

MEMBERSHIP APPLICATION

A \$100 non-refundable membership expires annually. Exact cash or credit card is required at orientation.

New Member					
	Renewal				
	Transfer				

s	OF THE NORTH VALLEY erving Butte & Glenn Counties		Exact cash or o	redit ca	ırd is requir	ed at orienta	tion.		Ц	Transfer
		Pl	ease check the box of the site	you are	applying fo	r:		•		
	BGCNV		Chico Clubhouse (grades 1-5): 601	Wall Stree	t, Chico				(530) 899-	0335
	Main Office	Office Chico Phoenix Club (grades 6-8): 535 Wall Street, Chico								8636
	601 Wall Street		Chico Teen Center (grades 8-12): 628 Wall Street, Chico							5653
	Chico, CA 95928		Hamilton Elementary School (grad		(530) 826-347	4 x5035				
	(530)899-0334		Las Plumas Teen Center (grades 9		(530) 538-231					
	https://bgcnv.org/		Oroville High School (grades 7-12)	: RoomsQ4	&Q5, 1876 Brid	ge St, Oroville			(530) 538-232	
	1 0 0		Paradise Teen Center (grades 8-12			-			(530) 413-	
			Paradise Ridge Elem. (grades K-6):	: Rooms E2	2 & E3 (Main) 65	93 Pentz Rd, Para	dise		(530) 327-	
			Paradise Junior High (grades 7-8):	5657 Recre	eaction Dr, Para	dise			(530) 872-642	
			Pine Ridge Elementary (grades K-6	i): Rooms 2	28, 29 & 30, 138	78 Compton Dr., M	lagalia		(530) 413-	9232
ħ	is application must be co	omple	ted on both sides by a legal guard	dian in ord	ler to join the E	Boys & Girls Club	. The inforn	nation provided	will be kept confic	dential and
	• •		or statistics, funding, and grant req		-	-		•	•	
	ALL	- 0	RIENTATIONS ARE I	/IAND	ATORY A	AND BY A	PPOIN [®]	TMENT O	NLY	
	Member Name					Home Phone				
2	Birth Date			Age		•	☐ Male	□ Fem	ale 🛮 Non-Bii	nary
MEMBEK INFO	Mailing Address				City		1	Zip Code		
찙	Current School			Grade	_		•	School Year		
를	Previous School		Stud	lent ID#						
	☐My child has an IEP (Individualized Education Plan) - Please attach a copy to help make your child's experience successful									ار
	Insurance Company	у			P	olicy Number				
₹	Preferred Physician	ı	Physician Phone							
<u>=</u>	Preferred Hospita	ıl	Hospital Phone							
≥	Allergies, Disabilitie	es, M	edical Issues & Medications:			•				
_	Head of Household N	Name				Relationship				
5	Mailing Address				City	·		Zip Code		
닖	Employer					Job Title				
HOUSEHOLL	Cell Phone		Work	Phone		•	Home Ph	one		
E	Email Address		-							
z	Other Guardian N	lame				Relationship				
RDA	Mailing Address				City			Zip Code		
500	Employer					Job Title				
OTHER GUARDIAN	Cell Phone		Work	Phone _				Home Phone		
0	Email Address									
					Y INFORMAT	TION				
	· · · · · ·		ild a member of the military?	□ No	☐ Yes	Branch				
٧a	me of Servicepersor	n			Start Date			End Date		
			EMERG	ENCY C	ONTACT INF					
	Contact Name(s)					Relationship				
	Phone Numbers									
	Contact Name(s)					Relationship				
	Phone Numbers									
			ther primary caretaker in							
M	household's has hee	n aff	ected by COVID or Camp Fire \Box	Yes or	Please shar	e any other i	nformatio	on that will h	elp our staff e	nhance

My household's has been affected by COVID or Camp Fire □Yes o
□No (if yes, then please choose below)

lease share any other information that will help our staff enhance your childs experience at the Club:

If Camp Fire Yes: ☐ Still Displaced ☐Temporary Housing ☐Permanent Housing
If Covid Yes: ☐ Furloughed ☐ Laid off ☐ Reduction of hours

If Other please describe:

FAMILY INFORMATION

Member Race		Annua	al Household Inc	come	Programs Utilized			Members Lives With:			
	African American		\$10,000 or below	w	,	(check all th	nat apply)		Aunt/Uncle		
	Asian		\$10,001 - \$20,00	00		Day Care	Voucher		Both Parents		
	Caucasian (White)		\$20,001 - \$30,00			Food Star	nps		Foster Care		
	Hispanic		\$30,001 - \$40,00	00		General A	ssistance		Grandparents		
	Native American		\$40,001 - \$50,00	00		School Lu	ınch Program		Group Home		
	Multi-Racial		\$50,001 - \$60,00	00		SSDI			Father Only		
	Declined/Other		\$60,001 and abo	ove		TANF			Father & Stepparent		
Res	sidency Information		Temporary Hous	sing		Veterans	Compensation		Mother Only		
	Permanent Housing		Temporary Shel	lter		FAMILY	SIZE		Mother & Stepparent		
	Temporarily Doubled Up		Temporarily Unsh						Shared Custody		
	Hotel/Motel		Other						Declined/Other		
							<u>-</u> 1				
	=-					REEMENT					
INITIAL	-		in the boxes pro		•						
	I hereby give permissio	on for my o	child to become a	membe	r & par	ticipate in Bo	bys & Girls Clubs	of the No	orth Valley activities.		
	I understand the Club is properties are not response					,	hild may arrive or	leave th	ne Club. The club and its		
	I permit the Club to use photographs or video of my child participating in Club activities for social media, events, and local media outlets and waive all rights for compensation.										
	In the event of an emergency, I authorize the Club to seek medical attention & transportation for my child if deemed necessary.										
	-	•					•	•	•		
	use e-mail and the inte						•	_	give consent to my child to n Manual.		
	I agree that this \$100 a	innual me	mbership fee is no	on-refun	dable.						
<u> </u>											
AUTHORIZATION FOR INTERAGENCY EXCHANGE OF CONFIDENTIAL INFORMATION I give permission for the release and exchange of confidential information within this membership application. I also give permission for the release and exchange of confidential information (i.e. STAR testing data, grades, other school related data, and all other confidential related data) from the following sources in order to provide programs and coordinate services for my child: (Bangor Union Elementary School District, Butte County Office of Education, Butte County Probation Office, Chico Police Department, Chico Stewardship Network, Chico Unified School District, Glenn County Office of Education, Hamilton Elementary School, Juvenile Justice Crime Prevention Act 2000, Office of Justice Programs, Oroville City Elementary School District, Oroville Police Department, Oroville Union High School District, Palermo Union School District, Paradise Police Department, Paradise Unified School District, PIVOT Charter School, Thermalito Union Elementary School District, Town of Paradise, and Victor Community Support Services). I understand that my records are protected under federal confidentiality regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations. I may withdraw this consent at any time except to the extent that action has been taken in reliance on it. This release will be in effect as long as the child has membership at the Club. MEMBER AGREEMENT: I agree to take care of my Club and property. I will abide by the rules of the Club at all times. As a user of the											
	BGCNV computer network, I agree to comply with the stated rules and to use the network in a constructive manner. If at anytime I am asked to return my Club card, I understand no dues will be returned to me.										
 Date											
	STATE III	CE ONI V	/· Ctoff Initial &	Data					STAFF NOTES:		
STAFF USE ONLY: Staff Initial & Date INTAKE INFO PAYMENT INFO DATA ENTRY											
		□ Cash	Receipt #:		e Made	IIKI					
		☐ Credit C		-	tered Int	o DR					
		☐ Scholar		1	rd Comp						
	Referral Info Rec.		ire Displacement	-1	ditional [I					
		ate Paid:	'						*updated 4/28/2023		