| Member ID# | |
|------------|--|
|------------|--|

GREAT FUTURES START HERE.



2020-2021 Membership Application

| Member's Last Name: First Name: Age: Street Address: Apartment: Fitchburg Leominster State: MA Zip Code: Home Phone: () Cell Work: () Parent/guardian names (PLEASE PRINT): Occupation: Employer: | PLEASE PRINT NEATLY!!!!!! | ☐ Past Member ☐ Male ☐ Female ☐ New Member | Date of Birth//_ month/da | |
|--|---|---|--|--------------|
| Britchburg Deominster State: MA Zip Code: | | First Name: | Age: | U |
| Home Phone: () | Street Address: | | Apartment: | |
| Parent/guardian names (PLEASE PRINT): Occupation: | ☐ Fitchburg ☐ Leominster | State: MA Zi | ip Code: | |
| Parent/guardian names (PLEASE PRINT): Occupation: | Home Phone: () | |) | - rirst Na |
| Cocupation: | Parent/guardian names (PLEASE PRINT): | : | | Ime |
| Occupation: Employer : Parent/guardian Internet Email (PLEASE PRINT): Name of school: Grade (Fall 2020): Emergency Contact Information (Be NEAT and ACCURATE! If there is an emergency involving your child we must be able to reach someone!!!) *Check off any listed contacts with which this member currently lives. Name and Relationship Address Home Phone Work Phone Cell / Pag Does your child have any known allergies, physical, medical, or behavioral condition, or takes any medication, □ Yes □ No | | Employer : | | |
| Name of school: Grade (Fall 2020): Emergency Contact Information | | Employer: | | |
| Name of school: | (Mother / Father) | | | |
| Emergency Contact Information (Be NEAT and ACCURATE! If there is an emergency involving your child we must be able to reach someone!!!) *Check off any listed contacts with which this member currently lives. Name and Relationship Address Home Phone Work Phone Cell / Page Does your child have any known allergies, physical, medical, or behavioral condition, or takes any medication, Yes No | Parent/guardian Internet Email (PLEASI | E PRINT): | | |
| Does your child have any known allergies, physical, medical, or behavioral condition, or takes any medication, □Yes □No | maine of school: | | Grade (Fall 2020): | |
| | (Be NEAT and ACCURATE *Ch | Emergency Contact Information If there is an emergency involving your child we eck off any listed contacts with which this member cut | on must be able to reach someone!!!) prently lives. | , |
| | (Be NEAT and ACCURATE *Ch | Emergency Contact Information If there is an emergency involving your child we eck off any listed contacts with which this member cut | on must be able to reach someone!!!) prently lives. | |
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| | (Be NEAT and ACCURATE *Ch | Emergency Contact Information If there is an emergency involving your child we eck off any listed contacts with which this member cut | on must be able to reach someone!!!) prently lives. | , |
| I request that my child be admitted into membership in the Boys & Girls Club of Fitchburg and Leominster. If my application is accepted, I understand that my child must abide by its rules and regulati | (Be NEAT and ACCURATE *Ch Name and Relationship Does your child have any known allergies, | Emergency Contact Informatic ! If there is an emergency involving your child we eck off any listed contacts with which this member cut. Address Home Pho physical, medical, or behavioral condition. | e must be able to reach someone!!!) urrently lives. ne Work Phone , or takes any medication, | Cell / Pager |

Incomplete Membership Applications will NOT be accepted. Please make sure to complete the application to the best of your knowledge

and cooperate with all staff and personnel. I understand that his or her failure to do so may result in the cancellation of this membership with no refund of dues. Membership may also be cancelled if it is found that false or incomplete information has been provided or that emergency contact information is invalid. Membership may also be cancelled if

child's behavior and continued behavior and actions present a safety risk to other children.

| How many years has this child been a Boys & Girls Club member? Does this child attend ongoing after school youth programs at other agencies? Yes No |
|---|
| If so, please list them: |
| Do your kids use a computer at home? Yes No Internet access at home? Yes No |

2020 INCOME LIMITS FOR PROGRAMS

Since your child is a participant in The Boys & Girls Club of Fitchburg and Leominster program, we are asking your cooperation in completing the information below. Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the Boys & Girls Club. I authorize the agency to release information to other appropriate agencies after prior discussion of such action with me. I have been advised of and understand the purpose and use of the information requested. A voluntary donation is requested but is not required in order to receive services.

Thanks for your cooperation!!

Fitchburg-Leominster (Effective 8/26/2020) Median Income \$68,300(family of four)

Annual Household Income:

Please <u>CIRCLE</u> the number of people in your household, including yourself- then <u>CIRCLE</u> your total household income for the past 12 months under the number of persons in your household.

| 1 Person | 2 Person | 3 Person | 4 Person |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Over \$47,850 | Over \$54,650 | Over \$61,500 | Over \$68,300 |
| | <u></u> | | |
| Equal to or less than |
| \$47,850 | \$54,650 | \$61,500 | \$68,300 |
| Equal to or less than |
| \$29,900 | \$34,200 | \$38,450 | \$42,700 |
| Equal to or less than |
| \$17,950 | \$20,500 | \$23,050 | \$26,200 |

| <u>0 1 010011</u> | O I CIBOII | <u> </u> | 0 1 010011 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Over \$73,800 | Over \$79,250 | Over \$84,700 | Over \$90,200 |
| | | | |
| Equal to or less than |
| \$73,800 | \$79,250 | \$84,700 | \$90,200 |
| Equal to or less than |
| \$46,150 | \$49,550 | \$52,950 | \$56,400 |
| Equal to or less than |
| \$30,680 | \$35,160 | \$39,640 | \$44,120 |

7 Person

6 Person

Signature: _____

5 Person

8 Person

| Please Check | the appropriate category below: | | | |
|--------------------------------|--|-----------------------|--|-------------------------|
| Race: Whi | te, Black African/American, | □ Asian, | ☐ American Indian/Alas | skan Native, |
| □ Native Hawa | aiian/Other Pacific Islander, | □ Americ | can Indian/Alaskan Native | & White, |
| □ Black Africa | an American & White, | □ Asian o | & White, | |
| ☐ American In | dian/Alaskan Native & Black Afr | rican America | n, | <u>nl,</u> |
| Ethnicity: I | Hispanic/Latino, □Not Hispanic/L | _atino | | |
| Female Head | of Household? IYes INo | | | |
| ☐ Lives with tw☐ Foster parent | vo parents Single Parent (Mot | Please Circle | Lives with Guardian _ | Relationship to Member? |
| • | nily receive any form of general as Food Stamps, Dection 8, DSI, DCF as | | | meless services)? |
| Does your chil | ld receive? | ed Lunch | Neither | |
| | This program is not licensed b | y the Departr | nent of Early Education ar | nd Care |
| | y that the information contained on the desired of the law and verifiable in the law and verifiable in the law and verifiable. | | = | the best of my |
| Parent Signatu | ure | | | |
| ` ' | children attend the $\overline{	ext{Club. Paym}}$ | | Iembership Fund to prov Cash, Check, Money Or | |
| ***How did y Walk-In | ou hear about our After School □ Newspaper □ Facebook | l program? Flyer | ☐ Friend / Relative | |
| □5K | ☐ Science Festival ☐ S | chool | □ Other | |

By signing below you are agreeing to uphold all of the policies of the Boys and Girls Club of Gardner. The membership handbook can be found online at:

PARENT/GUARDIAN SIGNATURE

DATE

MEMBER SIGNATURE

DATE

Parent Release

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Fitchburg and Leominster, Gardner Club and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Medical Treatment

I give permission to the Boys & Girls Club of Fitchburg and Leominster, to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Data Collection

I give my permission to the Boys & Girls Club of Fitchburg and Leominster, to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

School Information

I give my permission to the Boys & Girls Club of Fitchburg and Leominster, along with the Fitchburg and Leominster School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Gardner School District or the Boys & Girls Club in writing.

Data Sharing

I understand that the Boys & Girls Club of Fitchburg and Leominster, may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) 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 Club of Fitchburg and Leominster, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I also understand who the Club is not, nor does it claim to be, a licensed day care center. I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership. I give my permission to the Boys & Girls Club of Fitchburg and Leominster, to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) 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 Club of Fitchburg and Leominster, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

☐ I do not give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I also understand who the Club is not, nor does it claim to be, a licensed day care center. I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership.

| Parent /Guardian Name (Please Print) | Parent/Guardian Signature |
|--------------------------------------|---------------------------|
| | Date:/ |
| Club Member's Signature | |

PICK-UP ARRANGEMENTS

Because there can be variations in the weekly dismissal arrangements, it is helpful for us to know the general plans you have made to transport **each** child at the end of the day.

We are aware that there may be occasional alterations in these plans and would ask that you notify the Intake Coordinator, Juniors or Teen Directors with a written note or email, when those changes arise.

Please return this form with the membership application.

STUDENT (Please Print)

| DAY | Pick-up Driver's Name | Phone # |
|-----------|---|---------|
| MONDAY | 1. Pick-up- 2. Approved Alternate- | |
| TUESDAY | 1. Pick-up- 2. Approved Alternate | |
| WEDNESDAY | Pick-up- Approved Alternate- | |
| THURSDAY | Pick-up- Approved Alternate- | |
| FRIDAY | 1. Pick-up- 2. Approved Alternate- | |

If the driver is running late and we cannot reach the driver by phone, we may call the person listed below for assistance:

| Name (Please Print) | | |
|-----------------------------------|----------|--|
| Parent/Guardian Signature | Date | |
| Please Print Parent/Guardian Name | Date | |