

Membership Information Form

For Office Use Only



Charles C. Spalding Clubhouse
1704 Waiola Street
Honolulu, HI 96826

KidTrax ID <input type="text"/>	Member ID <input type="text"/>	Data Entry Rec'd: <input type="text"/>
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Entered: <input type="text"/>
		ID Issued: <input type="text"/>
Comment: <input type="text"/> <input type="text"/> <input type="text"/>		Membership Dates Service: <input type="text"/>
		Termination: <input type="text"/>
		Initial: <input type="text"/>
		Renewal: <input type="text"/>

Annual Membership Fee - \$1
Membership is complete only with an attached copy of PROOF OF AGE
(ie birth certificate or ID) and with a signed GUIDELINE FORM.

Please Print in Ink or Type

Member (Please Print)

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Name of Person Member Lives With: <input type="text"/>	Home Phone Number: <input type="text"/>	Emergency Contact Name & Relation: <input type="text"/>
Home Address: <input type="text"/>		Emergency Phone & Extension: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>
		Email Address: <input type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input type="text"/>	Age: <input type="text"/>	Ethnicity: (Circle One) African American Am. Indian Burmese Cambodian Caucasian Chinese Filipino Guamanian Hawaiian/Pt. Haw'n Hispanic Indian/Pakistani Indonesian Japanese Korean Laotian Malayan/Singapore Marshallese Micronesian Mixed (not Haw'n) Pacific Islander Portuguese Puerto Rican Saipan Samoan Thailand Tongan Vietnamese Unknown/Other
School Name: <input type="text"/>	Grade: <input type="text"/>		
Family Totals - Sisters: <input type="text"/>	Brothers: <input type="text"/>	Household: <input type="text"/>	Lives With: (Circle One) Both Parents Mother Father Sister/Brother Grandparent Aunt/Uncle Guardian Other
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>	Name of Clubhouse: <input type="text"/>	

Parent/Guardian Information: (Please Print)

Father's First Name: <input type="text"/>	Father's Last Name: <input type="text"/>	Father's Work Phone & Ext: <input type="text"/>
Father's Employer: <input type="text"/>	Father's Occupation: <input type="text"/>	
Mother's First Name: <input type="text"/>	Mother's Last Name: <input type="text"/>	Mother's Work Phone & Ext: <input type="text"/>
Mother's Employer: <input type="text"/>	Mother's Occupation: <input type="text"/>	
Guardian's First Name: <input type="text"/>	Guardian's Last Name: <input type="text"/>	Guardian's Work Phone & Ext: <input type="text"/>
Guardian's Employer: <input type="text"/>	Guardian's Occupation: <input type="text"/>	

Medical/Emergency

Medical Problems/Allergies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Medications: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Physician: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Physician Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Preferred Hospital or Clinic: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Hospital Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Insurance Company: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Insurance Policy Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

Military Branch: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Status: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Start Date: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	End Date: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Phone number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	E-mail: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Notes

Participation in other Youth Programs: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Hobbies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Nickname: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Mother's Maiden Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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.

Medicaid Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Check all that Apply:	Child's Labor Force Status:														
Annual Family Income: (Circle One)	<input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Free School Lunch <input type="checkbox"/> Vet. Compensation <input type="checkbox"/> Medicaid	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employed</td> <td style="width:50%;">Unemployed</td> </tr> <tr> <td>Not in Labor Force</td> <td>Unknown</td> </tr> </table>	Employed	Unemployed	Not in Labor Force	Unknown										
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	Confidential <input type="checkbox"/> Foster Child <input type="checkbox"/> Adjudicated <input type="checkbox"/> Status Offender	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1 Parent Family</td> <td style="width:50%;">Other</td> </tr> <tr> <td>2 Parent Family</td> <td>Unknown</td> </tr> <tr> <td>Extended Family</td> <td></td> </tr> </table>	1 Parent Family	Other	2 Parent Family	Unknown	Extended Family		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Hearing Impaired</td> <td style="width:50%;">Not Handicapped</td> </tr> <tr> <td>Not Handicapped</td> <td>Vision Impaired</td> </tr> </table>	Hearing Impaired	Not Handicapped	Not Handicapped	Vision Impaired			
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I have read the completed application, understand the rules of the Boys & Girls Club of Hawaii and request that my son/daughter/ward be admitted into membership. I have explained the rules to my son/daughter/ward and agree that the Boys & Girls Club of Hawaii will not be responsible for any accident to my child while on the premises or while engaged in any of its activities. I hereby give permission for images on my son/daughter/ward, captured during regular and special activities through video, photo, and digital camera, to be used solely for the purposes of Boys & Girls Club of Hawaii promotional material and publications, and waiver any rights of compensation or ownership thereto.

I give permission for my child to participate in a survey to measure the effectiveness of the Life Skills Training program. This survey will be given at the beginning and ending of the program and will ask questions about tobacco, alcohol, and drug use by my child and his/her knowledge and attitudes concerning alcohol, tobacco and drug use. I UNDERSTAND THAT MY CHILD'S ANSWERS TO THESE SURVEY QUESTIONS ARE STRICTLY CONFIDENTIAL.

A copy of your child's Birth Certificate may be requested.

Parent or Guardian Signature

Youth's Signature

Date: Month _____ Day _____ Year _____