

PLEASE PRINT

WEST END HOUSE BOYS & GIRLS CLUB
ANNUAL MEMBERSHIP APPLICATION (Ages 8-18)
SCHOOL YEAR 2010 - 2011

\$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: _____

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. 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.

Admission is open to all regardless of race, color, national origin, sex, age or disability. 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.

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: _____

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

Names of household members (First, Middle Initial, Last)	School Name for Each Child	[State SNAP], [FDPIR] or [State TANF] case number for any member of the household. If you list a case number, skip to Part 5	CHECK IF NO INCOME
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #] HOMELESS MIGRANT RUNAWAY

PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Check if no income. Skip to Part 5.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian

American Indian or Alaska Native

Black or African American

White

Native Hawaiian or other Pacific Islander

DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year _____			
Household size	Yearly	Monthly	Weekly
1			
2			
3			
4			
5			
6			
7			
8			
Each additional person:			

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "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, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."