

BRIGHTER FUTURES



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

Referred By _____

Youth Name: _____ Grade: _____

Date of Birth: _____ Social Security Number: _____

School Name: _____ Student ID#: _____

Boys & Girls Club Member?: Yes No

If yes, Club/CLC: _____

Contact Information

Address: _____ City: _____ Zip: _____

Phone Number (yours): _____ Parent Phone Number: _____

Email: _____

Facebook Name: _____

Other Social Media?: _____

Parent(s)/Guardian Name: _____

Program of Interest

Career Interest: _____

Do you have other activities which conflicts with attending after school training? Yes or No.

If yes, explain which after school activities you are involved in below:

Do you have a valid driver license?: _____ Vehicle access?: _____

Parent/Guardian pick up/drop off?: _____ Or use public transportation/bus?: _____

Lap top?: _____ Internet access?: _____

Other Programs: _____ Other: _____