

# 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**