



**BOYS & GIRLS CLUB  
OF VINELAND**

**MEMBER REGISTRATION FORM**

Membership Number: \_\_\_\_\_  
(Retain For Records)

PROGRAM: GENERAL GP

Other: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

**MEMBER INFORMATION**

Member Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Attending School: \_\_\_\_\_

School Contact Person: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Any known allergies: YES or NO      If so, explain: \_\_\_\_\_

Currently taking medication: YES or NO      If so, explain: \_\_\_\_\_

Physical/Mental handicaps: YES or NO      If so, explain: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ I want email updates/reminders: YES or NO

**EMERGENCY CONTACT INFORMATION**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**FOR GP PROGRAM ONLY**

BGC Staff hereby certifies that Parent was called to confirm the above information and child represented on this form was granted permission to participate in BGC of Vineland, its Programs and activities. An accurate address was received to forward official documents to home of the club member.    YES or NO      BGC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OPTIONAL INFORMATION**

Does child receive free or reduced lunch: YES or NO      FREE: \_\_\_\_\_ or REDUCED: \_\_\_\_\_

Household Income: \_\_\_\_\_

**OFFICE USE ONLY**

Membership Fee \$10       YES       NO       Waived (Reason): \_\_\_\_\_ Staff: \_\_\_\_\_  
 Cash       Check (Check # \_\_\_\_\_)

Date of Intake \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Filed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Submission \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Referral Received \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ BGC Receiving Staff: \_\_\_\_\_

Office Personnel Signature: \_\_\_\_\_

**NOTE: NO MEMBERSHIP IS COMPLETE WITHOUT A REFERRAL**

**The Positive Place For Kids**  
[www.VinelandBGC.org](http://www.VinelandBGC.org)

856-696-4190 Office

856-696-4191 Fax