



\*REMINDER\* There is a \$25.00 registration fee for the entire year. Scholarships are granted on a need-basis. If you are unable to pay the registration fee, please contact the Area Director. Payments will be accepted separately from the registration form. We accept cash, check, and online payments via PayPal.

**Head of Household**

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Relationship Type\* \_\_\_\_\_

Is Authorized to Pick Up     Is Emergency Contact     Is Primary Emergency Contact

Address Type (select one)\*     Home     Work

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Type (select one) \_\_\_\_\_ Phone \_\_\_\_\_

Home     Work     Cell

Email Type (select one) \_\_\_\_\_ Email \_\_\_\_\_

Home     Work

Work-Employer \_\_\_\_\_

Work-Title \_\_\_\_\_

Work-Start Date \_\_\_\_\_  
(mm/dd/yyyy)

Work-End Date \_\_\_\_\_  
(mm/dd/yyyy)



**Household Members**

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Relationship Type\* \_\_\_\_\_

Is Authorized to Pick Up       Is Emergency Contact

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work-Employer \_\_\_\_\_

Work-Title \_\_\_\_\_

Work-Start Date  
(mm/dd/yyyy) \_\_\_\_\_

Work-End Date  
(mm/dd/yyyy) \_\_\_\_\_

**Income Category (select one)\***

- \$10,000-15,312     \$15,313-20,712     \$20,713-26,124     \$26,125-31,536     \$31,537-36,936
- \$36,937-42,348     \$42,349-47,760     \$47,761 and over     under \$10,000

**SSDI (select one)\***

- No
- Yes
- Unknown

**SSI (select one)\***

- No
- Yes
- Unknown

**Food Stamps (select one)\***

- No
- Yes
- Unknown

**Path (select one)\***

- No
- Yes
- Unknown

**General Assistance (select one)\***

- No
- Yes
- Unknown

**Veterans Compensation (select one)\***

- No
- Yes
- Unknown

**Day Care Voucher (select one)\***

- No
- Yes
- Unknown

**School Lunch (select one)\***

- No
- Yes
- Unknown



**Household Members (Cont.)**

**Family Type (select one)\***

- Apartment
- Duplex
- House
- Mobile House

**Family Size\***

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**Family Setting (select one)\***

- Guardian
- Lives with Father
- Lives with Mother
- Lives with Parents
- Lives with Foster Parents
- Lives with Grandparents
- Lives with Aunt/Uncle
- Relative

**Primary Language (select one)\***

- English
- Spanish
- Other

If "Other", please specify  
your primary language.



**Participant Information**

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Middle Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Photo Release (select one)\***

- Yes
- No

**Media Restriction (select one)\***

- Yes
- No

**Field Trip Permission (select one)\***

- Yes
- No

**Shirt Size (select one)\***

- Youth XS
- Youth S
- Youth M
- Youth L
- Adult XS
- Adult S
- Adult M
- Adult L
- Adult XL
- Adult XXL
- Adult XXXL



## Demographics

**Gender (select one)\***

- Female
- Male
- Non-binary

**Birth Date\***

\_\_\_\_\_

(mm/dd/yyyy)

**Ethnicity (select one)\***

- Hispanic
- Non-Hispanic

**Race (select one)\***

- White/Caucasian
- Black/African American
- Latino/a
- Asian
- Indigenous/Native American
- Hawaiian/Pacific Islander
- Multiracial

**School Year\***

**Grade Level\***

**School Name\***

**Currently Enrolled in School (select one)\***

- No
- Yes



## Family Totals

Number of sisters\* \_\_\_\_\_

Number of brothers\* \_\_\_\_\_

Member of Boys and Girls Club before (select one)\*

- Yes
- No

If yes, how many years? \_\_\_\_\_

Receives HUD Assist? (select one)\*

- No
- Yes

Single Parent Home (select one)\*

- No
- Yes

Parental Employment (select one)\*

- No
- Yes

Foster Child (select one)\*

- No
- Yes

Adopted Child (select one)\*

- No
- Yes

Kinchip Care Assist (select one)\*

- No
- Yes

Raised by Grandparent (select one)\*

- No
- Yes



**Medical/Emergency**

Medical Issues/Allergies

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Mental/Physical Health Diagnoses

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Medications

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Does the Member use an Inhaler? (select one)\*

- Yes
- No

Can swim (select one)\*

- Yes
- No

Does the Member use Insulin (select one)\*

- Yes
- No

Does the Member use an EpiPen? (select one)\*

- Yes
- No

Physician

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Physician Phone

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Hospital

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Hospital Phone

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Does the Member self-administer medication? (select one)\*

- Yes
- No

Insurance Company

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**Pick Up List**

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Is Authorized to Pick Up

Is Emergency Contact

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Relationship Type (select one)\***

- Parent     Self     Guardian
- Child     Sibling     Acquaintance
- Family     Spouse     See Member Form

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Is Authorized to Pick Up

Is Emergency Contact

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Relationship Type (select one)\***

- Parent     Self     Guardian
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First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Is Authorized to Pick Up

Is Emergency Contact

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Relationship Type (select one)\***

- Parent     Self     Guardian
- Child     Sibling     Acquaintance
- Family     Spouse     See Member Form





### Pick Up List

Will your Member be riding the bus to/from the Club?

- Yes
- No
- Maybe

If yes, list their regular pick up and drop off locations.

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Application Received \_\_\_\_\_

(mm/dd/yyyy)