paid \$ _____ Staff Initials _____

Date entered: _____/_____/_____ Staff Initials _____

It is the policy of the Club for Boys not to discriminate on the basis of race, color, religion, national origin, age or disability in its programs, activities, or employment policies.