

All information collected in this form is confidential and will only be seen by specifically designated adult staff. This information is essential for WEHBGC funding purposes and to assist in better serving your child.

PLEASE PRINT

**WEST END HOUSE BOYS & GIRLS CLUB
ANNUAL MEMBERSHIP APPLICATION (Ages 7-18)
SCHOOL YEAR 2008 – 2009**

**\$15.00 annual membership fee
(money order only please!)**

GENERAL INFORMATION ABOUT CLUB MEMBER

First Name: _____ Last Name: _____ Middle Initial: _____
Gender: Male Female Date of Birth: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Social Security #: _____ Country of Birth: U.S. born Other _____ Years in US: _____
Race/Ethnicity (check all that apply): Black Asian Brazilian Caucasian Latino Caribbean Islands
Multi-Racial Native American Pacific Islander Other _____
Height: _____ Weight: _____ Skin color: _____ Eyes: _____ Hair: _____

SCHOOL INFORMATION

Current School: _____ Current Grade: _____
Type of School: Public Charter Parochial Private GED Exam METCO Alternative Other _____
School Lunch Verification/Child Eligible for: Free Lunch Reduced Lunch Not eligible

HOUSEHOLD INFORMATION

Child lives with (please check all that apply)
Both Parents Mother only Father only Aunt/Uncle Sister/Brother Grandparent
Guardian Foster parent Step Parent(s) Other _____
Number of people living in household: _____
Number of siblings:
Brothers/Step-Brothers: Ages: 7-9 _____ 10-12 _____ 13-15 _____ 16-18 _____
Sisters/Step-Sister: Ages: 7-9 _____ 10-12 _____ 13-15 _____ 16-18 _____
Country born in: Mother _____ Father: _____

CONTACT INFORMATION

Parent/Guardian 1 Name: _____ Home Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: (____) _____ Pager: (____) _____ Work Phone: (____) _____
Email: _____
Occupation: _____ Employer: _____
Parent/Guardian 2 Name: _____ Home Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: (____) _____ Pager: (____) _____ Work Phone: (____) _____
Email: _____
Occupation: _____ Employer: _____

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MEDICAL INFORMATION

Emergency Contacts (please specify 2 people, other than parents or guardians, we can contact if we cannot reach you):

Emergency Contact Name #1: _____ Home Phone: (____) _____

Relationship to Member: _____ Work Phone: (____) _____ Cell phone (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name #2: _____ Home Phone: (____) _____

Relationship to Member: _____ Work Phone: (____) _____ Cell phone (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Personnel

Doctor: _____ **Phone:** (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Clinic: _____ **Phone:** (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Health Insurance: BC/BS Harvard Pilgrim NHP Mass Health Tufts Free Care Other _____

Medical Information: (for reference in the event on an emergency)

Asthma No Yes

Allergies No Yes please specify: _____

Food Allergies No Yes please specify: _____

Physical Restrictions No Yes please specify: _____

Learning Disabilities No Yes please specify: _____

Medications No Yes please specify: _____

The completed application is factual and accurate to the best of my abilities. I understand that the West End House is not responsible or liable in any way in the event of harm or injury to my child. It is agreed that the parent or guardian will not hold the West End House responsible for the welfare or whereabouts of the child.

I give my consent for the use of my child's photograph, audio records, or other created works and name to be used in publicity events for the West End House when done responsibly and without coercion.

In the event of injury, or should emergency care be required and I can not be reached, I authorize staff from the West End House Boys and Girls Club to sign for emergency medical attention for my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Signature of Club Member: _____ Date: _____

For Office Use Only

Membership Number: _____ Join Date: _____ Fee paid: _____ Scholarship

Expiration Date: _____ New Renewal Data Entry Person: _____ Date Entered: _____

Birth certificate on File: yes no Lunch Verification on File: free reduced not eligible

Club member photo on file: yes no Date photo taken: _____

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the food stamp, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.*

Signature of Adult: _____ Social Security Number: _____ - _____ - _____

Are you a family day care home provider applying for Tier I benefits? Y N

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

Privacy Act Statement: Unless you list the child's food stamp or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or TANF office to determine current certification for food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation- violations of certain Federal, State and local education, health and nutrition programs.

6. ETHNIC AND RACIAL IDENTITY: You are not required to answer these questions. If you choose to do so:

• Please mark one or more of the following ethnic identities:

Hispanic or Latino Non-Hispanic or Latino

• Please mark one or more of the following racial identities:

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

For Official Use Only:

Centers

Food Stamp/ TANF household categorically eligible free: Yes No

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12

Total monthly income: _____ Household size: _____

Eligibility Classification: Free ____ Reduced Price ____ Paid ____ Temporary: Free ____ Reduced Price ____
Time Period: _____

Family Day Care

Food Stamp/TANF or other eligible benefit program (*child enrolled in Tier II homes only*) household categorically eligible

Yes No

Total monthly income: _____ Household size: _____

Eligibility Classification: Tier I ____ Tier II ____

Determining Official: _____

Signature: _____ Date: _____

