INSTRUCTIONS TO PARENTS/GUARDIANS

For your child’s well-being, the information you provide must be complete and accurate. This information is necessary to maintain funding, state compliance and records for Boys & Girls Club service. The membership form will NOT be accepted without all forms completed and additional items received. Please check off each box below as you complete each section.

☐ Annual Youth Membership Application, pages 1 & 2
☐ WI Shares or W2 “Am I Eligible” Form (for members ages 12 and younger)
☐ Code of Conduct Agreement
☐ Immunization Records or Waiver
☐ Food Form (if applicable)
☐ Proof of Child’s Age (show a copy of birth certificate or baptismal record)
☐ Health Physical (needed for 4-year old members at select clubs)

FOR OFFICE USE ONLY

☐ Renewing Member  ☐ New Member  ☐ _________________(Location)
☐ Membership forms complete  ☐ Child care signature  ☐ Immunization Waiver
☐ Membership fee paid $_______  ☐ SPARK
☐ Scholarship Amount $_______  ☐ TABS
☐ Staff receiving application______________________________ Date____________
☐ Office manager signature______________________________ Date____________

July 2015
## ANNUAL YOUTH MEMBERSHIP APPLICATION

### Member’s Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address &amp; Apt #</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security #</th>
<th>Birthdate</th>
<th>MPS ID# (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Attending</th>
<th>School District</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GENDER** (check one)  
- Female  
- Male  
- Transgender

**LANGUAGE** (check one)  
- English  
- Spanish  
- Hmong  
- Other

**ETHNICITY** (check one)  
- American Indian/Alaska Native  
- Asian  
- Black/African American  
- Hispanic/Latino  
- Multi-Racial  
- Native Hawaiian/Pacific Islander  
- White/Caucasian  
- Other

**MEMBER LIVES WITH** (check one)  
- Both Parents  
- Mother Only  
- Father Only  
- Guardian  
- Foster Care  
- Group Home  
- Other

**SCHOOL LUNCH PROGRAM ELIGIBILITY** (check one)  
- Free  
- Reduced  
- Not Eligible  
- Unknown

Has this member ever attended a Boys & Girls Club or program before? (check one)  
- No  
- Yes  
- Club Location ____________________

### PARENT/GUARDIAN PLEASE COMPLETE, READ & SIGN

Are you or any member of your household on active military duty? (check one)  
- Yes  
- No

Are you or any member of your household a Club alumni? (check one)  
- Yes  
- No

How many members are in your household, including yourself?  

**ANNUAL HOUSEHOLD INCOME** (check one)  
- Less than $9,999  
- $10,000-$14,999  
- $15,000-$22,999  
- $23,000-$33,999  
- $34,000-$49,999  
- $50,000-$74,999  
- $75,000 or more

You can contact me through the following methods (check all that apply)  
- Phone  
- Email  
- Text  
- Mail

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If for some reason we are unable to reach the parents/guardians listed above, who else should be contacted in case of emergency?

<table>
<thead>
<tr>
<th>Relation to Member</th>
<th>First Name</th>
<th>Last Name</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MEMBER HEALTH HISTORY & EMERGENCY CARE PLAN

Name of Doctor/Medical Facility: ____________________________________________________________

Address: __________________________________________________________ Phone: ________________

Insurance Policy Holder Name: ____________________________________________________________

Prescription or over the counter medications (check one) □ No □ Yes If yes, please list all ________

Special Medical Conditions (check one) □ No □ Yes If Yes, please check all applicable

☐ ADD/ADHD ☐ Asthma ☐ Diabetes ☐ Cerebral palsy/motor condition

☐ Emotional/behavior disorder ☐ Epilepsy/Seizure disorder ☐ Gastrointestinal or feeding concerns

☐ Other medical conditions/reasons that would inhibit the member from taking part in certain physical activities

Does the member have any allergies or dietary religious restrictions? (check one) □ No □ Yes If Yes, please check all applicable

☐ Beef ☐ Pork ☐ Fish/shellfish ☐ Milk/dairy products ☐ Peanuts/Peanut butter ☐ Tree nuts

☐ Wheat/gluten ☐ Other: ________________________________________________________________

I understand that it is my responsibility to monitor my child’s participation in Club activities based on any physical or medical limitations that my child has that would inhibit his/her participation. I understand that BGCGM operates under an open door policy, therefore, it is my responsibility to monitor and provide transportation for my child to and from the Club. In the event of injury or should emergency care be required, I authorize Club staff to arrange for emergency medical attention for my child, only if I can’t be reached immediately.

I understand that my child may receive non-invasive physical exams and/or other types of assessments as a benefit of his or her membership. I give permission for my child to participate in surveys, discussion groups or other activities that help determine the success of Club programs. I authorize Boys & Girls Clubs to obtain or share data related to my child for the purpose of program assessment. I authorize release of information from school about my child so the Clubs can best serve its members. I grant permission for photographs, audiotapes and records of my child to be used by the Club and its agents for public relations and/or program evaluation purposes on behalf of the Boys & Girls Clubs of Greater Milwaukee. Boys & Girls Clubs has permission to receive and share information (for use of identifying program and opportunity needs) with agencies serving our members such as: Health Department, other Health Agencies and Milwaukee Public Schools.

Signature: ____________________________________________________________________________

Print Name: __________________________________________ Date: _____________________________

Member’s Information

TRANSPORTATION

My child will arrive to the club from (check all that apply) ☐ School ☐ Home ☐ Other: __________________

My child will arrive to the club by way of (check all that apply) ☐ Walking ☐ Parent/Guardian ☐ Other: __________________

My child is authorized to leave the club by way of (check all that apply) ☐ Parent/Guardian ☐ Sibling ☐ Walking ☐ Other: __________________

My child is authorized to be picked up by Name: __________________________ Phone: ________________

Name: __________________________ Phone: ________________

Name: __________________________ Phone: ________________
Do You Receive WI Shares Child Care or W2?

Boys & Girls Clubs of Greater Milwaukee is a licensed WI Shares child care facility & welcomes WI Shares families.

This form is required for all members.

**Please select one of the following...**

- Yes, I have an open WI Shares Child Care Case. My case number is _______________________. I will call MECA (1.888.947.6583) to update my child Care Authorization.

- Yes, I receive W2. My case number is _______________________. I will contact my FEP worker to update my Child Care Authorization.

- No, I currently do not receive WI Shares Child Care or W2. I understand that I must complete the information below to determine if I am eligible for benefits.

I understand that by sending my child to Boys & Girls Clubs of Greater Milwaukee (BGCGM) and by signing this form, I am authorizing BGCGM to determine my eligibility for Wisconsin Shares childcare assistance. If my household is eligible, I agree to take the necessary steps to designate BGCGM as my childcare provider.

Signature ______________________________________      Date ______________      Phone# _____________________________

---

**Am I Eligible?**

Please complete the following information if you selected the third box above. All information must be completed for membership if you do not have an open WI Shares Child Care or W2 case.

**List All Adults In Household**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Currently Working (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

**List All Children In Household**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Child’s Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Monthly Income Information**

- Total Monthly Gross Income For Your Household From Job(s) $________________________
- Number of Hours Worked Per Week _____________________
- Amount Earned Per Hour _____________________

- Do You Receive Any Additional Income? (check all applicable)
  - W2 Payments
  - Unemployment
  - Child Support
  - Social Security/SSI
  - Other _____________________________

- Total Additional Monthly Income Received $________________________
The code of conduct is as follows:

- I will honor the BGCGM member code of conduct when I participate in all club activities.
- I will be a law-abiding citizen.
- I will respect myself, fellow members, employees, and the facilities.
- I will have my coat, hat and book bag in the designated club location.
- I will remain drug, alcohol and tobacco free at the club.
- I will be responsible for all my personal belongings, including electronic devices. I agree that my electronic devices will not interfere with programming and will be used in a productive and positive way relative to my club policies.
- I will use words that are respectful.
- I will report uncomfortable or dangerous behavior or touching.
- I will cooperate with all directions and requests by BGCGM employees.
- I will eat or drink only in designated areas and dispose of garbage properly.
- I will refrain from inappropriately touching other club members.
- I will use only assigned Enter or Exit ways to enter or exit BGCGM.
- I will enter the club, and remain free of weapons including those that resemble real weapons with peaceful intentions.
- I will refrain from intimate behavior.

Exceptions to this Code of Conduct may be allowed based on the type of programming or specific rules of the club.