



BOYS & GIRLS CLUB  
OF ALLENTOWN

# Annual Membership Form

## Office use only:

Club ID # \_\_\_\_\_

Kidtrax # \_\_\_\_\_

Comments: \_\_\_\_\_

Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cumberland Gardens Clubhouse  
501 E. Susquehanna St  
Allentown, PA 18103  
610-791-1113

Sixth Street Clubhouse  
720 N. Sixth Street  
Allentown, PA 18102  
610-432-9323

Teen Center  
641 N. Seventh Street  
Allentown, PA 18102  
610-434-4592

Turner Street Clubhouse  
1302 Turner Street  
Allentown, PA 18102  
610-433-0093

Member's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: Female / Male / Transgender/ Non-Binary / Other Identity

Parent's/Guardian's Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

**RACE AND ETHNICITY:** This information is required solely to assure non-discrimination in Federally funded programs.

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: \_\_\_\_\_ School ID #: \_\_\_\_\_

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: \_\_\_\_\_

*I have received BGCA's safety policies and procedures. I understand that even with these precautions in place, BGCA is unable to guarantee that there will not be exposure to COVID-19 or other illnesses.*

Please initial \_\_\_\_\_



Updated: 1/23/24

Does your child know how to swim? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child have permission to swim at the Club? 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.

Does the member have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_ Does anyone else in your household have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any adult in your household, other than the head of household and spouse, enrolled as a full-time student? Yes \_\_\_\_\_ No \_\_\_\_\_

How many persons are in your household: \_\_\_\_\_ 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 (4) four 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>51-60%</u>	<u>61-80% AMI</u>
_____ 1 person	_____ \$0 – \$20,150	_____ \$20,151- \$33,600	_____ \$ 33,601-\$40,320	_____ \$40,321-\$53,700
_____ 2 people	_____ \$0 – \$23,000	_____ \$23,001- \$38,400	_____ \$38,401-\$46,080	_____ \$46,081-\$61,400
_____ 3 people	_____ \$0 – \$25,900	_____ \$25,901- \$43,200	_____ \$43,201-\$51,840	_____ \$51,841-\$69,050
_____ 4 people	_____ \$0 – \$28,750	_____ \$28,751- \$47,950	_____ \$47,951-\$57,540	_____ \$57,541-\$76,700
_____ 5 people	_____ \$0 – \$31,050	_____ \$31,051- \$ 51,800	_____ \$51,801-\$62,160	_____ \$62,161-\$82,850
_____ 6 people	_____ \$0 – \$33,350	_____ \$33,351- \$55,650	_____ \$55,651-\$66,780	_____ \$66,781-\$89,000
_____ 7 people	_____ \$0 – \$35,650	_____ \$35,651- \$59,500	_____ \$59,501-\$71,400	_____ \$71,401-\$95,150
_____ 8 people	_____ \$0 – \$37,950	_____ \$37,951- \$63,300	_____ \$63,301-\$75,960	_____ \$75,961-\$101,250

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/we certify that all information on this certification is true and correct to the best of our knowledge and belief and understand that the information given is subject to verification by the funding local municipality and the U.S. Department of Housing and Urban Development. I am not aware of any potential changes in the income of any household member that may occur during the next six months that were not disclosed in this application. I understand that if I knowingly or willfully make any false statements in the certification or other supporting documentation, I will be required to reimburse the full amount of any assistance provided.

It is the policy of the City of Allentown not to discriminate on the basis of race, color, religion, age, sex, disability, sexual orientation, or national and ethnic origin in its educational programs, admissions policies, employment and general policies.

STATEMENTS "UNDER PENALTY" - A person commits a misdemeanor of the third degree, if he or she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable by law.

**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: \_\_\_\_\_