



**MEMBERSHIP FORM**

All information will be kept confidential. Membership fees are non-refundable.

Club Location: Culver

**Child #1** (only fill out this section out if registering this child):

	Year 1	Year 2	Year 3
_____	_____	_____	_____
Member's first name	Middle Initial	Last name	
_____	_____	_____	
Member's date of birth	Member's school	Grade	
_____	_____	_____	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnicity:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
		<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other:	

**Child #2** (only fill out this section out if registering this child):

	Year 1	Year 2	Year 3
_____	_____	_____	_____
Member's first name	Middle Initial	Last name	
_____	_____	_____	
Member's date of birth	Member's school	Grade	
_____	_____	_____	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnicity:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
		<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other:	

**Child #3** (only fill out this section out if registering this child):

	Year 1	Year 2	Year 3
_____	_____	_____	_____
Member's first name	Middle Initial	Last name	
_____	_____	_____	
Member's date of birth	Member's school	Grade	
_____	_____	_____	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnicity:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
		<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other:	

**Child #4** (only fill out this section out if registering this child):

	Year 1	Year 2	Year 3
_____	_____	_____	_____
Member's first name	Middle Initial	Last name	
_____	_____	_____	
Member's date of birth	Member's school	Grade	
_____	_____	_____	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnicity:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
		<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other:	

**Mailing Address Information:**

\_\_\_\_\_  
For mailings: Name(s) of head(s) of household (Mr. & Mrs. John Smith) Home phone number

\_\_\_\_\_  
Member's home address City State Zip

\_\_\_\_\_  
Household e-mail address (not shared)

We do send periodic program information  
to parents using email addresses

\_\_\_\_\_  
Emergency contact name (other than parent) Relationship Phone number

**Members live with:** (Check the appropriate box or print the names of child(ren) on the lines if needed)

Biological Mother & Father  \_\_\_\_\_ Mother Only  \_\_\_\_\_

Father Only  \_\_\_\_\_ Mother & Stepfather  \_\_\_\_\_

Father & Stepmother  \_\_\_\_\_ Other:  \_\_\_\_\_

**Male Head of Household Information:**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Employer Work Phone & extension Cell Phone #

**Female Head of Household Information:**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Employer Work Phone & extension Cell Phone #

**Guardian or Non-Custodial Parent Information:**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Employer Work Phone & extension Cell Phone #

**A large portion of our funding is dependent on receiving grants. Please help us to secure this funding in the future by answering questions about your finances. It is mandatory to complete the financial information if you receive scholarship aid. All information is strictly confidential.**

**Annual household income:**  \$0-\$5,000  \$5,001-\$12,000  \$12,001-\$22,000  
(please check one)

\$22,001-\$32,000  \$32,001-\$40,000  \$40,001 or above

How will your child(ren) be getting home?	Shuttle Bus Stop(check one)
<input type="checkbox"/> Parent Pick Up	<input type="checkbox"/> Bass Lake Pub(5:55p.m.)
<input type="checkbox"/> Walker	<input type="checkbox"/> Monterey School(6:12p.m.)
<input type="checkbox"/> Shuttle Bus	<input type="checkbox"/> Delong Store(6:20p.m.)
	<input type="checkbox"/> Leiters Ford(6:25p.m.)

Does your family receive any form of public assistance? (Please check all boxes that apply.)			
TANF (Temporary Aid to Needy Families)	<input type="checkbox"/>	Child Care Vouchers	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	WIC – Women, Infants and children	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	Reside in Public Housing (HUD, Section 8)	<input type="checkbox"/>
Hoosier Healthwise	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

How were you referred to the Club? (check one)	<input type="checkbox"/> Friend	<input type="checkbox"/> Family	<input type="checkbox"/> Newspaper	<input type="checkbox"/> School
	<input type="checkbox"/> Staff	<input type="checkbox"/> Flyer	<input type="checkbox"/> Other	

Medical concerns/allergies (Specify which child)	List medications taken regularly by child/children (Specify which child)	Physician(s) Specify which child if different

<b>Is there anything else we should know concerning your child(ren) in order to benefit their experience at the Club or Kidstop?</b>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

<b>Does your child/children receive free or reduced lunch?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If you checked yes, verification is required to receive financial assistance for membership fees.</u> A copy of the letter you received from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools.

Individual(s) authorized to pick up your child(ren)	Name: _____ #: _____
Name: _____ #: _____	Name: _____ #: _____

### Open Door Policy

Boys & Girls Clubs of Porter County operate with an Open Door Policy, meaning all members are free to enter and leave the Club. It is the responsibility of the parents/guardian to instruct their child as to whether they can leave or not. Once a child decides to leave the building, they have decided to leave our facility for the day and cannot return.

**I understand the Open Door Policy as described above.**       Yes

### Technology Use Policy (Posted at the front desk)

The Club does offer internet usage to members. All members are required to go through short computer safety training before using the computers. While the Clubs do have cyber ware and staff members supervise the usage of computers, it is ultimately the child's responsibility to use the Club's computers appropriately. Inappropriate use of the Club's computers will result in loss of computer privileges. The full "Technology Use Policy" is available to read at each Club.

**I give permission for my children to use the Club's computers**       Yes       No

### Image/name Use Policy

I understand that photographs and video taken of all my children participating in club programs might be used by the Boys & Girls Clubs of Porter County for youth-recognition and publicity purposes (including newspapers, annual reports, the Club's website, social media sites representing the Clubs, etc.). **I agree to allow my children's image and name to be used in the publicity purposes at described above**       Yes       No

### Surveys and Questionnaires

I give my permission to the Boys & Girls Clubs of Porter County to share information about the minor child listed on this application with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Clubs of Porter County, including data collected via survey or questionnaires. All information provided to BGCA will be kept confidential. **May we have your permission to allow your child(ren) to participate in all surveys and Questionnaires?**       Yes       No

### Medical Authorization

I understand that **all children listed on this membership application** may, while on the premises of the Boys & Girls Clubs of Porter County ("club") or during club activities or programs become ill or injured and that it may be impractical to notify me prior to: (a) administering first aid and/or (b) securing medical attention. I therefore authorize the club and its agents and employees to render such first aid and/or seek such emergency medical attention and authorize any physician (including, but not limited to, Porter Emergency Physicians Associates, P.C.) or hospital (including, but not limited to, Porter Memorial Hospital) selected by the club to render such emergency services. **I have read and understand Medical Authorization.**       Yes

### Parent Signature

I hereby approve my child(ren) application for membership in the Boys & Girls Clubs of Porter County(Culver Unit). I will notify the club of any changes in address and all telephone numbers listed on the membership application.

\_\_\_\_\_  
Staff witness (Year One)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness (Year Two)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness (Year Three)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date