





**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 2021-2022) \_\_\_\_\_

**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.*