

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Member:

- Guardian Case Worker Family Member Grandparent
- Coach Neighbor Mentor Other: _____
- Emergency Contact Lives with Member? Yes No

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Address: _____

DEMOGRAPHIC INFORMATION

This information is collected for grant writing purposes ONLY! It helps us keep our memberships at the low cost of \$10.

Member Ethnicity

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiiin/Other Pacific Islander	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> White	<input type="checkbox"/> Other	<input type="checkbox"/> Missing/Refused/Unknown

Member Lives With (Primary Guardian)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Grandparents	
Single Parent Household? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

Size of Family

<input type="checkbox"/> 2 persons	<input type="checkbox"/> 3 persons	<input type="checkbox"/> 4 persons	<input type="checkbox"/> 5 persons
<input type="checkbox"/> 6 persons	<input type="checkbox"/> 7 persons	<input type="checkbox"/> 8 persons	<input type="checkbox"/> Other _____

Household Public Benefits

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> TANF	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Child Care Voucher		<input type="checkbox"/> Veterans Compensation	<input type="checkbox"/> None/Unknown	
School Lunch Status? <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Neither <input type="checkbox"/> Unknown/Not Reported				

Housing

<input type="checkbox"/> Section 7	<input type="checkbox"/> Section 8	<input type="checkbox"/> Public	<input type="checkbox"/> Low Income	<input type="checkbox"/> Emergency	<input type="checkbox"/> Other
Language Most Used: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> French <input type="checkbox"/> Other _____					

Household Annual Income (please write in amount and check box) \$ _____

<input type="checkbox"/> \$0 - \$9,999	<input type="checkbox"/> \$10,000 - \$14,999	<input type="checkbox"/> \$15,000 - \$24,999	<input type="checkbox"/> \$25,000 - \$34,999
<input type="checkbox"/> \$35,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> Over \$75,000	

Foster Child? Yes No

PERMISSIONS

- Program Release Consent? Yes No
- Permission for video/print/photo? Yes No
- Permission to be surveyed? Yes No
- Permission to participate in all Club activities? Yes No
- Permission to use computers? Yes No
- Permission to participate in mentoring? Yes No
- Permission to access school information? Yes No

Disclaimer

The Boys & Girls Club of Fall River is not responsible or liable in anyway in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Club of Fall River responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the club the Parent or Guardian agrees to pay for the Boys & Girls Club of Fall River's legal fees.

Contact's Signature: _____

Member's Signature: _____



BOYS & GIRLS CLUB
OF FALL RIVER

AUTHORIZATION TO GRANT ACCESS TO STUDENT INFORMATION

STUDENT NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

GRADE LEVEL _____ SCHOOL NAME _____

I give permission for the Fall River Public Schools to release the following information on my child to the Boys & Girls Club of Fall River. I understand the regular updates to this information will be provided to the Boys & Girls Club to allow authorized staff members to provide assistance as needed.

- Student Attendance Information
- Student Schedules
- Report Cards & Progress Reports
- MCAS and Standardized Testing Data
- Conduct Information
- IEPs, 504 Plans and Other Education Support Plans
- Contact Information

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PARENT / GUARDIAN NAME _____

The Boys & Girls Club of Fall River will take all precautions necessary to secure student records and agrees to only use the records for the intended purpose of assisting students with their school work and activities. Records will not be shared, sold or copied for any other group or organization and will not be used for solicitation purposes. Any request to end access to this information by will be granted when written notice by the parent or guardian is received.