



2018-2019 Membership Application

David G. Hatch Center
55 S 3rd Ave
Sturgeon Bay, WI 54235
920.818.1046
www.bgcdoorcounty.org
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INSTRUCTIONS: Please fill out completely, neatly and accurately. Return completed form along with the signed Behavior Agreement to the David G. Hatch Center. Our membership year runs from September-August. The fee is \$36 per school year, per child, with a maximum of \$72 per family.

Member Information:

Member's Name: _____ Gender: ___ Male ___ Female
Street Address: _____ City: _____ State: _____ Zip: _____
Youth lives with: [] Both Parents [] Mom Only [] Dad Only [] Joint Custody [] Guardian - Household Size: _____
Date of Birth: ___/___/___ Age: _____ Name of School: _____ Grade: _____

Parent/Guardian Information:

Primary Parent/Guardian: _____ Relation to Member: _____

Address: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Place of Employment: _____ Email: _____ Date of Birth: ___/___/___

Other Parent/Guardian: _____ Relation to Member: _____

Address: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Place of Employment: _____ Email: _____ Date of Birth: ___/___/___

Allergies/Medical Conditions: _____

Medications: _____

If medication will be distributed at the Boys and Girls Club of Door County the medication authorization form must be completed.

If your child has a milk allergy, we require a doctor's note.

Information necessary for grants (this information must be filled out for membership to be processed):

Annual Household Income: ___ Under \$10,000 ___ \$10,000-\$14,999 ___ \$15,000-\$24,999 ___ \$25,000-\$34,999
___ \$35,000-\$49,999 ___ \$50,000-64,999 ___ 65,000-79,999 ___ 80,000-99,999 ___ 100,000+

Ethnicity (Choose One): ___ African American ___ Asian/Pacific Islander ___ Caucasian ___ Hispanic/Latin ___ Multi-Ethnic
___ American Indian ___ Other: _____

[] Military Household Member? Branch of Service: _____

[] Individual Education Plan (IEP)? May we contact you about this? Yes No

IEP Name: _____ Agency: _____

Check all programs from which family receives assistance

- | | | |
|-------------------------------|---|--|
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Day Care Voucher | <input type="checkbox"/> School Lunch |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Veterans Compensation |
| <input type="checkbox"/> TANF | <input type="checkbox"/> General Assistance | <input type="checkbox"/> MA (Medicaid, BadgerCare, etc.) |

Please list in order of priority of any adults, *other than yourself*, who may pick up your child in an emergency. Only individuals on this list will be permitted to pick up your child. ID may be required. **No child will be released to anyone without written and signed authorization from a parent or guardian.**

Name	Phone #	Relationship to Member

Please list any parent who is **not authorized** to pick your child up from the Club:
(Court documentation required)

Name	Phone #	Relationship to Member

It cost approximately \$1,200 per member for school year programming.
Help us help you by donating what you can.

When Everyone Contributes A Little, We Can Do A Lot!

\$5 _____ \$10 _____ \$20 _____ \$50 _____ \$100 _____ Other Amount: _____

Method of Payments: Credit Card: _____ Check: _____ Cash: _____

Automatic Withdraw Account Type: Checking Savings

Automatic Withdraw: Acct# _____ Routing # _____

Credit Card #: _____ Expiration Date: _____ 3-Digit Security Code: _____

Signature: _____

____ I will give online at www.bgcdoorcounty.org

THANK YOU!