



BOYS & GIRLS CLUB
Of Greater Flint

3701 N. Averill Ave.
Flint, MI 48506
(810) 249-3413

Office Use Only:	
Club ID Number:	_____
KidTrax ID Number:	_____
Comments:	_____

Date:	_____

Membership Application

First Name:	Middle Name:	Last Name:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Emergency Contact other than parent or guardian:		Emergency Phone & Extension:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Birth Date:	Gender:	Member Status (Check One)
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> New Member
	<input type="checkbox"/> Female	<input type="checkbox"/> Renewing Member
		<input type="checkbox"/> Former Member
		<input type="checkbox"/> Non-Member
Ethnicity: (Circle One)		
African American	Hispanic	Native American
Asian or Pacific Islander	Multi-racial	Caucasian (White)
Other		
Home Address:		City:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
State:	Zip:	Home Phone Number:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
E-mail Address:		Name of Person Member Lives With:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Names of <u>Two</u> People Who Are Authorized to Pick up Club Member:		
1) <input style="width: 100%;" type="text"/>		2) <input style="width: 100%;" type="text"/>
School:		Grade:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Father's First Name:	Father's Last Name:	Father's Occupation:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Father's Employer:	Father's Work Phone & Extension:	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Mother's First Name:	Mother's Last Name:	Mother's Maiden Name:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mother's Employer:	Mother's Occupation:	Mother's Work Phone & Extension:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Guardian's First Name: Guardian's Last Name: Guardian's Occupation:

Guardian's Employer: Guardian's Work Phone & Extension:

Number of Sisters and Step-Sisters: Number of Brothers and Step-Brothers: Household Size: Medical Problems/Allergies (Please Print)

List All Medications Your Child is Taking:

Physician: Physician's Phone:

Preferred Hospital or Clinic: Hospital/Clinic Phone:

Do You Have Insurance? Yes No Insurance Company: Policy Number:

Has your child been a Member of the Boys & Girls Clubs previously? Yes No Number of Years: Which Club:

Child Lives With:

Birth Parents Mother Only Mother & Step Father Mother & Significant Other Adoptive Parents Father Only Father & Significant Other Father & Step Mother Other(Specify): _____

Please list your child's hobbies:

Is your child involved in any other Youth Programs? Yes No

Names of Other Programs

Does Your Child Know How To Swim? (Circle One) Yes No

The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Medicaid Number:

Family Setting: (Circle One) Married & Living together Divorced or Separated Parents never married One parent deceased Both parents deceased

Circle All Programs Which Apply:
 TANF SSDI SSI Day Care Voucher Food Stamps General Assistance School Lunch Program Veterans Compensation

Annual Household Income: (Circle One):

<input type="checkbox"/> \$0 - \$6,999	<input type="checkbox"/> \$7,000-\$14,999	<input type="checkbox"/> \$15,000-\$24,999
<input type="checkbox"/> \$25,000-\$34,999	<input type="checkbox"/> \$35,000-\$37,999	<input type="checkbox"/> \$38,000-\$40,999
<input type="checkbox"/> \$41,000-\$43,999	<input type="checkbox"/> \$44,000-\$46,999	<input type="checkbox"/> \$47,000-\$49,999
<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000+	

I have read the completed application, understand the rules of the Boys & Girls Club of Greater Flint and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of Greater Flint will not be responsible for any accident to the boy/girl while on the premises or while engaged in any of its activities away from the Boys & Girls Club of Greater Flint. I give my consent for photographs, in which my son/daughter may appear, to be used to promote the Club as approved the Boys & Girls Club of Greater Flint. I also agree that my child may complete annual outcome surveys that help measure the changes that occur in children as a result of being involved with the Boys & Girls Club. Lastly, I authorize the Boys & Girls Club to secure medical treatment for my child should an emergency occur.

Parent or Guardian Signature _____ Club Member's Signature _____ Date: Month _____ Day _____ Year _____

**FY06 BOYS & GIRLS CLUB OF AMERICA
 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
 Michigan Department of Human Services**

Name of Agency	Date of Service
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SECTION A — This section is to be completed by the Applicant.

Applicant	Case No. (if applicable)
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If you are not pregnant or do not have children in your home, you do not qualify.

Question 1: You must have at least one child living in your home, related by blood, marriage or adoption, who is under age 18 or 18 and attending high school full time.

Yes # Adults ____ # Children ____ If pregnant go to question 2

Question 2: My family is receiving the following assistance (Check all that apply. If you are not receiving any of these kinds of assistance, go to 3).

FIP MEDICAID WIC ▶ If you did not check any program, go to 3.
 FOOD STAMPS CHILD CARE ▶ If you checked any program, go to B.

Question 3: Circle your family size (from #1 above) on the chart and answer YES or NO to the question about your income. Income means the money you or other family members receive. Examples are: earnings before deductions, social security benefits, supplemental security income, other disability benefits, unemployment benefits, pensions or other retirement benefits, workers compensation, child support, etc.

If Your Family Size Is	Is Your Monthly Income Less Than	Yes	No	If Your Family Size Is	Is Your Monthly Income Less Than	Yes	No
1	\$1,595			6	\$4,312		
2	\$2,138			7	\$4,855		
3	\$2,682			8	\$5,398		
4	\$3,225			9	\$5,942		
5	\$3,768			10	\$6,485		

SECTION B — To the best of my knowledge, the information given above is accurate and complete.

Signature of Applicant:	Date:
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SECTION C — Determination of Eligibility — Completed by contractor, as specified in the contract.

Note: This family is eligible for TANF funding if yes is checked in Question 1 and any box is checked in Question 2 or a Yes box is checked in Question 3.

Is this family eligible for the TANF funded emergency food:

Yes No

Agency Contact Signature

AUTHORITY: Soc. Sec. Act, Title IV, Part A. COMPLETION: Required PENALTY: No TANF funding.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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Rules/Policies for Club Members and Guests

1. The Boys & Girls Club of Greater Flint has an open door policy. This means that it is the parent's responsibility to make sure that their child remains at the Club and does not leave the premises when you expect him or her to be there. We urge you to please emphasize this with your child, as the Boys & Girls Club of Greater Flint cannot be responsible for your child if he or she is not on the premises.
2. Members must show their Club card when they enter the Club. If Club members don't have their card they will need to purchase and OK pass for .25¢. Non-members may visit the Club up to three times as a guest. After 3 visits a membership is required. Lost or broken cards may be replaced for .75¢.
3. Members and guest should always follow the Four Club Rules:
 - Respect Others
 - Respect the Staff
 - Respect Yourself
 - Respect the Club
4. Members and guest are encouraged to use the Peace Options when resolving problems:
 - Compromise
 - Apologize
 - Get Help
 - Walk Away
5. All food and drinks are to be consumed in the cafeteria area only. Gum is not permitted at the Club.
6. Pagers, Cell Phones & Personal CD or Tape Players are not allowed at the Club. Members will be asked to turn these items into Staff. They will be returned when they leave the Club. Members who refuse will be asked to leave the facility.
7. The Boys & Girls Club of Greater Flint is not responsible for lost or stolen items.
8. Club members and guest should never swear or name-call.
9. Boys & Girls Club members when absent from school due to illness of any kind may not attend Club activities on those days, as it represents a threat to the health of others.
10. All members should help keep the Club neat and clean by throwing away garbage and putting away games after use.
11. Jackets, coats, gloves, or any exterior clothing must be kept in the coatroom and may not be worn around the building during Club hours.
12. Appropriate footwear must be worn at all times. (Tennis shoes are required to participate in the gym).
13. All prescription and non-prescriptions medication must be dispensed by Club staff. Medication must be accompanied by a signed and current Medicine Dispensing Agreement.

