



BOYS & GIRLS CLUBS  
OF SCHENECTADY



New York  
21st Century Community Learning Centers  
SOARING BEYOND EXPECTATIONS

## Afterschool Program 2020-2021 CPMS School Membership Application Student/Member Information

START DATE: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_ Member Since: \_\_\_\_\_ Member ID# \_\_\_\_\_

Can Swim? ☐ Yes ☐ No Shirt Size? ☐ Small ☐ Medium ☐ Large ☐ X-Large

### Head of Household

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

Gender ☐ Male ☐ Female Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Employed? ☐ Yes ☐ No

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Other Parent/Guardian

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

Gender ☐ Male ☐ Female Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Employed? ☐ Yes ☐ No

Employer \_\_\_\_\_ Title \_\_\_\_\_ Occupation \_\_\_\_\_

### School and Work

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Student ID \_\_\_\_\_

Free or Reduced Lunch? ☐ No ☐ Free ☐ Reduced

Projected Date of Graduation? \_\_\_\_\_ Received: ☐ HS Diploma ☐ GED ☐ Did not complete

Is member working? ☐ Yes ☐ No If Yes, Place of Employment: \_\_\_\_\_

### Emergency Contact

Contact #1 Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Phone \_\_\_\_\_ Authorized for Pickup? ☐ Yes ☐ No

Contact #2 Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Phone \_\_\_\_\_ Authorized for Pickup? ☐ Yes ☐ No

Are there any custody issues? If yes, please specify: \_\_\_\_\_

### Medical Information

Health Insurance? ☐ Covered ☐ Not covered

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Medications? ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

Allergies? ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

Disabilities? ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

Epi-Pen? ☐ Yes ☐ No

Inhaler? ☐ Yes ☐ No

Other Health Problems, Restrictions or Concerns: \_\_\_\_\_

Permission to be treated by a Doctor/Hospital? ☐ Yes ☐ No

### Household Information

Family Setting: ☐ Single Parent ☐ Two Parent ☐ Legal Guardian ☐ Foster Home ☐ Other: \_\_\_\_\_

Housing Development? ☐ MacGathan ☐ Steinmetz ☐ Yates Village ☐ South Gate ☐ None

Active Military? ☐ Yes ☐ No DSS? ☐ Yes ☐ No

School Lunch? ☐ Free ☐ Reduced ☐ No TANF? ☐ Yes ☐ No

Food Stamps? ☐ Yes ☐ No Number in Household: \_\_\_\_\_

Medicaid? ☐ Yes ☐ No

Annual Income:

☐ \$0-14,999

☐ \$45,000-54,999

☐ \$85,000-94,999

☐ \$15,000-24,999

☐ \$55,000-64,999

☐ \$95,000-104,999

☐ \$25,000-34,999

☐ \$65,000-74,999

☐ Greater

☐ \$35,000-44,999

☐ \$75,000-84,999

than \$105,000

Member lives with:

☐ Single Parent

☐ Grand-parent

☐ Foster Home

☐ Two Parent

☐ Legal Guardian

☐ Other \_\_\_\_\_

### Boys & Girls Clubs of Schenectady Member Expectations

The Boys & Girls Clubs of Schenectady requires each parent/guardian to review and discuss these member expectations with their child.

- Play fairly and be honest
- Be respectful of staff and others
- Resolve disagreements in a positive manner
- Follow all rules that apply to my Clubhouse
- Respect and care for equipment
- Say only good things about others
- Bring my membership card each day
- Use appropriate language

### Parent Agreement

I understand and agree that the BOYS & GIRLS CLUBS of SCHENECTADY shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BOYS & GIRLS CLUBS of SCHENECTADY, or in connection with any activities of any of its branches or day camp. **I further understand that this is a drop-in program and my child may come and go as s/he pleases unless stated otherwise in specific written program agreements.** In the event of a medical emergency I understand every effort will be made to contact a parent or guardian. If I cannot be reached, I grant permission to the physician selected by staff to hospitalize, secure proper treatment, and order injection, anesthesia or emergency surgery for my child named above. I give my consent for any photographs, in which my child may appear, to be used in promotion of BOYS & GIRLS CLUB activities by the news media or the BOYS & GIRLS CLUBS OF SCHENECTADY. I give permission for release of school records, DSS and for my child to participate in surveys conducted by the BOYS & GIRLS CLUBS OF SCHENECTADY.

Date \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Childs name: \_\_\_\_\_

Attendance: Days I expect my child to attend: Mon\_\_Tues\_\_Wed\_\_Thurs\_\_Fri\_\_

**FOR OFFICE USE ONLY:**

Date Rcv'd \_\_\_\_\_ Amount Rcv'd \_\_\_\_\_ Receipt # \_\_\_\_\_ Rcv'dBy \_\_\_\_\_

Exp. Date \_\_\_\_\_ Membership # \_\_\_\_\_ New \_\_\_\_\_ Renew \_\_\_\_\_

Date Entered in DV \_\_\_\_\_ Enrollment # \_\_\_\_\_ Entered By Staff \_\_\_\_\_