

Membership Information Form



Boys & Girls Club of Livingston County
 1303 Indiana Ave
 Pontiac IL 61764
 Tel: 815 842 3089
 Fax: 815 844 7750
 Web: <http://www.lcboysandgirlsclub.com>

Office use only/Membership Information

Member Number	Rec'd
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> New	Entered
<input type="checkbox"/> Renew	<input type="text"/>
<input type="checkbox"/> Former	Service
Check number	<input type="text"/>
<input type="text"/>	Termination
Cash receipt #	<input type="text"/>
<input type="text"/>	Initial
<input type="checkbox"/> After School	<input type="text"/>
<input type="checkbox"/> Sports	Renew
<input type="checkbox"/> Scholarship	<input type="text"/>

Information about the Member:

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.

Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone:

Non parental Emergency Contact name:

Male Female

Date of Birth

Ethnicity:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Multi Racial |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Other |
| <input type="checkbox"/> White/Caucasian | |
| <input type="checkbox"/> Hispanic | |
| <input type="checkbox"/> Native American | |

Family Setting

- | |
|------------------------------------|
| <input type="checkbox"/> 1 Parent |
| <input type="checkbox"/> 2 Parents |
| <input type="checkbox"/> Other |

Please Check all that apply

- | |
|---|
| <input type="checkbox"/> SSDI |
| <input type="checkbox"/> SSI |
| <input type="checkbox"/> TANF |
| <input type="checkbox"/> DAY CARE VOUCHER |
| <input type="checkbox"/> FOOD STAMPS |
| <input type="checkbox"/> GENERAL ASSISTANCE |
| <input type="checkbox"/> SCHOOL LUNCH |
| <input type="checkbox"/> VET.COMPENSATION |

School:

Grade:

Medical Problems/Allergies:

Doctors Name

Members Social Security Number

Names of Persons other than Parents who are authorized to pick the child up from the Club.

Phone:

Phone:

Phone:

Phone:

Members Family Information:

Head of Household

Name

Address Check if same as member

City State Zip

Phone: Home

Phone: Work

Phone: Mobile

Employer

Occupation

Number of People
in Household

Any person **not** authorized to pick up member:

Other Parent/Guardian

Name

Address Check if same as member

City State Zip

Phone: Home

Phone: Work

Phone: Mobile

Employer

Occupation

Annual Family Income.

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

Family e-Mail address

I have read the completed application; understand the rules of the Boys & Girls Club of Livingston County and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of Livingston County will not be responsible for any accident while on the Boys and Girls Club of Livingston County property or while engaged in any of its activities away from its premises. I give my consent for the Boys & Girls Club of Livingston County to obtain my child's report card from their school. I give my consent to photographs, in which my son/daughter may appear to be used in any way the Boys & Girls Club of Livingston County may care to use them. The Boys & Girls Club of Livingston County is not responsible for the loss or damage of personal property.

Signature

Date