



BOYS AND GIRLS CLUB OF PEEL

247 McMurphy Ave. S. Brampton L6Y 1Z4
PHONE: 905-712-1789 FAX: 905-712-1775 EMAIL: info@bgcpeel.org



MEMBERSHIP FORM – Parent/Guardian information

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. Required fields are denoted with an asterisk (*)

HEAD OF HOUSEHOLD (Parent/Guardian): (Please Print)

First Name:*

Last Name:*

Gender:

Family Income:

- 26,000 or less
- 26,001 – 32,000
- 32,001 – 38,000
- 38,001 – 43,000
- 43,001 – 49,000
- 49,001 – 54,000
- 54,001 or greater

Address:*

Line 1		
Line 2		
City	Province	Postal Code

Address Type:

<input type="checkbox"/> Home
<input type="checkbox"/> Work <input type="checkbox"/> Other

Phone Number:*

()	-	Ext.
()	-	Ext.

Phone Type:

<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular
<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular

Family Size:

E-Mail Address:

E-Mail Type:

Employer:

Job Title:

Occupation:

Parents / Guardian : (Please Print)

First Name:

Last Name:

Gender:

Address:

Line 1		
Line 2		
City	Province	Postal Code

Address Type:

<input type="checkbox"/> Home
<input type="checkbox"/> Work <input type="checkbox"/> Other

Phone Number:

()	-	Ext.
()	-	Ext.

Phone Type:

<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular
<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular

E-Mail Address:

E-Mail Type:

Employer:

Job Title:

Occupation:

How did you hear about the Boys and Girls Club of Peel? _____

Are you interested in volunteering? If so, please indicate area of interest: _____

The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your co-operation in providing this information is both appreciated and necessary. Thank you.

Please check all that Apply:

Family Setting:

- Single Parent
- Two Parent
- Extended Family
- Foster Family
- Group Home
- Other _____

Housing:

- Apartment building (not subsidized)
- Basement Apartment
- Co-op
- Own
- Peel Living
- Shelter
- Subsidized
- Other _____

Source of Income:

- Disability (O.D.S.P.)
- Canada Pension
- Employment Insurance
- Full Time Employment
- Part Time Employment
- Social Assistance
- W.S.I.B.
- O.S.A.P.
- Other _____

Member Information: (Please Print)

***Please complete one form for each child or youth.

Membership:
 New Renewal

Membership #
 (For Office Use Only)

First Name:* **Middle Name:** **Last Name:***

Nick Name: **Birth Date:*** Day / Month / Year **Gender:***

School: **Grade**

Member Medical Information: (Please Print)

Canadian Health Card Number:* **Physician:** **Physician's Phone:**

Please List Any Medical, Physical, Social Or Behavioural Problems, (Special Needs, Learning Disabilities Etc.), To Enable Staff To Plan For Your Child/Youth's Participation In Activities:*

Please List Any Medications and Dosage:*

Does Your Child/Youth Have Any Food Or Dietary Restrictions? () No, () Yes, Please List:*

Does Your Child/Youth Have Any Allergies? (Medication, Food, Environmental) () No, () Yes, Please List:*

Emergency Contact/Pick Up Information: (Please Print)

Additional Emergency contact and/or pick up information –

<p>1. First Name:* <input type="text"/> Last Name:* <input type="text"/></p> <p>___ Parent ___ Primary Emergency Contact ___ Guardian ___ Emergency Contact ___ Grandparent ___ Lives with Member ___ Sibling ___ Other _____ ___ Other _____</p> <p>Phone:* <input type="text"/> Alt. Phone: _____</p>	<p>2. First Name:* <input type="text"/> Last Name:* <input type="text"/></p> <p>___ Parent ___ Primary Emergency Contact ___ Guardian ___ Emergency Contact ___ Grandparent ___ Lives with Member ___ Sibling ___ Other _____ ___ Other _____</p> <p>Phone:* <input type="text"/> Alt. Phone: _____</p>
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Pick up Authorization Password:*

PERMISSION INFORMATION:

I agree to allow (please initial beside your response)

- *My letters of support to be used for promotional purposes. YES NO
- *My child/youth to participate in surveys for program evaluation. YES NO
- *Photographs of myself and my children/youth for promotional purposes. YES NO

The parent/guardian of the above named person, waive any claim on the Boys and Girls Club of Peel, it's volunteers, staff of any liability for any injury, loss or damage to his/her property, while involved in any activity or a representative of the Boys and Girls Club of Peel. Although an attempt will be made to contact the parents first, I give permission for the Boys and Girls Club of Peel to obtain emergency medical treatment, if necessary. I also recognize that the right to membership depends on the applicant's respect for the program, properties, rules, equipment and staff/volunteers. I further agree and recognize that photographs of various activities within the organization may be taken and I authorize the Boys & Girls Club of Peel to use or publish such photographs.

 Parent or Guardian Signature

 Member Signature

 Date

Socio-Demographic Data – Optional information

The following Socio-Demographic questionnaire is for member/participant information. It is necessary for our agency to collect this data for our records and the funding our organization receives. Our funders request this data in order to:

- *Prevent or address systemic barriers to access and opportunity*
- *Improve equitable service delivery and programs*
- *Promote equity and diversity initiatives*

The answers you provide are completely voluntary and will remain confidential.

Your co-operation in providing this information is both appreciated and necessary. Thank you.

Were you (parent/guardian) born in Canada?

- Yes No Prefer not to answer Do not know

Was your child born in Canada?

- Yes No Prefer not to answer Do not know

If No, please indicate your length of time in your child has been in Canada.

- 0 – 3 years 3+ – 5 years 5+ – 10 years more than 10 years

From the list below, please indicate your child's ethnic background. Please check off the primary category and circle the specific ethnicity in parenthesis:

- Asian – East (e.g., Chinese, Japanese, Korean)
- Asian – South (e.g., Indian, Pakistani, Sri Lankan)
- Asian – South East (e.g., Malaysian, Filipino, Vietnamese)
- Asian – West (e.g., Afghan, Assyrian, Iranian)*
- Arab – (e.g., Egyptian, Kuwaiti, Libyan)*
- Black – African (e.g., Ghanaian, Kenyan, Somali)
- Black – Caribbean (e.g., Barbadian, Jamaican)
- Black – North American (e.g., Canadian, American)
- First Nations - Status
- First Nations – Non status
- Indian – African (e.g., Kenyan, Uganda, Tanzanian)
- Indian – Caribbean (e.g., Guyanese with origins in India)
- Indigenous/Aboriginal not included elsewhere
- Inuit
- Latin American (e.g., Argentinean, Chilean, Salvadorian)
- Métis
- White – European (e.g., English, Italian, Portuguese, Russian)
- White – North American (e.g., Canadian, American)
- Mixed heritage (Please specify) _____
- Other (Please Specify) _____
- Do not know
- Prefer not to answer

* Comprise Middle Eastern (e.g., Egyptian, Iranian, Lebanese)

Language spoken at home: _____

Enrolment Site(s): _____

- Summer Fall/Winter March Break

Office Use Only:			
Membership:	() Single	() Family	Membership Fee Received: _____
Date Entered:	_____	Entered By:	_____