

Membership Information Form



Clinton County Boys & Girls Club

cbbgc@accs.net

1100 W. Green St.

Frankfort, IN 46041

P: (765) 659-3520

F: (765) 659-5665

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Gender:

 Male Female

Family Income:

- \$12,001-\$15,000
- \$15,001-\$19,000
- \$19,001-\$23,000
- \$23,001-\$28,000
- \$28,001-\$32,700
- \$32,701-\$37,500
- \$37,501-\$42,000
- \$42,000-\$45,000
- \$9,000-or Below
- \$9,001-\$12,000
- Over \$45,000

Address:

(Line 1)
(Line 2)
(City)
(State)

Address Type:

 Home Work _____
(Zip Code)

Phone Number:

 () - () -

Phone Type:

 Home Work _____ Home Work _____

Family Size:

Employer:

Job Title:

Occupation:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

 Male Female

Address:

(Line 1)
(Line 2)
(City)
(State)

Address Type:

 Home Work _____
(Zip Code)

Phone Number:

 () - () -

Phone Type:

 Home Work _____ Home Work _____

Employer:

Job Title:

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:

Last Name:*

Nick Name:

Birth Date:

Social Security Number::

Gender:*

Male
 Female

Ethnicity:

African-American Chinese Hispanic
 Multi-Racial
 Native American Other Unknown White

Membership Type:*

After School Care
 Full Scholarship
 Full Time
 Membership
 Partial Scholarship
 Summer Camp

Pick up Authorization Password:

School:*

Grade:*

Family Setting:

1 Parent 2 Parent
 Foster Parents Grandparent
 Guardian Unknown

Referring Organization:

Children & Family Services Newspaper Other Members
 Preservation Partners School

Check all that Apply:

TANF
 Food Stamps
 General Assistance
 SSDI
 SSI
 Veterans Compensation
 Day Care Voucher
 School Lunch
 Medicaid
 Can Swim

Address:

(Line 1)

(Line 2)

(City)

(State)

Address Type:

Home

Work _____

(Zip Code)

Phone Number:

() -

Phone Type:

Home Work _____

Member Medical Information (Please Print)

Insurance Company:

Insurance Policy Number:

Medications:

Medical Problems/Allergies:

Physician:

Physician Phone:

Disabilities:

Hospital:

Hospital Phone:

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

()

-

Home

Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

2.) First Name:

Last Name:

()

-

Home

Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

I have read the completed application, understand the rules of the Clinton County Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Clinton County Boys & Girls Club will not be responsible for any accident to the boy/girl while on the Clinton County Boys & Girls Club premises or while engaged in any of its activities away from the Clinton County Boys & Girls Club. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Clinton County Boys & Girls Club may care to use them.

Parent or Guardian Signature

Member's Signature

Date