

Membership Information Form



BOYS & GIRLS CLUBS
OF METRO ATLANTA

For Office Use Only:

Member ID []	Status New [] Renew []	Scholarships	
Data Entry		Need	Amount
Received []	[]	Hardship []	Membership []
Entered []	[]	Staff []	Summer []
Receipt # []	[]	DHR Referral []	Partial []
Membership Dates		Other []	[]
Start []	[]	Source	
Termination []	[]	Amerigroup []	Military/BGCA []
Initial []	[]	Goizueta []	Housing Auth. []
		JC Penney []	Weed & Seed []
		CAPS []	Other []
		FRESH []	

Member Information (Please Print)

First Name: []	Middle Name: []	Last Name: []
Name of Person Member Lives With: []	Home Phone Number: []	Emergency Contact Name: []
Home Address: []		Emergency Phone & Extension: []
City: []	County: []	State: []
Postal Code: []	Email Address: []	

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE: [] []	Age: []	ETHNICITY: (CIRCLE ONE) African American Asian American Caucasian Hispanic Multi-Racial Native American Other	
School: []	Grade: []	Number of Family Members Living in Household []		HOUSEHOLD TOTAL: []
Name of School: []	Lives With: (Circle One) Aunt/Uncle Both Parents Father Foster Care/DFACS Mother Grandparent(s) Other _____			
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: []	Name of Previous Boys & Girls Club: []	City, State: []	

Parent/Guardian

Father's First Name: []	Father's Last Name: []	Father's Work Phone & Ext: []
Father's Employer: []	Father's Occupation: []	Cell Phone: []
Mother's First Name: []	Mother's Last Name: []	Mother's Work Phone & Ext: []
Mother's Employer: []	Mother's Occupation: []	Cell Phone: []
Guardian's First Name: []	Guardian's Last Name: []	Guardian's Work Phone & Ext: []
Guardian's Employer: []	Guardian's Occupation: []	Cell Phone: []

Medical/Emergency

Medical Problems/Allergies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Medications: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Physician: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Physician Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Preferred Hospital or Clinic: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Hospital Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Insurance Company: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Insurance Policy Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Can Member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Pick up Information

Names of <u>two</u> Persons Authorized to pick up Member.			
1.) First Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
2.) First Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Persons Not Authorized: First Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

Confidential The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Medicaid Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	CHECK ALL THAT APPLY: Disability(s):												
ANNUAL HOUSEHOLD INCOME: (CIRCLE ONE)	<input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">\$10,000 or below</td> <td style="width:50%; text-align: center;">\$32,051 – \$35,600</td> </tr> <tr> <td style="text-align: center;">\$10,001 - \$15,000</td> <td style="text-align: center;">\$35,601 - \$38,450</td> </tr> <tr> <td style="text-align: center;">\$15,001 – \$24,900</td> <td style="text-align: center;">\$38,451 - \$41,300</td> </tr> <tr> <td style="text-align: center;">\$24,901 - \$28,500</td> <td style="text-align: center;">\$41,301 - \$44,150</td> </tr> <tr> <td style="text-align: center;">\$28,501 - \$32,050</td> <td style="text-align: center;">\$44,151 - \$47,000</td> </tr> <tr> <td></td> <td style="text-align: center;">Over \$47,000</td> </tr> </table>	\$10,000 or below	\$32,051 – \$35,600	\$10,001 - \$15,000	\$35,601 - \$38,450	\$15,001 – \$24,900	\$38,451 - \$41,300	\$24,901 - \$28,500	\$41,301 - \$44,150	\$28,501 - \$32,050	\$44,151 - \$47,000		Over \$47,000	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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	Over \$47,000												
Club Defined Confidential Notes:													
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____													

I give the Boys & Girls Club my consent to use photographs, in which my child may appear. I consent to my child participating in outcomes measurements, which include taking surveys and the copying of my child's report card which will be kept confidential.

Parent or Guardian Signature

Club Member's Signature

Date: Month _____ Day _____ Year _____

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