



BOYS & GIRLS CLUB  
OF GREENWICH

**MEMBERSHIP  
2012**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

E-Mail Address: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current Teacher: \_\_\_\_\_

Ethnicity: African-American:  Asian:  Hispanic:  White:  Native America:  Multi-Racial:  Other:

My child has permission to be used in public relations materials: Yes:  No:

My child may participate in all Boys & Girls Club activities in or adjacent to the Club building: Yes:  No:

Child lives with: Mom  Step Mom  Dad  Step Dad  Grandparent  Other: \_\_\_\_\_

Current Single Parent: Yes:  No:  Number of People Living in Household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

IN EMERGENCY, NOTIFY: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

My child has permission to receive medical attention: Yes:  No:

The following people are permitted to pick up my child: \_\_\_\_\_

<b>Total Family Income:</b>	\$0 - \$10,000 _____	\$60,001 - \$70,000 _____
	\$10,001 - \$20,000 _____	\$70,001 - \$80,000 _____
	\$20,001 - \$30,000 _____	\$80,001 - \$90,000 _____
	\$30,001 - \$40,000 _____	\$90,001 - \$100,000 _____
	\$40,001 - \$50,000 _____	\$100,001 & Up _____
	\$50,001 - \$60,000 _____	

Does your child receive a free or reduced-cost lunch at school? Yes:  No:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yes! I would like support the Boys & Girls Club of Greenwich by making a donation: \_\_\_\_\_**

**FOR OFFICE USE ONLY:**

Amount: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_ Paid By: Cash Credit Card Check #: \_\_\_\_\_

Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ \*\$50 minimum for a card charge

