

MEMBERSHIP INFORMATION FORM

Boys & Girls Club of Clifton
822 Clifton Avenue
Clifton, NJ 07013
(973) 773-2697 - Front Desk
(973) 773-3103 - Fax

Memberships are valid 1 year from date joined. Please fill out all information!

Dues: \$40.00 for 1 Member \$30.00 for each additional child(ren)

Memberships are non-refundable

If all information is not filled out Membership will be VOID

Member Information: (Please Print)

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

(Line 1)

(City) _____

(State) _____

(Zip) _____

Home Phone Number: _____

() - _____

Birth Date: ____ / ____ / ____

Gender: Male Female

Can Child Swim: Y N

School: _____

City: _____

Grade: _____

Special Class: _____

Ethnicity:

- African American
- American Indian
- Asian
- Caucasian
- Hispanic
- Multi-Racial
- Other

Medical Information:

Name of Doctor _____

Phone Number: () - _____

Allergies and/or Medications:

INCOME LEVEL

Family Size: _____

Family Income: Circle One

Under 13,538	Under 30,650	Over 30,650	Under 32,238	Under 45,133	Over 47,712
Under 18,213	Under 35,000	Over 35,000	Under 36,913	Under 51,678	Over 54,631
Under 22,888	Under 39,400	Over 39,400	Under 41,588	Under 58,223	Over 61,550
Under 27,563	Under 43,750	Over 43,750	Under 46,263	Under 64,768	Over 68,469

Head of Household (Please Print)

First Name: _____

Last Name: _____

Gender:

Male Female

Address: _____

(Line 1)

(Line 2)

(City) _____

(State) _____

(Zip) _____

Phone Number: _____

() - _____

Phone Type:

Home Work Cell

() - _____

Home Work Cell

E-Mail Address: _____

E-Mail Type: Home Work

Employer: _____

Job Title: _____

Occupation: _____

Family Setting:

- Divorced
- Single Parent
- Single
- Separated
- Married
- Other

Other Parent / Guardian (Please Print)

First Name: _____

Last Name: _____

Gender:

Male Female

Address:

(Line 1) _____

(Line 2) _____

(City) _____ (State) _____ (Zip) _____

Phone Number:

() _____ - _____

() _____ - _____

Phone Type:

Home Work Cell

Home Work Cell

E-Mail Address: _____

E-Mail Type: Home Work

Employer: _____

Job Title: _____

Occupation: _____

Pick Up Information: (Please Print)

Two people authorized to pick up member - NOT A PARENT/GUARDIAN

1.) **First & Last Name:** _____

Relationship: _____

2.) **First & Last Name:** _____

Relationship: _____

Phone Number:

() _____

() _____

Phone Number:

() _____

() _____

For the Boys & Girls Club of Clifton to maintain programs at the lowest cost to parents we apply for federal funding when available. To receive this funding we must supply them with information including income levels of our membership. We ask for your voluntary cooperation by completing the form below so we can continue to provide our services to the youth of Clifton at an affordable cost to the families.

Check all that Apply

- | | |
|---|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Veterans Compensation |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Day Care Voucher |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> School Lunch |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> SSI | <input type="checkbox"/> 4C's |

Have you ever been involved in the Boys & Girls Club of Clifton? If yes, what years

Would you like to be on our Alumni Mailing list? YES NO

I, _____ do hereby give my son/daughter _____ permission to attend and/or participate in activities, including bus trips to the park and walking trips within the neighborhood, sponsored by the Boys & Girls Club of Clifton, it's employees, associates and contributors, in further consideration of the benefits to be gained by our child we covenant that we will never institute any action by law against the Boys & Girls Club of Clifton, Inc., it's agents, servants and employees, on account of any injury or other loss or damage sustained by our child's participation. Furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child's photograph or any reproductions of them, for editorial illustration, advertising or non-profit promotional purposes. I also consent to the use of my name in connection therewith.

Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE ONLY

MEMBERSHIP

- NEW**
- CURRENT**
- LAPSED**

OFFICE

ID NUMBER: _____

DATE ENTERED: _____

ENTERED BY: _____

DATE: _____

RECEIPT #: _____

AMOUNT: _____

INITIALS: _____