



**BOYS & GIRLS CLUB
OF ALLENTOWN**

**MEMBERSHIP INFORMATION FORM
Central School
839 Turner Street
Allentown, PA 18102**

Office use only:
Club ID # _____
Kidtrax # _____
Comments: _____
Staff: _____
Date: _____
Expiration Date: _____

Member's First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone Number: _____

Birth Date: _____ Age: _____ Circle One: Female / Male

Emergency Contact: _____ Emergency Phone: _____

Race (Please select one or more):

- I am White
- I am Black or African American
- I am American Indian or Alaska Native
- I am Asian
- I am Native Hawaiian or Other Pacific Islander
- I am American Indian or Alaskan Native & White
- I am Asian & White
- I am Black or African American & White
- I am American Indian or Alaskan Native & Black or African American
- I am Other Multi-Racial

Ethnicity (Please select only one):

- I am Hispanic/Latino
- I am not Hispanic/Latino

Membership (Please select one):

- New Member
- Renewing Member
- Former Member

In which club has the member been a previous member: _____ Number of Years: _____

Name of School: _____	Grade: _____
I, the undersigned, hereby authorize the Boys & Girls Club of Allentown to secure all school issued report cards from all schools where student is enrolled one year from the date of this signed application.	
_____	_____
Parent Signature	Date

Father's Full Name: _____	Father's Employer: _____
Father's Occupation: _____	Father's Work Phone: _____
Currently serving in the Military? Yes _____ No _____	Branch of Service _____
Mother's Full Name: _____	Mother's Employer: _____
Mother's Occupation: _____	Mother's Work Phone: _____
Currently serving in the Military? Yes _____ No _____	Branch of Service _____
Guardian's Full Name: _____	Guardian's Employer: _____
Guardian's Occupation: _____	Guardian's Work Phone: _____
Currently serving in the Military? Yes _____ No _____	Branch of Service _____

Member Lives with: Please Circle One

Both Parents / Mother / Father / Aunt/Uncle / Sister/Brother / Grandparent / Guardian / Yourself / Foster / Other

Number of Sisters and Stepsisters:

Number of Brothers and Stepbrothers:



Can member swim? Yes _____ No _____ Hobbies: _____

Member of Other Youth Programs? _____

Any Medical Problems / Allergies: _____

List all Medications if taking: _____

Physician / Doctor's Name: _____ Physician's Phone # () _____

Preferred Hospital or Clinic: _____ Hospital or Clinic # () _____

Do you have Insurance: Yes _____ No _____ Name of Insurance Company: _____

Insurance Policy Number: _____

The following information is necessary for our records and the funding our organization receives. However, the answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

How many persons are in your household: _____ Does the member have a disability? Yes _____ No _____

Is a female the head of your household? Yes _____ No _____

Is your household's gross annual income less than the amount listed for your family size? Yes _____ No _____

HOUSEHOLD AND INCOME VERIFICATION

Please select the number of people in your household under the Household Size column and the appropriate income category from one of the (3) three columns immediately to the right of the Household Size number.

<u>Household Size</u>	<u>0-30% AMI</u>	<u>31-50% AMI</u>	<u>51-80% AMI</u>
_____ 1 person	_____ \$0 – \$15,400	_____ \$15,401 – \$25,700	_____ \$25,701 – \$41,100
_____ 2 people	_____ \$0 – \$17,600	_____ \$17,601 – \$29,350	_____ \$29,351 – \$46,950
_____ 3 people	_____ \$0 – \$19,800	_____ \$19,801 – \$33,000	_____ \$33,001 – \$52,800
_____ 4 people	_____ \$0 – \$22,000	_____ \$22,001 – \$36,650	_____ \$36,651 – \$58,650
_____ 5 people	_____ \$0 – \$23,800	_____ \$23,801 – \$39,600	_____ \$39,601 – \$63,350
_____ 6 people	_____ \$0 – \$25,550	_____ \$25,551 – \$42,550	_____ \$42,551 – \$68,050
_____ 7 people	_____ \$0 – \$27,300	_____ \$27,301 – \$45,450	_____ \$45,451 – \$72,750
_____ 8 people	_____ \$0 – \$29,050	_____ \$29,051 – \$48,400	_____ \$48,401 – \$77,450

Member's Social Security Number: _____

Check all Programs which apply:

AFDC _____ Food Stamps _____ General Assistance _____ Day Care Vouchers _____
 SSDI _____ SSI _____ School Lunch Program _____ Veterans Compensation _____

Family Settings: 1 parent family _____ 2 parent family _____ Foster family _____ Other _____

Household Description: Family _____ Extended Family _____ Non Family _____

Is your Child (Circle One): Employed / Unemployed / Not in Labor Force

I hereby certify that all the information stated herein is true and accurate. **Warning:** The City of Allentown and HUD will prosecute false claims and statements. Conviction may result in criminal and or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

I have read the completed applications; understand the rules of the Boys & Girls Club of Allentown and request that my child be granted membership. I have explained the rules to my child and agree that the Boys & Girls Club of Allentown will not be responsible for any accident to my child while on the Club premises 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 in any way the Boys & Girls Club of Allentown may care to use them. I understand that my child will have access to the Internet with adult supervised restricted access. I certify that the above information is true and correct to the best of my knowledge.

Parent's Signature: _____

Member's Signature: _____ Date: _____