

Branch: _____

OFFICE USE ONLY:

KidTrax Member ID # _____ Paid \$ _____ Entered By: _____

MEMBER STATUS: New Renew **START DATE:** Input Date: _____ **TERMINATION DATE:** Exp: 7/31/20 (_____) **INITIAL SERVICE DATE** Date 1st Member _____ **RENEWAL DATE:** 8/1/20 (_____)



BOYS & GIRLS CLUBS
OF THE VALLEY

Member Information Form

The following information is **STRICTLY CONFIDENTIAL**.

It is necessary for our records and for the funding that Boys & Girls Clubs of the Valley (BGCAZ) receives. Your cooperation in providing this information is appreciated. Thank you.

Head of Household, Parent or Guardian Information

NAME		GENDER	RELATION TO MEMBER (CHILD)
PHONE <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME		ALT PHONE <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
HOME ADDRESS		CITY	
STATE	ZIP CODE	EMAIL ADDRESS	
EMPLOYER			

Family Setting: One Parent Household Two Parent Household Other

Member Lives With: (Check one) Both Parents Mother Father Grandparent
 Sister/Brother Aunt/Uncle Foster Other: _____

Type of Housing: (Check one) Rent/Lease Own HUD Housing Transitional Housing
 Reside with Friend/Family Member (no lease) No Permanent Residence

Parent/Guardian Current U.S. Armed Forces Member (check one): No Yes

Military Branch: _____ Active Duty Guard Reserve

Annual Household Income: \$0-\$13,999 \$22,000-\$23,999 \$32,000-\$35,999 \$46,000-\$54,999
 \$14,000-\$17,999 \$24,000-\$27,999 \$36,000-\$39,999 \$55,000-\$64,999
 \$18,000-\$21,999 \$28,000-\$31,999 \$40,000-\$45,999 \$65,000+

Total # Supported by Household Income: _____

Family Assistance Programs:

(Check all that apply) I receive no assistance SNAP/Food Stamps Other: _____

Other Parent/Guardian Information

(if different from above)

Father | **Step-Father:** *(check one)*

FIRST	LAST		
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE		<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME
ALT PHONE		<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK

Mother | **Step-Mother:** *(check one)*

FIRST	LAST		
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE		<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME
ALT PHONE		<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK

Guardian:

FIRST	LAST		
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE		<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME
ALT PHONE		<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK

Emergency Contact if Parent/Guardian Cannot be Reached:

FIRST	LAST		
RELATION TO MEMBER			
PHONE			
		<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME
ALT PHONE			
		<input type="checkbox"/> MOBILE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK

If there is a person who is LEGALLY banned from picking up your child, please provide the appropriate legal documentation.

Member (Child's) Information

FIRST	MIDDLE	LAST
NICKNAME		BIRTH DATE / /
		AGE

Gender: *(check one)* Male Female
 Transgender Questioning

Race: *(check one)* African-American Asian
 Multi Racial Native American
 White/Caucasian Other _____
 Hawaiian/Pacific Islander

Ethnicity: *(check one)* Non-Hispanic Hispanic

Can child swim: *(check one)* Yes No

Receives Free/Reduced Lunch Program:
(check one) Yes No

SCHOOL _____

GRADE _____ (20 -20 SCHOOL YEAR)

Medical Information

FAMILY PHYSICIAN _____

PHONE _____

INSURANCE COMPANY _____

PHONE _____ POLICY NUMBER _____

POLICY HOLDER NAME _____

**Daily medication information is for medical emergency purposes only. Medications will only be administered with proper consent forms on file. Please request consent forms from the Front Desk if necessary.*

Any daily medications* *(check one):* Yes No

If yes, please explain: _____

Any known allergies *(check one):* Yes No

If yes, please explain: _____

Any physical limitations and/or medical conditions

(check one): Yes No

If yes, please explain: _____

Disabilities *(check one):*

None Physical Developmental Learning

