

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 2007 – 2008**

**\$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: _____

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.

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: _____