

Membership Information Form



BOYS & GIRLS CLUBS
OF THE MIDLANDS
Omaha · Carter Lake · Council Bluffs

Check Unit:

- North
- South
- Carter Lake
- Westside
- Mount View
- CLC/MSLC
- Council Bluffs

For Office Use Only:

KidTrax/Member ID <input type="text"/>		Data Entry Received: <input type="text"/> Entered: <input type="text"/> ID Issued: <input type="text"/> Photo: <input type="text"/>
<input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	
<input type="text"/>		
<input type="text"/>		

Contact (Please Print)

Member's First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Name of Person Member Lives With: <input type="text"/>	Home Phone Number: <input type="text"/>	Emergency Contact: <input type="text"/>
Home Address: <input type="text"/>		Emergency Phone & Extension: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>
		Email Address: <input type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date: <input type="text"/>	Age: <input type="text"/>	Ethnicity: (Circle One)		
			African American	Caucasian	Hispanic/Latino
			Native American	Asian American	Multi-Racial
			Other _____		
School: <input type="text"/>					
Grade: <input type="text"/>					
Family Totals- Sisters: <input type="text"/> Brothers: <input type="text"/> Household: <input type="text"/>					
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of Years: <input type="text"/>		Name of Unit: <input type="text"/>			

Parent/Guardian

Father's First Name: <input type="text"/>	Father's Last Name: <input type="text"/>	Father's Work Phone & Ext: <input type="text"/>
Father's Employer: <input type="text"/>	Father's Occupation: <input type="text"/>	
Mother's First Name: <input type="text"/>	Mother's Last Name: <input type="text"/>	Mother's Work Phone & Ext: <input type="text"/>
Mother's Employer: <input type="text"/>	Mother's Occupation: <input type="text"/>	
Guardian's First Name: <input type="text"/>	Guardian's Last Name: <input type="text"/>	Guardian's Work Phone & Ext: <input type="text"/>
Guardian's Employer: <input type="text"/>	Guardian's Occupation: <input type="text"/>	

Medical/Emergency

Medical Problems/Allergies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Medications: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Physician: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Physician Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Preferred Hospital or Clinic: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Hospital Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Insurance Company: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Insurance Policy Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Can Member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes

Participation in other Youth Programs: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Hobbies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Nickname: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Mother's Maiden Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

Annual Family Income: (Circle One) <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">\$12,000 or below</td> <td style="border: 1px solid black; padding: 5px;">\$19,001 – \$23,000</td> <td style="border: 1px solid black; padding: 5px;">\$32,701 – \$37,500</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">\$12,001 – \$15,000</td> <td style="border: 1px solid black; padding: 5px;">\$23,001 – \$28,000</td> <td style="border: 1px solid black; padding: 5px;">\$37,501 – \$42,000</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">\$15,001 – \$19,000</td> <td style="border: 1px solid black; padding: 5px;">\$28,001 – \$32,700</td> <td style="border: 1px solid black; padding: 5px;">\$42,000 and above</td> </tr> </table>	\$12,000 or below	\$19,001 – \$23,000	\$32,701 – \$37,500	\$12,001 – \$15,000	\$23,001 – \$28,000	\$37,501 – \$42,000	\$15,001 – \$19,000	\$28,001 – \$32,700	\$42,000 and above	Check all that Apply: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation	Child's Labor Force Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Not in Labor Force Child's Family Setting: <table style="width:100%;"> <tr> <td><input type="checkbox"/> Both Parents</td> <td><input type="checkbox"/> Extended Family</td> </tr> <tr> <td><input type="checkbox"/> Mother</td> <td><input type="checkbox"/> Father</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Guardian</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Grandparent(s)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Foster Parent(s)</td> </tr> </table>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Extended Family	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other	<input type="checkbox"/> Guardian		<input type="checkbox"/> Grandparent(s)		<input type="checkbox"/> Foster Parent(s)
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MEMBERSHIP: I have read the completed application and the Boys & Girls Clubs of the Midlands members Handbook and understand the rules of the Boys & Girls Clubs of the Midlands and request that my child/ren be admitted into membership. I have explained the rules to my child/ren and we agree that all rules of the Club will be followed.

CONSENT: I hereby give permission to the Boys & Girls Clubs of the Midlands to utilize photos or videos of my child in Club publicity. I consent to such uses and hereby waive all rights of compensation.

OUTCOMES MEASUREMENT: I give permission for the Boys & Girls Clubs of the Midlands to survey and interview my child/ren to find out what his/her behaviors, skills and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as his/her experiences at the Club.

TECHNOLOGY: My child/ren and I consent to my child/ren receiving instructions and testing through **Stay Safe! Online** or **NetSmartz**. We understand that my child/ren must pass these tests in order to access the internet. I understand that all rules and regulations for using the internet and technology center must be followed in order to use the Club computers. Rules and guidelines are posted in the Club computer lab.

RELEASE OF SCHOOL INFORMATION: I grant permission for my child's School to release information regarding my child's personal school records including but not limited to free and reduced lunch application, report cards and standardized test scores, absences, disciplinary actions & current health/shot records. I further give permission for Omaha Public Schools to disclose Student Records to include: contact information, class schedule, attendance and grades in connection with his/her participation in Boys & Girls Clubs of the Midlands educational programs.

OPEN DOOR POLICY: I understand that the Boys & Girls Clubs of the Midlands is an open door facility and open to all youth members during posted hours of operation. My child/ren will be supervised while at the Club. I will set the boundaries and consequences if my child leaves the facility without my permission.

SCOUTING &/or THE SALVATION ARMY: I give permission for my child/ren to participate in Scouting &/or The Salvation Army through the Boys & Girls Clubs of the Midlands.

ASSURANCE OF CONFIDENTIALITY: The information collected on your child will be kept private and locked in a secured area. BGCM staff signs an Assurance of confidentiality that they will not discuss, disclose, disseminate, or provide access to participant information to entities outside of the BGCM program unless required or authorized by law. Necessary steps have been taken to protect your child's and your privacy. The Student Data will consist of group or aggregate data without individually identifiable student information.

FEES: All Program/Membership Fees are Non-Refundable.

Parent or Guardian Signature _____

Club Member's Signature _____

Date: Month _____ Day _____ Year _____