

Membership Information Form

BGC of Bloomington-Normal
1615 W. Illinois Street
Bloomington, IL 61701

P: (309) 829-3034

F: (309) 828-7108

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Gender:*

 Male Female

Family Income:*

12,001 - \$15,000
 15,001 - \$19,000
 19,001 - \$23,000
 23,001 - \$28,000
 28,001 - \$32,700
 32,701 - \$37,500
 37,501 - \$42,000
 42,000 and above
 9,000 or below
 9,001 - \$12,000

Address:*

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:*

 Home Work _____

Phone Number:

() -

() -

Phone Type:

 Home Work _____ Home Work _____

Family Size:

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

 Male Female

Address:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:

 Home Work _____

Phone Number:

() -

() -

Phone Type:

 Home Work _____ Home Work _____

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:

Last Name:*

Nick Name:

Birth Date:*

Social Security Number:*

Gender:*

Male
 Female

Ethnicity:*

African American Caucasian Hispanic
 Multi-Racial
 Native American

Membership Type:*

After School Care
 Full Scholarship
 Full Time
 Partial Scholarship
 Summer Camp

Pick up Authorization Password:

School:*

Grade:*

Household Type:

Adopted Married Adopted Single
 Biological Married Biological Single
 Biological/Step Foster Unknown
 Ward of State

Family Setting:

1 Parent 2 Parent
 Guardian Other

Referring Organization:

Aunt Club Internal Club Member
 mother Staff Member Unknown

Check all that Apply:

TANF
 Food Stamps
 General Assistance
 SSDI
 SSI
 Veterans Compensation
 Day Care Voucher
 School Lunch
 Medicaid
 Can Swim

Address:

(Line 1)

(Line 2)

(City)

(State)

Address Type:

Home

Work _____

(Zip Code)

Phone Number:

()

Phone Type:

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

Member Medical Information (Please Print)

Insurance Company::

Insurance Policy Number::

Medications:

Medical Problems/Allergies:

Physician:

Physician Phone:

Disabilities:

Hospital::

Hospital Phone::

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

Parent
 Guardian

Emergency Contact
 Primary Emergency Contact
 Lives With Member

2.) First Name:

Last Name:

Parent
 Guardian

Emergency Contact
 Primary Emergency Contact
 Lives With Member

The BGC of Bloomington-Normal also uses the following fields to learn more about your child. Please check one item from each group below.

CCRRN: ___ no
 ___ yes

From School?: ___ yes
 ___ no
 ___ yes

Ride Van?: ___ no
 ___ yes

Teen Reach: ___ no
 ___ yes

To Home?: ___ no
 ___ yes

I have read the completed application, understand the rules of the BGC of Bloomington-Normal and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the BGC of Bloomington-Normal will not be responsible for any accident to the boy/girl while on the BGC of Bloomington-Normal premises or while engaged in any of its activities away from the BGC of Bloomington-Normal. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the BGC of Bloomington-Normal may care to use them.

Parent or Guardian Signature

Member's Signature

Date

GREAT FUTURES START HERE.



BOYS & GIRLS CLUB
OF BLOOMINGTON-NORMAL

Dear Parent/Guardian:

For the safety of our members, we are requiring that all van riders need to have permission slips completed and signed. Also, if there is a change in transportation or special instructions we are requiring a written note and/or phone contact with staff daily. No one will be allowed to ride the van without a permission slip or written change.

The pickup and drop off points will be strictly adhered to.

Please complete and return with application.

Van Permission Slip

I, _____, (parent/guardian) give permission for my child _____, to ride the Boys & Girls Club of Bloomington-Normal van.

Pick up at _____ and drop off at _____ Boys & Girls Club of Bloomington-Normal.

Parent Signature

Date

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUB
OF BLOOMINGTON-NORMAL

Illinois Alliance of Boys & Girls Clubs Teen REACH Program Parent Release of Information

Teen REACH (Responsibility, Education, Achievement, Caring, and Hope) is an after-school group that helps youth (6-17 years old) by participating in activities that:

- Improve the likelihood for future success
- Provide positive choices
- Reduce at-risk behaviors
- Develop career goals

The Boys & Girls Club of Bloomington-Normal is a Teen REACH site. We work to implement programs that target the above goals such as Power Hour, SMART Girls, Passport to Manhood, Keystone Club, Torch Club and SMART Moves. This is for ALL of our members that are ages 6-17; it is not exclusive to teens.

As the legal parent/guardian of _____, I authorize the School District and/or the educational institution my child attends to release the following information to the Boys & Girls Club as requested: grade point averages, photocopies of report cards, school attendance rates, grade advancement information and graduation information.

Photocopies of this form shall be considered a valid release for all information.

The purpose for this information sharing is to better meet the needs of our members.

I understand this authorization takes place on the day that I sign in. It will expire one year from the date of my signature.

I understand that I can change this authorization at any time.

I understand that I am under no obligation to the release of information; however I understand that my child's needs may be better served if I do consent to the release of information.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____