

MEMBERSHIP INFORMATION FORM

Boys & Girls Club of Clifton
822 Clifton Avenue
Clifton, NJ 07013
(973) 773-2697 - Front Desk
(973) 773-3103 - Fax

Memberships are valid 1 year from date joined. Please fill out all information!

Dues: \$40.00 for 1 Member \$30.00 for each additional child(ren)

Memberships are non-refundable

If all information is not filled out Membership will be VOID

Member Information: (Please Print)

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Home Phone Number: _____

Birth Date: _____

Gender: Male Female Can Child Swim: Y N

Transgender Non-Binary

School: _____

City: _____

Grade: _____

Special Class: _____

Ethnicity:

- African American
- American Indian
- Asian
- Caucasian
- Hispanic
- Multi-Racial
- Other

Medical Information:

Name of Doctor _____

Phone Number: _____

Allergies and/or Medications:

INCOME LEVEL

Family Size: _____

Family Income: Check One

Under 25,700	Under 39,650	Under 48,450	Under 63,000	Under 75,900	Under 97,200
Under 29,400	Under 42,600	Under 49,000	Under 66,100	Under 80,800	Under 100,400
Under 33,050	Under 42,850	Under 55,100	Under 71,000	Under 81,000	Under 111,600
Under 36,700	Under 45,550	Under 61,200	Under 72,000	Under 90,000	Over 118,800

Head of Household (Please Print)

First Name: _____

Last Name: _____

Gender:

Male Female

Address: _____

(Line 1) _____

(Line 2) _____

(City) _____ (State) _____ (Zip) _____

Phone Number: _____

Phone Type:

ext. _____

Home

Work

Cell

ext. _____

Home

Work

Cell

E-Mail Address: _____

E-Mail Type: Home Work

Employer: _____

Job Title: _____

Occupation: _____

Family Setting:

- Divorced Single Parent Single
- Separated Married Other

Other Parent / Guardian (Please Print)

First Name: _____

Last Name: _____

Gender:

Male Female

Address:

(Line 1) _____

(Line 2) _____

(City) _____

(State) _____

(Zip) _____

Phone Number:

Phone Type:

Ext. _____

Home

Work

Cell

Ext. _____

Home

Work

Cell

E-Mail Address: _____

E-Mail Type: Home Work

Employer: _____

Job Title: _____

Occupation: _____

Pick Up Information: (Please Print)

Two people authorized to pick up member - NOT A PARENT/GUARDIAN

1.) **First & Last Name:** _____

Relationship: _____

2.) **First & Last Name:** _____

Relationship: _____

Phone Number: _____

Phone Number: _____

For the Boys & Girls Club of Clifton to maintain programs at the lowest cost to parents we apply for federal funding when available. To receive this funding we must supply them with information including income levels of our membership. We ask for your voluntary cooperation by completing the form below so we can continue to provide our services to the youth of Clifton at an affordable cost to the families.

Check all that Apply

TANF

Veterans Compensation

Food Stamps

Day Care Voucher

General Assistance

School Lunch

SSDI

Medicaid

SSI

4C's

Have you ever been involved in the Boys & Girls Club of Clifton? YES NO

If yes, what years _____

Would you like to be on our Alumni Mailing list? YES NO

I, _____ do hereby give my son/daughter _____ permission to attend and/or participate in activities, including bus trips to the park and walking trips within the neighborhood, sponsored by the Boys & Girls Club of Clifton, it's employees, associates and contributors, in further consideration of the benefits to be gained by our child we covenant that we will never institute any action by law against the Boys & Girls Club of Clifton, Inc., it's agents, servants and employees, on account of any injury or other loss or damage sustained by our child's participation. Furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child's photograph or any reproductions of them, for editorial illustration, advertising or non-profit promotional purposes. I also consent to the use of my name in connection therewith.

Parent/Guardian Signature: _____

Date: _____

No Digital Signatures, you must print this Completed document and Physically sign & date it before submitting it.

FOR OFFICE USE ONLY

MEMBERSHIP

NEW

CURRENT

LAPSED

OFFICE

ID NUMBER: _____

DATE ENTERED: _____

ENTERED BY: _____

DATE: _____

RECEIPT #: _____

AMOUNT: _____

INITIALS: _____