



**BOYS & GIRLS CLUB
OF GREENWICH**

Membership

January 1, 2010 –December 31, 2010

MEMBERSHIP APPLICATION

In order to process your child's membership application we need to obtain the following information from you:

- ***Completed Membership Form –Must Be Completely Filled Out (2nd page)***
- **Medical Form** – Our medical form **MUST** be completely filled out and signed by a Physician or you can provide us with a copy of an existing physical. Physicals or Medical Forms must be dated within the last **18** months and must **include immunization record**.
- **Proof of Greenwich Residence** – Example: a utility bill, beach pass, lease or phone bill etc. (driver's license and checkbooks are **not** acceptable)
- **Copy of Birth Certificate** – Required only for **6** year old children to verify age.
- **Proof of Employment – (FOR NON-RESIDENTS ONLY)**
 - A current pay stub with your employer's name and address on it
 - Or
 - A notarized letter from your employer on company letterhead
- **Membership Fees:**
 - **\$20.00 (Resident of Greenwich)**
 - **\$120.00 (Non-Resident parent/guardian who is employed in Greenwich)**

***All Registrations must be done IN PERSON at the Boys & Girls Club
(Mon-Fri 9:00 a.m. to 6:00 p.m.) during the school year
(Mon-Fri 8:00 a.m. to 4:00 p.m.) during summer time
4 HORSENECK LANE
GREENWICH, CT 06830
(203) 869-3224
www.bgcg.org**



**BOYS & GIRLS CLUB
OF GREENWICH**

**MEMBERSHIP
2010**

Member # _____

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: _____

Total Family Income:	\$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: _____

FOR OFFICE USE ONLY:

Date: _____ Amount: \$ _____ Paid By: Cash Credit Card Check #: _____

Processed By: _____