



BOYS & GIRLS CLUBS
OF SCHENECTADY



New York
21st Century Community Learning Centers
SOARING BEYOND EXPECTATIONS

Afterschool Program 2020-2021
MPMS 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.

Revised 8/12/20

Date _____ Parent/Guardian Signature: _____

Child 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'd By _____

Exp. Date _____ Membership # _____ New _____ Renew _____

Date Entered in DV _____ Enrollment # _____ Entered By Staff _____