ELEMENTARY MIDDLE SCHOOL

	Full-Time (\$50) - 3 to 5 days/week
1	Part-Time (\$30) -

1 to 2 days/week

Full-Time (\$35) 3 to 5 days/week
Part-Time (\$20) 1 to 2 days/week





TERM: Fall

YEAR: 2025

MEMBERSHIP #:

MEMBERSHIP APPLICATION

Please note: All information is mandatory. Failure to complete the entire form may result in denial of membership. All information is kept confidential.

		ial of membership. All information is ke FORMATION	pr connacitiat.				
First Name:			Last Name:				
Address:	City:	State:	Zip:				
Phone Number:	Date of Birth:	Age:	_ Male _ Female				
Race/Ethnicity: African American American Indian Anglo Asian Hispanic Multi-Racial Other:							
			MILITARY FAMILY:				
Con shild swim2 — Voc — No	-Now Marshar	-Manuban Cinara	□No □Current □Retired				
Can child swim? Yes No	New Member	Member Since:	Branch:				
2024-2025 SCHOOL INFORMATION		MEDICAL INFORMATION	N				
School:	-	Phone					
	Insurance carrier:		dicaid				
Grade:	In the event of an emergency transport my child to: Memorial Medical Center Mountainview Regional Medical Center						
Teacher:	Allergies:	→ Mountainview Re	egional Medical Center				
School Lunch: Free Reduced No Assistance		:					
(6)\$29,421 - \$33,740	(2)\$12,141 - \$16,460	□ (8)\$38,061 - \$42,380 □ Other:	25,100				
l							
Highest Level of Education Some High School High School Diploma/GED In Household: Some College, Associates, or Vocational Degree Bachelor's Degree or Higher Single Parent Household: Yes No Food Stamps: Yes No # of Residents in Home: # of Bedrooms in Home:							
HEAD OF HOUSEHOLD INFOR	RMATION	OTHER PARENT/GUARD	DIAN INFORMATION				
Full Name:		Full Name:					
Phone:Work:		Phone: Work:					
E-Mail Address:		E-Mail Address:					
Employer:		Employer:					
Job Title:		Job Title:					

Phone:			Full Name:		
	Phone: Work:		Phone: Work:		
Relationship to Member:			Relationship to Member:		
OPTIONAL OTHER C	ONTACTS (Ple	ase list any others who	have permission to pick (up your child from the Boys & Girls Club)	
Full Name:		Full Name:		Full Name:	
Phone:		Phone:		Phone:	
By completing this members	ership application	on and signing belo	w I,		
parent/guardian of		Cl	lub member,		
not responsible for the cost of tr 5. Understand that it is my respons 6. Understand that BGCLC is NOT, will from the program. While BG leaving the Club if they so desire 7. Understand that BGCLC does no suspended or revoked. BGCLC w 8. Understand that all BGCLC staff that should I, as a parent of a Cli my service. 9. Allow my child to be transported	reatment for personal sibility to inform my or nor does it claim to be CLC will strongly ender the control of t	al injury; nor is BGCLC liable child as to whether or not be a licensed daycare cer courage children to remains are not aware of this post any child, but does have every member to ensure enbers and Club volunteer ect or mistreat any staff recCLC event, activity or emportation. While BGCLC decided as to whether the course of the course o	ble for any personal injury the/she may leave the Club ter. BGCLC has an open-din within Club boundaries oblicy, so do not draw on it. The rules and discipline policy respect so that such extress should be treated with the member, Club member, or ergency.	b and with whom they may leave. loor policy, which allows children to come and go a or activities, BGCLC does not prevent children fron cies, which can result in a child's membership beir	