



**JOHN M. BARRY
BOYS & GIRLS CLUB
OF NEWTON**

675 Watertown Street Newton, MA 02460
Phone: (617) 630-2066 Fax: (617) 630-8999 www.newtonbgc.com

2017-2018 MEMBERSHIP APPLICATION

<p>Membership Category</p> <p><input type="checkbox"/> General Membership: Grades 1 to 8; \$125 per family per school year.</p> <p><input type="checkbox"/> Seasonal Membership: Fall and Spring; \$75 Winter; \$100</p> <p><input type="checkbox"/> Military/Veterans Families: FREE Membership (Documentation Required)</p> <p><input type="checkbox"/> Financial Aid is available:</p> <p>No child(ren) will be denied membership if they cannot afford to pay. Those seeking financial assistance should check the box, and fill out the scholarship form, and provide the needed information.</p>

Member Information

1. Name:		Middle Name:	Last Name:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:		Age:
School:		Grade:	Does he/she receive free/reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has Peanut/Nut Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child carries an Epi-Pen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child carries an Inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child is Insulin dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child is hearing impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child has (a) Hearing Aid(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has:	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Learning Disability	My child has an IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Other: _____	IEP is for:	<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Other: _____	

Are there any medical concerns that we should be aware of? (i.e. physical limitations or behavioral issues)

2. Name:		Middle Name:	Last Name:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:		Age:
School:		Grade:	Does he/she receive free/reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has Peanut/Nut Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child carries an Epi-Pen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child carries an Inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child is Insulin dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child is hearing impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child has (a) Hearing Aid(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has:	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Learning Disability	My child has an IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Other: _____	IEP is for:	<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Other: _____	

Are there any medical concerns that we should be aware of? (i.e. physical limitations or behavioral issues)

3. Name:		Middle Name:	Last Name:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:		Age:
School:		Grade:	Does he/she receive free/reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has Peanut/Nut Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child carries an Epi-Pen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child carries an Inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child is Insulin dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child is hearing impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	My child has (a) Hearing Aid(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has:	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Learning Disability	My child has an IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Other: _____	IEP is for:	<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Other: _____	

Are there any medical concerns that we should be aware of? (i.e. physical limitations or behavioral issues)

Members Pediatrician:	Phone:	Does member have insurance: Y [] - N []
Insurance Provider: _____	Policy Number: _____	

1. Parent/Guardian:	Live with: Y <input type="checkbox"/> N <input type="checkbox"/>	Address:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Employment:	Occupation	Email:	
2. Parent/Guardian:	Live with: Y <input type="checkbox"/> N <input type="checkbox"/>	Address: (If different)	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Employment:	Occupation	Email:	
Household Information:			
(Female) Single Parent Household <input type="checkbox"/>		Number of people in the household _____	
(Male) Single Parent Household <input type="checkbox"/>	SSI/SSDI <input type="checkbox"/>	Public Housing <input type="checkbox"/>	Subsidized Housing Voucher <input type="checkbox"/>
EBT <input type="checkbox"/>	Gen. Assistance <input type="checkbox"/>	Free or Reduced Lunch <input type="checkbox"/>	
Annual Income:			
Less than \$9000 <input type="checkbox"/>	\$10,000 - \$14,999 <input type="checkbox"/>	\$15,000 - \$24,999 <input type="checkbox"/>	\$25,000 - \$34,999 <input type="checkbox"/>
\$34,999 - \$44,999 <input type="checkbox"/>	\$45,000K-\$54,999 <input type="checkbox"/>	\$55,999 - \$64,999 <input type="checkbox"/>	\$65,000+ <input type="checkbox"/>
Ethnicity:			
African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/>			

Emergency Contacts: (In addition to parents/guardians)		
NAME	RELATIONSHIP	PHONE
1.		H/C/W
2.		H/C/W
<p>My child/ren may join the John M Barry Boys and Girls Club of Newton and participate in the activities offered at the Club. I understand that my child may be used in photos, videos, literature and news releases when taking part in Club events. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>I give permission for the Club to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys and Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>I give permission for the Club to seek emergency medical treatment for my minor if I cannot be reached. I will be responsible for any/all costs of all medical attention and treatment. I understand that I will assume full responsibility for any accidents incurred, thereby releasing the Boys and Girls Club of Newton, its' staff and its' directors of all liabilities. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>I hereby give my permission for my child to join The John M Barry Boys & Girls Club and to participate in all club activities. I certify that my child is fit and capable of participating in activities without restriction unless noted above. I hereby, for myself, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I or my child may have against The John M Barry Boys & Girls Club, its staff, and members of its Board of Directors, for any and all injuries suffered by during participation in Club sponsored activities. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Parents Signature: _____ Date: _____

OFFICE USE ONLY

Date received: Staff initials: Method of payment: [] CHECK [] CASH [] CREDIT Financial aid recipient: [] YES [] NO
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