



Boys & Girls Club of Lawrence
 136 Water Street
 Lawrence MA 01841
 (978)683-2747

NO REFUNDS

Date:
Receipt#
Fee: \$

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

ALL FIELDS REQUIRE A RESPONSE

MEMBER INFORMATION

First Name: _____ **Middle Init:** _____ **Last Name:** _____ **D.O.B.** ___/___/___
Home Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Gender: M/F/other ___ **New Member:** YES ___ NO ___ (if NO, Enter start date) **Member Since:** ___/___/___
Home Phone: _____ **Mobil Phone:** _____ **Member E-Mail:** _____

SCHOOL INFORMATION

School Name: _____ **Current Grade:** _____ **School Lunch or ID#:** _____
School Type: Public ___ Charter ___ Parochial ___ Home ___ Private ___ **High school graduation year:** _____
Does your child attend the Club's LPS Enrichment Program: Yes ___ No ___

MEDICAL INFORMATION

Primary Care Practice Name: _____ **Primary Care Physician** _____
Address: _____ **Phone Number:** _____
Medical Disabilities: ADD ___ ADHD ___ ALLERGIES ___ ASTHMA ___ AUTISM/ASPERGER'S ___ DIABETES ___
 HEARING IMPAIRED ___ LEARNING DISABILITY ___ MOBILITY IMPAIRED ___ VISUALLY IMPAIRED ___
 OTHER _____
Allergies & Medications: _____
Any behavioral needs: YES ___ NO ___ **If YES Name of Agencies Providing Service:** _____
Case Worker Name _____ **Phone Number** _____
Permission to administer basic first aid: YES ___ NO ___

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (1): _____
Relationship: Mother ___ Father ___ Grand Parent ___ Foster ___ Aunt/Uncle ___ Guardian ___
Parent/Guardian Phone: _____ **Other Phone** _____
E-Mail: _____ **Parent/Guardian former Member** YES ___ NO ___
Employer Name: _____ **Annual Income:** \$ _____
Parent/Guardian Name (2): _____
Relationship: Mother ___ Father ___ Grand Parent ___ Foster ___ Aunt/Uncle ___ Guardian ___
Parent/Guardian Phone: _____ **Other Phone** _____
E-Mail: _____ **Parent/Guardian former Member** YES ___ NO ___
Employer Name: _____ **Annual Income:** \$ _____

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EMERGENCY CONTACT INFORMATION

Emergency Contact Name (1): _____

Relationship: Family ___ Guardian ___ Mentor ___ Coach ___ Case Worker ___ Neighbor ___ Other ___

Home Phone: _____ Mobil Phone _____

Emergency Contact Name (2): _____

Relationship: Family ___ Guardian ___ Mentor ___ Coach ___ Case Worker ___ Neighbor ___ Other ___

Home Phone: _____ Mobil Phone: _____

HOUSEHOLD INFORMATION

Ethnic Background: American Indian ___ Asian ___ Black/African American ___ Hispanic/Latino ___
Native Hawaiian/Pacific Islander ___ White ___ Multi Racial ___ Other ___ Unknown ___

Member Lives with: Both Parents ___ Mother ___ Father ___ Aunt ___ Uncle ___ Grand Parents ___ Guardian ___
Other _____

Single Parent Household: YES ___/NO ___ Family Size (Please circle): 1 2 3 4 5 6 7 8 More _____

Marital status of Parent/Guardian: Single ___ Married ___ Divorced ___ Widowed ___ Unknown ___

School Lunch status: Free ___ Reduced Price ___ Neither ___ Unknown/Not Reported ___

PERMISSIONS

OPEN DOOR POLICY

Which means that the members may enter and exit the building whenever they please, the club is not responsible for members once they leave Boys & Girls club of Lawrence property.

I have explained to my child the BGCL "Open Door Policy" Yes ___ No ___

I have explained to my child the BGCL rules (Found in Handbook) Yes ___ No ___

I agree the BGCL is not responsible for any accident to the member if she/he leaves the BGCL premises voluntarily during program hours Yes ___ No ___

Permission to Video/Print/Photo Yes ___ No ___

Permission to be Surveyed Yes ___ No ___

Permission to participate in Mentoring Yes ___ No ___

Permission to access school report card Yes ___ No ___

Permission to participate in Club activities Yes ___ No ___

Permission for supervised internet use Yes ___ No ___

Does your child know how to swim Yes ___ No ___

Signature of Parent/Guardian: _____ Date: _____

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