



# Membership Information Form

## Membership Information *(Please Print)*

Child's First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ M \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

From the following, please, select the race and ethnicity that best represents your child:

### Race/Ethnicity:

- |   |   |
|---|---|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Pacific Islander/Native Hawaiian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native   |
| <input type="checkbox"/> Multi-Racial           | <input type="checkbox"/> Asian                            |
| <input type="checkbox"/> Hispanic/Latino        |   |
| <input type="checkbox"/> Non-Hispanic/Latino    |   |

### Active Military?

If yes, what is your relationship to the child?

### Household Size :

### Please tell us your child's current living situation :

- ☐ Single Female Head of Household
- ☐ Single Male Head of Household

Do you have the following in your household/ *(Please check all that apply):*

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship: _____	Relationship: _____
Address(Street): _____	Address(Street): _____
City,State,Zip: _____	City,State,Zip: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____

Please, circle the category most accurately representing the number of people in the household & annual household income:

2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Under \$22,900	Under \$25,800	Under \$28,650	Under \$30,950	Under \$33,250	Under \$ 35,500	Under \$37,800
\$22,901-38,200	\$25,801-42,950	\$28,651-47,700	\$30,951-51,550	\$33,251-55,350	\$35,501-59,200	\$37,801-63,000
\$38,201-61,100	\$42,951-68,750	\$47,701-76,350	\$51,551-82,500	\$55,351-82,500	\$59,201-94,700	\$63,001-100,800
Over \$61,101	Over \$68,751	Over \$76,351	Over \$82,501	Over \$88,601	Over \$94,701	Over \$100,801

Are you **ELIGIBLE** for (Please check even if you are not receiving the benefits):

<input type="checkbox"/> DWS Funding	<input type="checkbox"/> Free Lunch	<input type="checkbox"/> Reduced Lunch	<input type="checkbox"/> NOT eligible for any benefits listed
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**Does your child have any of the following conditions?**

<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Problems <input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Developmental Delays <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Behavioral or Emotional Problems <input type="checkbox"/> Other: _____
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**List additional health information or special instructions you feel we need to be aware of:**

\_\_\_\_\_

**Name of Child's Medical Provider:** \_\_\_\_\_

<b>Regular Medications Taken:</b> _____ _____ _____ _____	<b>Known Allergies/Food Substitutions:</b> _____ _____ _____ _____
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**Emergency Contacts/All Persons authorized to pick-up (Not Including Parents)**

<b>Name:</b> _____ <b>Address:</b> _____ <b>Phone Number:</b> _____ <b>Relationship to Child:</b> _____	<b>Out-Of-State Contact Name:</b> _____ <b>Address:</b> _____ <b>Phone Number:</b> _____ <b>Relationship to Child:</b> _____
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**Have You Brought In Your Child's Immunization Record?**

- ☐ If **YES**, give a copy to a member of Admin for your child's records.
- ☐ If **NO**, bring an updated copy before their first day of care.
- ☐ If they are **EXEMPT**, go to <https://immunize.utah.gov/> to fill out the immunization exempt module and bring the completed certification for your child's records.

**Is Your Child Potty Trained?**

- ☐ **YES**, my child is completely potty trained.
- ☐ **NO**, my child is not potty trained and I would like the Boys & Girls Club to help with potty training while my child is at the facility.
- ☐ **NO**, my child is not potty trained and I would **NOT** like the Boys & Girls Club to help with potty training while my child is at the facility.

**What is your preferred method of payment:**



- ☐ **CHECK**
- ☐ **VENMO**
- ☐ **PAYPAL**
- ☐ **CASH**

**Confidentiality:** Any confidential information is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

I recognize that there is an element of risk in anything out of the home setting including the Boys & Girls Club. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events.

I hereby release and agree to hold harmless the Boys & Girls Club of Northern Utah, its employees, agents, officers, and all volunteers from any and all liability, loss of damage, actions, claims and demands which I now have or which may hereafter arise from my child's participation in the routine activities of the Boys & Girls Club. This release is intended to be binding upon my heirs, executors or personal representatives.

Should an injury occur to my child during participation in said program, I authorize the Boys & Girls Club of Northern Utah to arrange for or to provide medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I also understand that the Boys & Girls Clubs do not carry medical insurance for members. I understand I must complete a "Medical Release" form in order for my child to receive any medication while at the Boys & Girls Club.

**Club member has permission to participate in all Club activities in/or adjacent to the club?** ☐Yes ☐No

I authorize the Boys & Girls Clubs of Northern Utah to use photos, videotape footage, and/or sound recordings of my child for the purpose of, but not limited to, television, radio, newspaper, billboards, bus covers, videos, printed materials and/or news coverage. Moreover, I hereby waive claim to any rights, residuals or fees in connection with the use of said photo, videotape footage, and/or sound recordings.

**Club has permission to use Club member images/interviews for public relation materials?** ☐Yes ☐No

Funding stipulations require this program to participate in ongoing evaluations. The evaluation requires us to share student level data with third party evaluators. The student level data is personally identifiable and includes information such as your child's name, student number, and information about program participation. The evaluator uses these data for the purposes of fulfilling its duties and will not share these data with any other third parties without your written consent.

**Club has permission to use Club member information for program evaluation purposes?** ☐Yes ☐No

**I acknowledge that I have received and reviewed a copy of the parent handbook:** ☐Yes ☐No

_____	_____	_____
<b>Print Parent/Guardian Name</b>	<b>Sign Parent/Guardian Name</b>	<b>Date</b>

**Annual Review:**

**Parent/Guardian Signature:**

Reviewed and/or update: _____ / _____ / _____	_____
Reviewed and/or update: _____ / _____ / _____	_____
Reviewed and/or update: _____ / _____ / _____	_____
Reviewed and/or update: _____ / _____ / _____	_____
Reviewed and/or update: _____ / _____ / _____	_____