



**BOYS & GIRLS CLUBS
OF ARLINGTON**

Membership Information Form

LOCATION OF MEMBERSHIP:
SHADOW BROOK BRANCH
2020 S. Cooper
Arlington, TX 76013
817-460-8747

FOR OFFICE USE ONLY:		
Member App	Fees & Dates	Data entry:
New <input type="checkbox"/>	Membership Year: <input type="checkbox"/>	Rec'd <input type="checkbox"/>
Renewal <input type="checkbox"/>	Paid \$.	Entered <input type="checkbox"/>
Former <input type="checkbox"/>	Scholarship? Yes No	
Status	Reason	
Active <input type="checkbox"/>	Amount \$.	
Inactive <input type="checkbox"/>		
Kid Trax ID		
<input type="text"/>		

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **Thank you.**

Parents / Guardian Information (Please Print)

Head of Household First Name	Last Name	Gender	Age
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Relationship	Primary Phone Number	Type of Phone	
<input type="text"/>	() -	<input type="text"/>	
Other Phone Number	Type of Phone	Household Total:	Annual (Yearly) Household Income
() -	<input type="text"/>	Total number of people living in household	<input type="checkbox"/> Below \$13,850 <input type="checkbox"/> 13,851-15,850 <input type="checkbox"/> 15,851-17,800 <input type="checkbox"/> 17,451-19,400 <input type="checkbox"/> 19,800-21,400 <input type="checkbox"/> 21,401-22,950 <input type="checkbox"/> 22,951-24,550 <input type="checkbox"/> 24,551-26,150 <input type="checkbox"/> 26,150-29,700 <input type="checkbox"/> 29,701-33,000 <input type="checkbox"/> 33,001-35,650 <input type="checkbox"/> 35,651-36,950 <input type="checkbox"/> 36,951-40,900 <input type="checkbox"/> 40,901-42,250 <input type="checkbox"/> 42,251-47,500 <input type="checkbox"/> 47,500 and over
Home Address (Please use a local address)	Apartment #	Is This Your Primary Mailing Address?	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip Code	"I certify, to the best of my knowledge, my household income" Initial Here _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer	Primary Email Address		
<input type="text"/>	<input type="text"/>		
Other Parent/Guardian First Name	Last Name		
<input type="text"/>	<input type="text"/>		
Relationship	Phone Number	Type of Phone	
<input type="text"/>	() -	<input type="text"/>	
Employer	Primary Email Address	Gender	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Member Information (Please Print)

First Name	Middle Name	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Nick Name	Birth Date	Gender	Age	Ethnicity:
<input type="text"/>	__ / __ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
School:	Grade Mark when child will attend:	Race:		
<input type="checkbox"/> South Davis <input type="checkbox"/> Gunn <input type="checkbox"/> Short <input type="checkbox"/> Swift <input type="checkbox"/> Bailey <input type="checkbox"/> Carter <input type="checkbox"/> Workman <input type="checkbox"/> Arlington <input type="checkbox"/> Other(explain):	<input type="text"/> <input type="checkbox"/> School Year <u>Only</u> <input type="checkbox"/> School and Summer (year-round) <input type="checkbox"/> Summer <u>Only</u> <input type="checkbox"/> Spring/winter Break/Holiday <u>Only</u> <i>Additional Program Times: (mark all that apply)</i> <input type="checkbox"/> Early Bird Program (holiday & summer) <input type="checkbox"/> Teen Late Night Program	Single Race: <input type="checkbox"/> White <input type="checkbox"/> Black/ African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Hawaiian Native Multi Race: <input type="checkbox"/> Black/ African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Pacific Islander/Hawaiian Native & White		

----- **Continued on other side** ----->

