



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. Including virtual activities such as ZOOM and Google Classroom Yes \_\_\_ No \_\_\_

Does your child know how to swim Yes \_\_\_ No \_\_\_

Has your Child received the Covid Vaccination First Dose \_\_\_ Fully Vaccinated \_\_\_

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

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