



Has your child ever been a member of a Club?	Kidtrax ID	MEMBERSHIP DATES
<input type="checkbox"/> No <input type="checkbox"/> Yes – Where?	<input style="width:100%;" type="text"/>	Service: <input style="width:100%;" type="text"/>
<input type="checkbox"/> Renewing <input type="checkbox"/> Former <input type="checkbox"/> New <input type="checkbox"/> Transfer	Receipt:	Initial: <input style="width:100%;" type="text"/>
	<input style="width:100%;" type="text"/>	Termination: <input style="width:100%;" type="text"/>
		Renewal: <input style="width:100%;" type="text"/>

HEAD OF HOUSEHOLD (Please Print)

LAST Name:	FIRST Name:	Gender:	Family Income:
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> \$10,000 or Below <input type="checkbox"/> \$10,001 - \$15,000 <input type="checkbox"/> \$15,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$35,000 <input type="checkbox"/> \$35,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$45,000 <input type="checkbox"/> \$45,001 - \$50,000 <input type="checkbox"/> \$50,001 and Above
Address:		Address Type:	
<input style="width:100%;" type="text"/> (Line 1)		<input type="checkbox"/> Home	
<input style="width:100%;" type="text"/> (Line 2)		<input type="checkbox"/> Work	
<input style="width:100%;" type="text"/> (City)	<input style="width:100%;" type="text"/> (State)	<input style="width:100%;" type="text"/> (Zip)	<input type="checkbox"/> _____
Phone Numbers:		Email Addresses:	
<input style="width:100%;" type="text"/> (Home) () -	<input style="width:100%;" type="text"/> (Cell) () -	<input style="width:100%;" type="text"/> (Home)	
<input style="width:100%;" type="text"/> (Work) () -	<input style="width:100%;" type="text"/> (Other) () -	<input style="width:100%;" type="text"/> (Work)	
Employer:	Job Title:	Occupation:	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

PARENTS/GUARDIAN (Please Print)

LAST Name:	FIRST Name:	Gender:	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		Address Type:	
<input style="width:100%;" type="text"/> (Line 1)		<input type="checkbox"/> Home	
<input style="width:100%;" type="text"/> (Line 2)		<input type="checkbox"/> Work	
<input style="width:100%;" type="text"/> (City)	<input style="width:100%;" type="text"/> (State)	<input style="width:100%;" type="text"/> (Zip)	
Phone Numbers:		Email Addresses:	
<input style="width:100%;" type="text"/> (Home) () -	<input style="width:100%;" type="text"/> (Cell) () -	<input style="width:100%;" type="text"/> (Home)	
<input style="width:100%;" type="text"/> (Work) () -	<input style="width:100%;" type="text"/> (Other) () -	<input style="width:100%;" type="text"/> (Work)	
Employer:	Job Title:	Occupation:	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

MEMBER INFORMATION (Please Print)

LAST Name: <input style="width:100%;" type="text"/>		FIRST Name: <input style="width:100%;" type="text"/>		MIDDLE Name: <input style="width:100%;" type="text"/>	
Nick Name: <input style="width:100%;" type="text"/>		Birth Date: (Month) (Day) (Year)		Social Security Number: <input style="width:100%;" type="text"/>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other _____			
Membership Type: <input type="checkbox"/> After School Care <input type="checkbox"/> Full Scholarship <input type="checkbox"/> Full Time <input type="checkbox"/> Partial Scholarship <input type="checkbox"/> Summer Camp		School: <input style="width:100%;" type="text"/>		Grade: <input style="width:100%;" type="text"/>	
Household Type: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Family <input type="checkbox"/> Foster <input type="checkbox"/> Grandparents <input type="checkbox"/> Group Home <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> Sister/Brother <input type="checkbox"/> State <input type="checkbox"/> Unknown		Check all that apply: <input type="checkbox"/> TANF <input type="checkbox"/> SSDI <input type="checkbox"/> Day Care <input type="checkbox"/> Medicaid <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI Voucher <input type="checkbox"/> Can Swim <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> School Lunch Program			
Family Setting: <input type="checkbox"/> Foster <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Other <input type="checkbox"/> One Parent Family <input type="checkbox"/> Guardian <input type="checkbox"/> Unknown		Referring Organization: <input type="checkbox"/> Court <input type="checkbox"/> Friend <input type="checkbox"/> Other Organization <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School <input type="checkbox"/> Unknown			
Member Address: (Line 1) <input style="width:100%;" type="text"/> (Line 2) <input style="width:100%;" type="text"/> (City) <input style="width:100%;" type="text"/> (State) <input style="width:100%;" type="text"/> (Zip) <input style="width:100%;" type="text"/>				Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
Phone Numbers: (Home) () - (Cell) () - <input style="width:100%;" type="text"/>		Email Address: <input style="width:100%;" type="text"/>			

MEDICAL INFORMATION (Please Print)

Medications: <input style="width:100%; height: 50px;" type="text"/>		Medical Problems/Allergies: <input style="width:100%; height: 50px;" type="text"/>	
Physician: <input style="width:100%;" type="text"/>	Physician Phone: () - <input style="width:100%;" type="text"/>	Disabilities: <input style="width:100%; height: 50px;" type="text"/>	
Hospital: <input style="width:100%;" type="text"/>	Hospital Phone: () - <input style="width:100%;" type="text"/>		

PICK UP INFORMATION (Please Print)

Two people authorized to Pick up

1. First Name: <input style="width:100%;" type="text"/>		Last Name: <input style="width:100%;" type="text"/>		2. First Name: <input style="width:100%;" type="text"/>		Last Name: <input style="width:100%;" type="text"/>	
<input type="checkbox"/> Parent	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Guardian	<input type="checkbox"/> Primary Emergency Contact	<input type="checkbox"/> Parent	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Guardian	<input type="checkbox"/> Primary Emergency Contact
<input type="checkbox"/> Other _____	<input type="checkbox"/> Lives with Member	<input type="checkbox"/> Other _____	<input type="checkbox"/> Allow Account Payment	<input type="checkbox"/> Other _____	<input type="checkbox"/> Lives with member	<input type="checkbox"/> Other _____	<input type="checkbox"/> Allow Account Payment

I have read the completed application, understand the rules of the Boys & Girls Clubs of Northwest Indiana and give permission for my child(ren) to be admitted into membership. I have explained the rules to my child(ren) and agree that the Club will not be responsible for any accident to the child(ren) while on the Club's premises or while engaged in any of its activities away from BGCNWI. I understand that information in this application is confidential. I will provide verification upon request by the Club. I give my full permission and consent to BGCNWI to use and keep my child(ren)'s artwork; photographs or moving pictures they may take or produce at the Club' or photographs or moving pictures in which my child(ren) may appear. Refunds will only be issued three days after date of collection because the fee paid does not reflect the true cost of program services offered to members.

Parent/Guardian Signature

Club Member's Signature

Date