



**BOYS & GIRLS CLUB  
OF BRAZORIA COUNTY**

**2008-2009  
Membership  
Application**

**Office Use Only**

Club ID # \_\_\_\_\_

Kid Trax # \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Name of Club: \_\_\_\_\_

|                           |                      |                    |                      |                  |                      |
|---------------------------|----------------------|--------------------|----------------------|------------------|----------------------|
| <b>Child's First Name</b> | <input type="text"/> | <b>Middle Name</b> | <input type="text"/> | <b>Last Name</b> | <input type="text"/> |
|---------------------------|----------------------|--------------------|----------------------|------------------|----------------------|

|                 |                      |                         |                      |                    |                      |
|-----------------|----------------------|-------------------------|----------------------|--------------------|----------------------|
| <b>Nickname</b> | <input type="text"/> | <b>Child's Birthday</b> | <input type="text"/> | <b>Child's Age</b> | <input type="text"/> |
|-----------------|----------------------|-------------------------|----------------------|--------------------|----------------------|

|                               |                  |                                    |  |
|-------------------------------|------------------|------------------------------------|--|
| <b>Gender</b><br>(circle one) | Male      Female | <b>Club Status</b><br>(circle one) | New      Former Member*<br>Current Member*<br>*If so, which one: _____ |
|-------------------------------|------------------|------------------------------------|--|

|                               |                      |  |                      |
|-------------------------------|----------------------|--|----------------------|
| <b>Emergency Contact Name</b> | <input type="text"/> | <b>Emergency Contact's Phone &amp; Extension</b> | <input type="text"/> |
|-------------------------------|----------------------|--|----------------------|

|                                  |  |
|----------------------------------|--|
| <b>Ethnicity</b><br>(circle one) | African-American    Asian    Caucasian    Hispanic    Multi-Racial    Native American    Other |
|----------------------------------|--|

|                     |                      |             |                      |
|---------------------|----------------------|-------------|----------------------|
| <b>Home Address</b> | <input type="text"/> | <b>City</b> | <input type="text"/> |
|---------------------|----------------------|-------------|----------------------|

|            |                      |              |                      |              |                      |
|------------|----------------------|--------------|----------------------|--------------|----------------------|
| <b>Zip</b> | <input type="text"/> | <b>Phone</b> | <input type="text"/> | <b>Email</b> | <input type="text"/> |
|------------|----------------------|--------------|----------------------|--------------|----------------------|

|  |                      |                               |                      |
|--|----------------------|-------------------------------|----------------------|
| <b>Name of Person Child Lives With</b> | <input type="text"/> | <b>Relationship to Child?</b> | <input type="text"/> |
|--|----------------------|-------------------------------|----------------------|

|                       |                      |              |                      |
|-----------------------|----------------------|--------------|----------------------|
| <b>Child's School</b> | <input type="text"/> | <b>Grade</b> | <input type="text"/> |
|-----------------------|----------------------|--------------|----------------------|

|  |   |                        |                      |
|--|---|------------------------|----------------------|
| <b>The information below is for</b> (check all that apply) | <input type="checkbox"/> Dad <input type="checkbox"/> Mother<br><input type="checkbox"/> Guardian <input type="checkbox"/> Step Father<br><input type="checkbox"/> Step Mother <input type="checkbox"/> Grandparent | <b>Child's Hobbies</b> | <input type="text"/> |
|--|---|------------------------|----------------------|

|                            |                      |                           |                      |                   |                      |
|----------------------------|----------------------|---------------------------|----------------------|-------------------|----------------------|
| <b>Father's First Name</b> | <input type="text"/> | <b>Father's Last Name</b> | <input type="text"/> | <b>Occupation</b> | <input type="text"/> |
|----------------------------|----------------------|---------------------------|----------------------|-------------------|----------------------|

|                          |                      |                   |                      |                   |                      |
|--------------------------|----------------------|-------------------|----------------------|-------------------|----------------------|
| <b>Father's Employer</b> | <input type="text"/> | <b>Work Phone</b> | <input type="text"/> | <b>Cell Phone</b> | <input type="text"/> |
|--------------------------|----------------------|-------------------|----------------------|-------------------|----------------------|

Mother's First Name  Mother's Last Name  Occupation

Mother's Employer  Work Phone  Cell Phone

Guardian's First Name  Guardian's Last Name  Occupation

Guardian's Employer  Work Phone  Cell Phone

Child's Medication  Medical Problems or Allergies

Physician  Physician's Phone

Preferred Hospital  Phone

Insurance  Company  Policy #

*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.*

Child's Social Security Number  Medicaid Number  Child's Family Setting (Check one)  Mother Only  1 parent/1 step  Father Only  2 parent family  Foster Care  Grandparents

Circle All Programs That Apply: AFDC, SSDI, SSI, Day Care Voucher, Food Stamps, General Assistance, School Lunch Program, Veterans Compensation

Annual Household Income  Enter an amount here OR circle the correct figure below  Number in Household

\$9,000 or below   \$9,0001-\$12,000   \$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   \$42,001-\$45,000   over \$45,000

Does child have Limited English Proficiency? (Circle one)  yes  no   If yes, what is home language?

Does child have a disability? (Circle one)  yes  no   If yes, what is it?

I have read the completed application, understand the rules of all Boys & Girls Club of Brazoria County (BGCBC) programs and request my son/daughter be admitted into membership. I explained the rules to my child and agree BGCBC will not be responsible for any accident to my child while on BGCBC premises or while engaged in any activities away from BGCBC.

Parent/Guardian Signature \_\_\_\_\_ Club Member's Signature \_\_\_\_\_ Date \_\_\_\_\_