



Membership Information Form

All Information Will Be Held In Strict Confidence

Confidentiality: Any information requested is strictly for our records and for funding Organizations. The answers you provide will be kept completely confidential. Your cooperation in providing this information is greatly appreciated.

1. Head of Household (Please Print)

First Name:

Last Name:

Gender:

Male

Family Income:

- \$12,740 or below
- \$12,741 - \$17,160
- \$17,161 - \$21,580
- \$21,581 - \$26,000
- \$26,001 - \$30,420
- \$30,421 - \$34,840
- \$34,841 - \$39,260
- \$39,261 - \$43,680
- \$43,680 or above

Address As It Appears On The Mailbox

(Line 1)

(Line 2)

(City)

(State)

Address Type:

Home

Work

Other

(Zip Code)

Phone Number:

Phone Type:

Home

Work

Home

Work

Family Size:

E-Mail Address:

E-Mail Type:

Home

Work

Employer:

Job Title:

Occupation:

2. Other Parent / Guardian (Please Print)

First Name:

Last Name:

Gender:

Male

Female

Address As It Appears On The Mailbox

(Line 1)

(Line 2)

(City)

(State)

Address Type:

Home

Work

Other

(Zip Code)

Phone Number:

Phone Type:

Home

Work

Home

Work

E-Mail Address:

E-Mail Type:

Home

Work

Employer:

Job Title:

Occupation:

New ____
Renew ____

AGE _____

Office Use Only:
Kidtrax ID Number: _____
Birth Certificate # _____
____ Physical __ In __ Out Date _____
____ Dental __ In __ Out Date _____
____ Immunization ____ Food Form
____ Parent Orientation ____ Medical Release

Member Information (Please Print)

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Nick Name: _____ **Birth Date:** _____ **Social Security Number:** _____

Gender:
 Male

Ethnicity:
 Asian African American Hispanic
 Other Caucasian

Membership Type:
 After School Care
 Summer Camp

School: _____ **Grade:** _____

Household Type:
 1 Parent Family
 2 Parent Family
 Foster Care

Family Setting:
 Both Parents Mother Father Grandparents
 Aunt / Uncle Sister / Brother Foster Parents Other

Referring Organization:

Address:
(Line 1) _____
(Line 2) _____
(City) _____ (State) _____

Address Type:
 Home
 Work
 Other
(Zip Code) _____

Phone Number:
() _____ - _____

Phone Type:
 Home Work

Siblings in Household:

1. _____

Sex _____ Age _____ BCNY Member. _____
Yes / No

2. _____

Sex _____ Age _____ BCNY Member. _____
Yes / No

3. _____

Sex _____ Age _____ BCNY Member. _____
Yes / No

Member Medical Information (Please Print)

Insurance Company:

Insurance Policy Number:

Medications:

Medical Problems/Allergies:

Physician:

Physician Phone:

() - _____

Hospital:

Hospital Phone:

() - _____

Disabilities:

Pick Up Information (Please Print) People authorized to escort the member out of the clubhouse:

1.) First Name:

Last Name:

2.) First Name:

Last Name:

- Parent
- Guardian
- _____

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

- Parent
- Guardian
- _____

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

3.) First Name:

Last Name:

4.) First Name:

Last Name:

- Parent
- Guardian
- _____

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

- Parent
- Guardian
- _____

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

I have read the completed application; understand the rules of The Boys' Club of New York and request that my son be admitted into membership. I have explained the rules to my son and agree that The Boys' Club of New York will not be held responsible for any accident to the boy while on The Boys' Club of New York premises or while engaged in any of its activities away from The Boys' Club of New York. I give my consent for photographs, in which my son may appear, to be used as deemed necessary by The Boys' Club of New York.

Parent or Guardian Signature

Member's Signature

Date