



# 2017-2018 School Year Boys & Girls Club of Dane County Membership Form



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## Member Information

**Child's Name** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gender:**  Female  Male  Other

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Ethnicity:**

- |  |                                       |   |  |
|--|---------------------------------------|---|--|
| <input type="radio"/> African-American | <input type="radio"/> Latino/Hispanic | <input type="radio"/> Caucasian             | <input type="radio"/> Asian-American                   |
| <input type="radio"/> Native/American  | <input type="radio"/> Multi-Racial    | <input type="radio"/> Multi-Racial/Hispanic | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> Other            | <input type="radio"/> Refuse          |   |  |

**Will your child be picked up by the Club?**  Yes  No

**If yes, which school?**

- |                               |                                |                                     |                               |
|-------------------------------|--------------------------------|-------------------------------------|-------------------------------|
| <input type="radio"/> Huegel  | <input type="radio"/> Falk     | <input type="radio"/> Orchard Ridge | <input type="radio"/> Thoreau |
| <input type="radio"/> Leopold | <input type="radio"/> Toki     | <input type="radio"/> Badger Rock   | <input type="radio"/> Wright  |
| <input type="radio"/> West    | <input type="radio"/> Memorial |                                     |                               |

**For Children 12 and under, how will your child leave the club?**  Pick Up  Club Van  Walk  Bus  Other

## Parent or Guardian

**Name:** \_\_\_\_\_

**Gender:**  Female  Male  Other

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Number:** ( ) \_\_\_\_\_

**Cell Number:** ( ) \_\_\_\_\_

**Work Number:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

## Additional Parent or Guardian

**Name:** \_\_\_\_\_

**Gender:**  Female  Male  Other

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Number:** ( ) \_\_\_\_\_

**Cell Number:** ( ) \_\_\_\_\_

**Work Number:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**While your child is at the Club, what number is best to contact you:**  Home  Cell  Work

## Emergency Contact

**1. Name:** \_\_\_\_\_

**Phone Number:** ( ) \_\_\_\_\_ Home / Cell / Work

**Relationship:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Phone Number:** ( ) \_\_\_\_\_ Home / Cell / Work

**Relationship:** \_\_\_\_\_

## Confidential

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.

### Who does the member live with primarily

- Both Parents                       Mother                                       Father                                       Grandparent  
 Guardian                               Mother/Step-Parent                       Father/Step-Parent                       Time with Both Parents  
 Other

Are you a single parent?     Yes     No

Number of members in household? \_\_\_\_\_

### Annual Household Income:

- \$0 - \$11,999  
 \$12,000 - \$14,999  
 \$15,000 - \$24,999  
 \$25,000 - \$49,999  
 \$50,000 +

### The Parent/Guardian of this child has completed:

- High School                                       GED/Equivalent Program  
 2 year College/Associates Degree  
 4 year College/Bachelors Degree  
 Masters     PhD/Doctorage  
 Other: \_\_\_\_\_

### What is the primary language spoken at home?

- English                                       Spanish                                       Hmong                                       Other \_\_\_\_\_

### Does your child receive free / reduced lunch ?

- Yes     No

I provide consent to allow The Boys & Girls Club of Dane County staff electronic access to the following Information about my child using the Madison Metropolitan School District information systems and/or the Verona Area School District's data:

Academic progress reports, report cards, unofficial school transcripts, assignments, teacher comments, teachers' names, dates of courses taken, student course schedules, daily attendance, absences, tardy data, test scores (including Wisconsin state achievement tests and MMSD achievement tests) and fee payments due and paid.

In addition, to access to my child's records electronically I authorize MMSD and/or The Verona Area School District to provide The Boys & Girls Club of Dane County with other demographic and program service eligibility information for my child. This information includes Limited English Proficiency status, primary language (other than English), disability status and primary disability and qualification for federal free and reduced lunch program.

I understand that this information will remain strictly confidential and will only be used for the Improvement of educational services and resources rendered to my child. The Boys & Girls Club of Dane County will not further disclose the data to any third party, researcher or others without obtaining a separate written permission from you.

I understand that this release of information agreement and participation agreement will remain in effect until my child completes high school, until my child resigns from the program or until I revoke this consent in writing.

***O I GIVE*** my consent for photographs and video, in which my son/daughter may appear, to be used unrestrictedly in any promotional material the BGDC & its program partners may care to use them.

***O I DO NOT GIVE*** BGDC permission to use photographs and video, in which my son/daughter may appear, to be used unrestrictedly in any promotional material the Boys & Girls Club of Dane County & its program partners may care to use them.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Print Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

### Taft Street Boys & Girls Club

2001 Taft Street | Madison, Wisconsin 53713

### Allied Family Center Boys & Girls Club

4619 Jenewein Road | Fitchburg, Wisconsin 53711

### BGDC Administration Office

1818 W. Beltline Hwy | Madison, Wisconsin 53713

608-257-2606

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