



**BOYS & GIRLS CLUB  
OF ALLENTOWN**

**MEMBERSHIP INFORMATION FORM**

**Boys & Girls Club of Allentown  
Cumberland Gardens Unit  
501 E. Susquehanna Street  
Allentown, PA 18103  
610-791-1113**

<b>Office use only:</b>
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
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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: \_\_\_\_\_