



# Membership Registration Form: 2021-2022

|                            |       |
|----------------------------|-------|
| <i>For Office Use Only</i> |       |
| ID #:                      | _____ |
| Date:                      | _____ |
| MCH:                       | _____ |
| Card:                      | _____ |
| New                        | Renew |

Please PRINT all information and answer all questions. Only complete forms will be processed!  
All information provided remains confidential and is used for both safety and funding purposes, to keep costs affordable.

## HEAD OF HOUSEHOLD INFORMATION *Ensure that all children in your household have the same contact in this area.*

Role in Household:  Parent  Step-Parent  Grandparent  Guardian  Foster Parent  Relative: \_\_\_\_\_

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

Street Address \_\_\_\_\_ Apt./Suite (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

## HOUSEHOLD INFORMATION *This is confidential and used to help the Club secure funding.*

# of Adults in Household \_\_\_\_\_ # of Children in Household \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Household Composition:  Single Adult Household  Two+ Adult Household  Self (emancipated)

Who are the adults living in the household? *(Check all that apply)*

- Mother  Father  Parents  Step Father  Step Mother  Grandparent(s)  Foster Parent(s)  Joint Custody  
 Legal Guardian(s)  Sibling(s)  Uncle  Aunt  Other Relative(s)  Other Adult(s)

- Assistance Programs:  Childcare Voucher  Food Stamps/SNAP  Medicaid  Medicare  Social Security  
 SSI (Supplemental Security Income)  SSDI (Supplemental Security Disability Insurance)  WIC (Women, Infants & Children)  
 TANF (Temporary Assistance for Needy Families)  Veteran's Compensation  Housing Assistance (i.e. Section 8)  
 None  Other - Please Describe: \_\_\_\_\_

Housing Type:  Permanent (Own/Rent)  Public Housing  Group Home  Foster Family  Transitional Housing  Homeless

Current/Former Military:  Yes  No Status:  Active Duty  Reserve/Guard  Veteran Currently Deployed?:  Yes  No

### Household Income Range:

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$0 - 10,000      | <input type="checkbox"/> \$55,001 – 60,000   | <input type="checkbox"/> \$105,001 – 110,000 | <input type="checkbox"/> \$155,001 – 160,000 |
| <input type="checkbox"/> \$10,001 – 15,000 | <input type="checkbox"/> \$60,001 – 65,000   | <input type="checkbox"/> \$110,001 – 115,000 | <input type="checkbox"/> \$160,001 – 165,000 |
| <input type="checkbox"/> \$15,001 – 20,000 | <input type="checkbox"/> \$65,001 – 70,000   | <input type="checkbox"/> \$115,001 – 120,000 | <input type="checkbox"/> \$165,001 – 170,000 |
| <input type="checkbox"/> \$20,001 – 25,000 | <input type="checkbox"/> \$70,001 – 75,000   | <input type="checkbox"/> \$120,001 – 125,000 | <input type="checkbox"/> \$170,001 – 175,000 |
| <input type="checkbox"/> \$25,001 – 30,000 | <input type="checkbox"/> \$75,001 – 80,000   | <input type="checkbox"/> \$125,001 – 130,000 | <input type="checkbox"/> \$175,001 – 180,000 |
| <input type="checkbox"/> \$30,001 – 35,000 | <input type="checkbox"/> \$80,001 – 85,000   | <input type="checkbox"/> \$130,001 – 135,000 | <input type="checkbox"/> \$180,001 – 185,000 |
| <input type="checkbox"/> \$35,001 – 40,000 | <input type="checkbox"/> \$85,001 – 90,000   | <input type="checkbox"/> \$135,001 – 140,000 | <input type="checkbox"/> \$185,001 – 190,000 |
| <input type="checkbox"/> \$40,001 – 45,000 | <input type="checkbox"/> \$90,001 – 95,000   | <input type="checkbox"/> \$140,001 – 145,000 | <input type="checkbox"/> \$190,001 – 195,000 |
| <input type="checkbox"/> \$45,001 – 50,000 | <input type="checkbox"/> \$95,001 – 100,000  | <input type="checkbox"/> \$145,001 – 150,000 | <input type="checkbox"/> \$195,001 – 200,000 |
| <input type="checkbox"/> \$50,001 – 55,000 | <input type="checkbox"/> \$100,001 – 105,000 | <input type="checkbox"/> \$150,001 – 155,000 | <input type="checkbox"/> \$200,000+          |

## OTHER ADULT CONTACTS *2nd parent or other adult in your household. Must include at least 1 other adult contact.*

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

### Relationship to Member:

- Parent  Step-Parent  Guardian  Foster Parent  
 Relative  Grandparent  Neighbor  Caseworker

### Relationship to Member:

- Parent  Step-Parent  Guardian  Foster Parent  
 Relative  Grandparent  Neighbor  Caseworker



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JAMES L. McKEOWN  
BOYS & GIRLS CLUB  
OF WOBURN

## MEMBER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address (if different than above) \_\_\_\_\_ Apt./Suite (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender:  Male  Female  Trans Male  Trans Female  Gender Queer  Gender Non-Conforming  
 Other  Choose Not to Answer

Racial/Ethnic Identity:  American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  
 Middle Eastern or North African  Native Hawaiian or other Pacific Islander  White  Bi-racial  
 Other  Choose Not to Answer

Foster Care:  Yes  No School Lunch:  Free  Reduced  Entire School is Free  Not Eligible

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School Name \_\_\_\_\_

## MEDICAL INFORMATION

JLM Boys & Girls Club is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child has any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, the Club director should be notified of this so reasonable accommodation can be considered.

### Food Allergies

- Peanuts
- Tree Nuts
- Dairy/Lactose
- Soy
- Gluten
- Seafood/Shellfish
- Eggs
- Other: \_\_\_\_\_
- None

### Environmental Allergies:

- Bee Stings
- Pollen
- Dust
- Mold
- Grass
- Other: \_\_\_\_\_
- None

### Medicine Allergies:

- Penicillin
- Amoxicillin
- Aspirin
- Other: \_\_\_\_\_
- None

### Other Allergies:

- Latex
- Perfumes/Colognes
- Lotions
- Other: \_\_\_\_\_
- None

Does the member use an inhaler?

Yes  No

Does the member use an EpiPen?

Yes  No

Does the member use insulin?

Yes  No

Does the member self-administer medication?  Yes  No

Diagnosed Medical Conditions:  Asthma  Diabetes  Hearing Impairment  Visual Impairment  ADD/ADHD  Autism  
 Seizures  Anxiety/Depression  Oppositional Defiance Disorder  None  Other: \_\_\_\_\_

Please list any other physical, mental or medical limitations: \_\_\_\_\_

Does the member receive additional support in the school/community?

Individualized Education Plan (IEP)  504 (accommodation)  Speech Coach  Meets with school or private counselor  
 None  Other: \_\_\_\_\_

Has your child threatened or intentionally caused harm to themselves or others?  Yes  No

If yes, please explain: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_ Member/Policy # \_\_\_\_\_



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BOYS & GIRLS CLUB  
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### GENERAL MEMBERSHIP PERMISSIONS & WAIVERS \_\_\_\_\_

Please initial after each statement:

- I authorize the Boys & Girls Club staff that are trained in the basics of first aid and/or CPR to give my child(ren) first aid when appropriate and I give permission to the James L. McKeown Boys & Girls Club of Woburn to seek emergency medical treatment for my child(ren) if I cannot be reached. I will be responsible for any and/or all costs of medical attention and treatment. **X** \_\_\_\_\_
- I hereby release, waive, acquit and forever discharge the James L. McKeown Boys & Girls Club of Woburn, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, directors, volunteers from all liability, claims, demands, or causes of action for any and all loss, damage, or injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities either at or away from the Club. **X** \_\_\_\_\_
- My child has permission to be used in public relation materials for the James L. McKeown Boys & Girls Club of Woburn. Examples of these materials include photographs, videos, literature, web pages, and new releases in both traditional and electronic media. **X** \_\_\_\_\_
- I understand that my child may be asked to complete surveys and/or assessments relative to programming. This information is used to improve Club services, and is always kept confidential. I understand that the James L. McKeown Boys & Girls Club of Woburn may share information about my child with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. **X** \_\_\_\_\_
- I give my permission for my child to participate in mentoring activities as a member of the James L. McKeown Boys & Girls Club of Woburn. **X** \_\_\_\_\_
- I give my permission to the James L. McKeown Boys & Girls Club of Woburn and \_\_\_\_\_ School to exchange information regarding my child \_\_\_\_\_. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, at the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's school or the Boys & Girls Club in writing. **X** \_\_\_\_\_
- I understand that my child will have access to the internet while at the Club and that he/she will be instructed on the proper use of a computer, including appropriate websites. I will not hold the James L. McKeown Boys & Girls Club of Woburn, its staff, directors, or volunteers responsible for any of my child's inappropriate access. **X** \_\_\_\_\_
- I understand that my child and I are responsible for information presented in the Parent Handbook (available at the front desk and online at [www.bgcwoburn.org](http://www.bgcwoburn.org)). I understand that failure to comply with the rules and regulations of the Club may result in cancellation of membership with no refunds of fees. **X** \_\_\_\_\_
- I understand that the Main Street Clubhouse Drop-In Program is not a licensed childcare facility and that it maintains an OPEN-DOOR or DROP-IN policy and that supervision is provided INSIDE the Club's facility at all times. Occasionally, supervised outdoor programming also occurs on the Club's property. I understand that my child is able to come and go at will. **X** \_\_\_\_\_ **(This does not include After the Bell, Project Learn, or Summer Camp.)**

\_\_\_\_\_  
Member Signature

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

\_\_\_\_\_  
Date