



BOYS & GIRLS CLUBS
HUDSON COUNTY

MEMBERSHIP APPLICATION
\$12.00 Annual Fee (Cash Only)

Robert T. Williams, Jr. Unit | 1 Canal Street, Jersey City, NJ 07302 | Tel: 201.333.4100 | Fax: 201.333.5640
Edward A. Dalton Unit | 123 Jefferson Street, Hoboken, NJ 07030 | Tel: 201.963.6443 | Fax: 201.963.8117
www.bgchc.org

ALL CHILDCARE MEMBERS MUST BE PICKED UP BY 6:00PM - LATE FEE APPLIES.

FOR OFFICE USE ONLY:

Membership Type: Member Childcare Alumni Summer Childcare Summer Young Enterpriser
 Evening Reporting Center Youth Achievement Center GPTTO SES Open Door

Initials: _____ **Date:** _____ **Unit:** _____ **Paid:** _____ **Method:** _____

GENERAL INFORMATION:

First Name: _____ Middle: _____ Last Name: _____

Ethnicity (Race): _____ Birth Date: _____ Gender: Male Female

Address: _____ At this Address Since: _____

City: _____ State: _____ Zip: _____ In Area Since: _____

Telephone: _____ Mobile: _____ Email: _____

Requires a Parent/Guardian Pickup: Yes No Requires Bus Transportation: Yes No

New or Renewal Member: _____

SCHOOL INFORMATION:

Current School: _____ Current Grade: _____ Current GPA: _____

Current Teacher: _____ Food Program: Reduced Paid Free

EMERGENCY CONTACTS:

Name: _____ Name: _____

Phone1: _____ Phone 2: _____ Phone1: _____ Phone 2: _____

Relationship: _____ Relationship: _____

Authorized to Pick Up Child: Yes No Authorized to Pick Up Child: Yes No

MEDICAL INFORMATION:

Doctor Name: _____ Doctor Phone: _____

Permission for Doctor/Hospital: Yes No

Measles Shot Mumps Shot Rubella Shot Polio Shot D-P-T Shot

Does your family have health and/or accident insurance: Yes No

Childs Insurance Carrier: _____ Policy No. _____ Group No. _____

Serious health Problems: Yes No If Yes, Explain: _____

Child taking any medications: Yes No If Yes, Explain: _____

Child allergic to any foods/medicine: Yes No If Yes, Explain: _____

Child is in good health and has no restrictions: Yes No If Yes, Explain: _____

NOTE: Please ensure that the application is completed in its entirety. Incomplete applications will not be accepted and your child will not be admitted to any program until a completed application is submitted.

(over)

Will you attend club: (check one)

- Year-around Only during School Year
 Only during Holidays or Summer

Do you have a job? (check one) None

- Summer Part-time Year-around Part-time
 Summer Full-time Year-around Full-time

Club Member Since: _____ Last Grade Attended if No School: _____

Belong to Another BG Club: Yes No City: _____ State: _____

Last Year Attended: _____ How long a Member in Years: _____

Another BG Still a Member: Yes NoReason(s) for joining: Fun Learning Sports Other: _____**Guardian/Parent 1**

Relationship: _____

Name: _____

Employer: _____

Occupation: _____

Work Address: _____

Phone1: _____ Phone2: _____

Guardian/Parent 1

Relationship: _____

Name: _____

Employer: _____

Occupation: _____

Work Address: _____

Phone1: _____ Phone2: _____

HOUSEHOLD INFORMATION: (Proof of Income Required – W2 Form for Last 3 Pay Stubs)

Annual Gross Household Income: _____

Select One: Very Low Income Low Income Moderate (Information used for National Reports & Grants)Do you live with your: Mom Step Mom Dad Step Dad Grandparent Other: _____Is there a Member of the Household Handicapped: Yes No Current Head of Household: Male Female

Current Single Parent: _____ Current Housing Area: _____ Current Number in Household: _____

Numbers of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

OTHER GENERAL INFORMATION:Birth Certificate on File: Yes No Birth City: _____ Birth State/County: _____Parent understood Signed Insurance Disclaimer and Permission Statement: Yes NoMy child has permission to be used in public relations materials: Yes NoMy child may participate in all Boys & Girls Club activities in or adjacent to the club building: Yes No Other Persons

Authorized to Pick up Child: _____

INSURANCE DISCLAIMER AND PERMISSION STATEMENT

I give permission for my child's image and name to be used in the Club's public relations materials. I give permission for my child to attend in Boys & Girls Club activities in or adjacent to the Club, and all field trips as identified in program brochures, newsletter, and parent communications. If I do not want my child to go on a trip, I must communicate this to the program director. I understand that the Boys & Girls Clubs of Hudson County has an open door policy (with the exception of summer camp and after school program) where we will not be responsible for a child that leaves the building. Therefore it is important to talk to your child about your rules on leaving the Club. I understand the Club's discipline policy and understand I am responsible for my child's actions while involved in club activities. I also understand that if my child breaks Club policy, then my child may be expelled or suspended from a program or the Club without reimbursement of fees paid. I understand that there are inherent risks associated with participating in Boys & Girls Club activities and I do not hold the Club, directors, or staff responsible for injuries resulting from Club participation.

My signature below indicates my acceptance of the policies above.

Parent's Signature: _____

Child's Signature: _____

Date: _____

Date: _____