



BOYS & GIRLS CLUB
OF THE BEMIDJI AREA

P.O. Box 191
Bemidji, MN 56619

The Positive Place For Kids

MEMBERSHIP INFORMATION FORM 2009

Do **NOT** Complete – For Staff Use Only:

Previous Member? ___ Yes ___ No Membership Fee (\$10) Paid? ___ Yes ___ No
Orientation Date: / / Circle One: Cash or Check#

NEW MEMBERS: All new members must attend an orientation with a parent or guardian prior to becoming a member of the Boys & Girls Club of the Bemidji Area. Please bring this completed membership application and \$10 fee to the orientation. Orientations are held every Monday at 5:00 p.m.

CONFIDENTIALITY: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

MEMBERSHIP FEE: \$10 per child, per calendar year or a max of \$30 per immediate family. Membership fees are non-refundable.

NEW HOURS: Starting in 2009 we will be modifying our standard hours as follows:

Elementary: Monday – Friday 2:50 until 6:00 p.m.

Middle School: Monday – Friday 2:50 until 7:00 p.m. & 7:00 until 10:00 p.m. every other Friday

High School: Monday – Friday 2:50 until 7:00 p.m., Tuesdays & Thursdays 7:00 until 9:00 p.m. and 7:00 until 10:00 p.m. every other Friday

HOW DID YOU HEAR ABOUT US?

MEMBER/CHILD'S INFORMATION (please print)

Name	<input type="text"/>		
	FIRST	MIDDLE	LAST

Nick Name	<input type="text"/>	Date of Birth	/ /	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Street Address	<input type="text"/>		
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City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
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Phone	<input type="text"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	<input type="checkbox"/> Other _____
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Ethnicity	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic Origin		
	<input type="checkbox"/> American Indian or Alaska Native (Tribe: _____)			<input type="checkbox"/> White	<input type="checkbox"/> Other	<input type="checkbox"/> Two or More

School	<input type="text"/>	Grade	<input type="text"/>
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Check all that apply:

<input type="radio"/> TANF	<input type="radio"/> Veterans Compensation
<input type="radio"/> Food Stamps	<input type="radio"/> Day Care Voucher
<input type="radio"/> General Assistance	<input type="radio"/> School Lunch Program
<input type="radio"/> SSDI	<input type="radio"/> Medicaid
<input type="radio"/> SSI	

Household Type:

Extended Family

Family

Group Home

Non-family

Family Size:

Family Income:

<input type="radio"/> \$0-\$5,000	<input type="radio"/> \$32,001-\$40,000
<input type="radio"/> \$5,001-\$12,000	<input type="radio"/> \$40,000+
<input type="radio"/> \$12,000-\$22,000	<input type="radio"/> Not Reported
<input type="radio"/> \$22,001-\$32,000	

Family Setting:

Foster parent(s)

Relative (specify) _____

Single parent

Two parent

Other (specify) _____

FIRST PARENT/GUARDIAN INFORMATION (please print)

Name	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	FIRST LAST			
Street Address	<input type="text"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____
City	<input type="text"/>	State	<input type="text"/>	Zip
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>	Cell Phone
Employer	<input type="text"/>	E-mail	<input type="text"/>	<input type="text"/>

SECOND PARENT/GUARDIAN INFORMATION (please print) *If a single parent home, please write "same as above".*

Name	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	FIRST LAST			
Street Address	<input type="text"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____
City	<input type="text"/>	State	<input type="text"/>	Zip
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>	Cell Phone
Employer	<input type="text"/>	E-mail	<input type="text"/>	<input type="text"/>

MEDICAL INFORMATION ON CHILD (please print)

Insurance Company	<input type="text"/>	Policy Number	<input type="text"/>
Physician	<input type="text"/>	Phone	<input type="text"/>
		Hospital	<input type="text"/>
Medical Problem/Allergies:	Medications:	Disabilities:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

The Boys & Girls Club of the Bemidji Area also uses the following fields to learn more about your child. Please check one item from each group below, as applicable.

ADHD/ADD: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	EBD: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	AUTISTIC: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
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EMERGENCY CONTACTS

Name	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>

I have read the completed application, understand the rules of the Boys & Girls Club of the Bemidji Area and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of the Bemidji Area will not be responsible for any accident that may occur to them while they are on the Boys & Girls Club of the Bemidji Area premises or while engaged in any of its activities away from the Boys & Girls Club of the Bemidji Area. I give my consent for photographs and videos in which my son/daughter may appear, to be used in any way the Boys & Girls Club of the Bemidji Area may care to use them.

Parent or Legal Guardian Signature

Date