



MEMBERSHIP APPLICATION

ALL Applicants MUST be between the ages of 6 - 17.

Renewal (Please check that all information is up to date)
Are you a Texas Children's Healthcare Plan Member:

New Application:

Teen Application 13+:

BGCGH Shirt \$5:
Shirt Size: _____

Child's Information: Application Date: _____

Child's Name: _____ Member # _____
FIRST MIDDLE LAST

Name that child goes by (if different): _____ Continuous Club Member Since? (enter year) _____

Birth Date: _____ Age: _____ Gender (check one): Male Female
MM DD YYYY

Ethnicity: White Hispanic African American Asian Native American Other

Parent/Guardian : Foster Parent Transitional Living

Full Name: _____
 Relationship: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Work(____) _____ Home(____) _____
 Cell(____) _____ Cell Phone Company: _____
 Email: _____
 Employer: _____ Occupation: _____

Parent/Guardian : (complete only if different)

Full Name: _____
 Relationship: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Work(____) _____ Home(____) _____
 Cell(____) _____ Cell Phone Company: _____
 Email: _____
 Employer: _____ Occupation: _____

Emergency Contact Name:

Relationship: _____ Address: _____
 City/State/Zip: _____ Phone 1:(____) _____

Emergency Contact 2:

Name: _____ Relationship: _____
 Phone 1:(____) _____ Phone 2:(____) _____

School Information:

School Name: _____ ID #: _____ Teacher Name: _____ Grade: _____

Is your Child eligible for the insurance programs Medicaid? Yes No

Are you registered with Workforce Solutions (formerly NCI)? Yes No If yes, please provide #: _____

Does your child participate in the school Free or Reduced Lunch Food Program?

Does your family participate in the Supplemental Nutrition Assistance Program (Food Stamps)? Yes No

Medical Information:

Are there any serious Health Problems? Yes No If yes, please explain: _____

Does child take medication? Yes No If yes, Name and Frequency: _____

General: (Please check one for each question)

Are you or any member of your household a BGC alumni? Yes No

Are you a resident of a Houston Housing Authority Property? Yes No

I give the Boys and Girls Club permission to use the image(s) of my child in public relations materials: Yes No

My child has permission to be transported by BGC of Greater Houston in authorized BGC vehicles: Yes No

My child has permission to use the internet for program purposes: Yes No

IMPORTANT NOTE: The information in this box is collected for statistical and fundraising purpose ONLY. NO personal identifying information will ever be released to any person or organization. Only aggregate, group data will be reported.

Annual Household Income (check one range below):

\$10,000 or Less \$10,001 to \$20,000 \$20,001-\$30,000 \$30,001-\$50,000 \$50,001-\$70,000 \$70,001+

Enter the number of people living in your household? Adults _____ Children _____ Are you a single parent? Yes No

Are you an active member of the Military Yes No If yes, which branch _____

Are you a veteran Yes No If yes, which branch _____

MEMBERSHIP APPLICATION

These person(s) MAY NOT pick up child - DO NOT LIST A LEGAL GUARDIAN WITHOUT PRODUCING A COURT ORDER

1. _____ 2. _____
3. _____ 4. _____

LICENSED EXEMPT CLUBS - Parent/Guardian Late Pick Up Policy: Open Door Policy and Club Access Permission:

I (We) hereby give my permission for my child to become a member of the Boys & Girls Clubs of Greater Houston. I understand that the Boys & Girls Clubs of Greater Houston will make every effort to keep my child from leaving the Club building without permission; however, I also understand that the Club is not a daycare center and is not responsible for the time or manner in which my child may arrive or leave the Club.

Boys & Girls Clubs of Greater Houston afterschool program opens at dismissal and closes promptly at posted time, Monday through Friday. Please check with your local for summer and holidays hours of operation. Boys & Girls Clubs of Greater Houston has a zero tolerance for late pick-up unless communicated in advance. The Boys and Girls Club is obligated to contact Child Protective Services if a child is left after business hours and if we cannot get in contact with legal guardian. Yes No

** See front desk at local club for clubs status*

Medical Treatment Permission: I (We) permit and authorize Boys & Girls Clubs of Greater Houston staff Members, to allow necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I understand that care for injuries that may occur during my child's active participation in Boys & Girls Clubs of Greater Houston are the responsibility of myself, my family and/or my insurance. I understand that the Boys & Girls Clubs of Greater Houston does not supply insurance for my child. Yes No

Academic Permission: I (We) permit and authorize my child's school and/or teacher to release my child's school grade reports and information on general attendance and performance to Boys & Girls Clubs of Greater Houston for aggregated use in program evaluation and for purposes of support of in-school education in the out-of-school programs. My child has permission to participate in surveys, assessments and use of the internet for program purposes. The Boys & Girls Clubs of Greater Houston will not re-release personal information provided by a school or teacher. Yes No

I certify that I am the person legally responsible for the child applicant and that I have read and accept ALL of the statements and conditions contained in this application and in the **Parent Handbook**, the **Medical Treatment Permission**, and the **Academic Permission** Statements and hereby give authority to the Boys & Girls Clubs of Greater Houston to the extent of the statements and permissions granted therein.

(Parent) I certify that the information provided in this application is true and correct. I understand that membership fee is non-refundable and that the Boys & Girls Club reserves the right to revoke membership for necessary infractions against its policies.

Print Name _____ Signature: _____ Date: _____

(Child) I wish to be a member of the Boys & Girls Clubs of Greater Houston, Inc. I will check into the Club each day by showing my membership card. I am to stay at the Club until I am picked up, I will not leave the Club without permission.

Print Name _____ Signature: _____ Date: _____

For Administrative Use Only:

Assigned Unit: _____ Date Entered: _____

Paid: Cash Payment Received By: _____ Amount: \$ _____

Session: Afterschool Summer Received Report Card : Received Birth Certificate (If applicable):

Extracurricular (optional): Basketball Flag Football Soccer Cheer/Dance Baseball Other: _____

Check **All** Eligibilities that Apply: COMP Grant Workforce Solutions #: _____ Other: _____