

Please help us keep our fees low by filling out the information requested below. This information is used solely for statistical purposes when we apply for grant funds. Your personal information will NOT be given to any outside sources. Thank you for helping us help thousands of children in our community each year.

MEMBERS RACE & ETHNICITY		<u>MUST SELECT ONE RACE</u>	HISPANIC / LATIN ETHNICITY
11	White		
12	Black /African American		
13	Asian		
14	American Indian /Alaskan Native		
15	Native Hawaiian / Other Pacific Islander		
16	American Indian or Alaskan Native AND White		
17	Asian AND White		
18	Black/African American AND White		
19	American Indian/Alaska Native AND Black		
20	Other:		

MEMBERS ANNUAL FAMILY INCOME INFORMATION:

Household Size: _____

Single Parent: ☐ Yes ☐ No

Current Head of Household: ☐ Male ☐ Female ☐ Both

Are You Receiving Public Assistance? ☐ Yes ☐ No

Military Family? ☐ Yes ☐ No

Lives on Military Base? ☐ Yes ☐ No

Military Branch: _____

Please attach ONE of the following for EVERY income-earning person in your household:

- Three Most Recent Pay Stubs
- Most Recent Signed Tax Return
- Award Letter from EDD or Calworks, SSI, SDI or other form of government assistance

List all household members names	Age	Check all that Apply	Relationship to Head of Household (Spouse, Child, etc)	Annual Income From All Sources Check all that Apply
Head of Household		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Member 2		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Member 3		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Member 4		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Member 5		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Member 6		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Member 7		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Member 8		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed

If you are not employed, and not earning any income, please complete the next page.

If you are not employed, and not earning any income, please complete the following affidavit:

I, _____ am not currently employed in any capacity and do not anticipate the change in my status. (Check all that apply):

- ☐ I am not seeking employment
- ☐ I have not been offered employment
- ☐ I have not recently applied for employment
- ☐ I am not under any affirmative obligation to obtain employment
- ☐ I do not plan to look for employment due to: _____

Please check one:

- ☐ I am currently receiving unemployment benefits or other benefits related to my non-employment
- ☐ I am not currently receiving but do anticipate receiving unemployment benefits or other benefits.
- ☐ I am not currently receiving but do not anticipate receiving unemployment benefits or other benefits.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my agreement. **WARNING:** Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

SIGNATURE _____ DATE _____

PERMISSIONS AND AUTHORIZATIONS

The Boys & Girls Club of Simi Valley provides DROP IN PROGRAMS & ACTIVITIES. I have read the completed application and I understand the rules of the Club. I have explained them to my child and request that my child be admitted into membership. I understand the BGC Simi Valley Parent Handbook is available, and that it is my responsibility to read this Parent Handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it. **Please initial here** _____

It is expressly understood and agreed that the Boys & Girls Club of Simi Valley shall not be responsible for any bodily injury sustained by my child as a result of participation in Club activities, unless loss or injury results directly from negligence or willful act of any employee of the Boys & Girls Club of Simi Valley while acting within the scope of their employment. **Please initial here** _____

I allow the club to have access to my child's Smarter Balanced Assessment score from SVUSD to assist with homework. **Please initial here** _____

ACCIDENTS / INJURIES AND MEDICAL INFORMATION

If a child becomes hurt or injured at the Club appropriate first aid will be applied. Parents will be notified of all injuries in writing or verbally. For accidents or injuries that require immediate medical attention, 911 will be called and parent/emergency contacts will be called as soon as possible. The program will always have a trained first aid and CPR certified staff member on the premises.

Please initial here _____ to provide consent to treat your child for minor injuries.

In the event of an emergency and I cannot be reached, I give my permission to the Boys & Girls Club of Simi Valley and/or its agents/employees/representatives to obtain all necessary emergency medical assistance for my child at my expense and I further release the Boys & Girls Club of Simi Valley and its agents/employees/representatives from any and all liability relating to the acquisition of said emergency medical care.

I, _____, am the parent (guardian) (or person entitled to the legal custody) of _____ a minor. I hereby authorize the Boys & Girls Club of Simi Valley to obtain, in an emergency situation, all necessary transportation to a medical facility, examinations, x-rays, appropriate diagnostic testing and treatments, including hospitalization and surgery, so long as these are recommended by a physician, dentist or other professional health care practitioner who is currently licensed to practice by the State of California in his / her professional health care field and makes said recommendations in his/her professional capacity as physician/dentist/health care provider for my child.

Doctor _____ Doctor's Phone _____

Health Insurance Company _____

Group # _____ ID # _____

➤ **Medical Restrictions** (Allergies, medications, sports restrictions etc.): _____

☞ Parent or Legal Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY (04/01/2019)

Annual Household Income: _____ Verified By: _____ Date entered: _____

CHECK ALL THAT APPLY:

☐ New Member ☐ Returning Member ☐ Teen Member ☐ High School Member (FREE) ☐ JL ☐ LIT
☐ Kinder Member (Kinder Rm # _____): ☐ K-Main Site ☐ K-Santa Su ☐ K-ParkView ☐ K-Berylwood
☐ Full Van ☐ Part-time Van ☐ CDR ☐ Full Day ☐ Monthly Drop-In ☐ Summer ☐ Basketball ☐ A.S.E.S.

Current School Year: ____/____ Receipt # _____

Received on: _____ Received by: _____
