

Membership Information Form



Suffolk Unit
2325 E. Washington Street
Suffolk, VA 23434

P: (757) 934-6219

F: (757) 855-4811

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 asterisks(*)

Head of Household (Please Print)

First Name:

Last Name:

Gender:

Male Female

Family Income:

- \$10,000 & Below
- \$10,001 - \$15,000
- \$15,001 - \$24,900
- \$24,901 - \$28,500
- \$28,501 - \$32,050
- \$32,051 - \$35,600
- \$35,601 - \$38,450
- \$38,451 - \$41,300
- \$41,301 - \$44,150
- \$44,151 - \$47,000
- \$47,001 & Above

Address:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:

Home

Work _____

Phone Number:

() -

() -

Phone Type:

Home Work _____

Home Work _____

Family Size:

E-Mail Address:

E-Mail Type:

Home Work _____

Employer:

Job Title:

Occupation:

Military Branch:

Status:

Start Date:

End Date:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

Male Female

Address:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:

Home

Work _____

Phone Number:

() -

() -

Phone Type:

Home Work _____

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

Employer:

Job Title:

Occupation:

Military Branch:

Status:

Start Date:

End Date:

Member Information (Please Print)

First Name:

Middle Name:

Last Name:

Nick Name:

Birth Date:

Social Security Number::

Gender:

Male
 Female

Ethnicity:

African American Asian Caucasian
 Hispanic/Latino
 Multi-Racial Other

Membership Type:

Member
 STAFF

Pick up Authorization Password:

School:

Grade:

Household Type:

Both Parents Extended Family Non Family
 Other Single Parent

Family Setting:

Father Only Foster Parent(s)
 Grandparent(s) Guardian(s)
 Mother & Father
 Mother & Grandparent(s)

Referring Organization:

Check all that Apply:

- TANF
- Food Stamps
- General Assistance
- SSDI
- SSI
- Veterans Compensation
- Day Care Voucher
- School Lunch
- Medicaid
- Can Swim

Address:

(Line 1)

(Line 2)

(City) (State)

Address Type:

Home

Work _____

(Zip Code)

Phone Number:

() -

Phone Type:

Home Work _____

E-Mail Address:

E-Mail Type:

Home Work _____

Member Medical Information (Please Print)

Insurance Company:

Medications:

Medical Problems/Allergies:

Insurance Policy Number:

Physician:

Physician Phone:

Disabilities:

Hospital:

Hospital Phone:

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

()

-

- Home Work
- _____

- Parent
- Guardian
- _____

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

2.) First Name:

Last Name:

()

-

- Home Work
- _____

- Parent
- Guardian
- _____

- Emergency Contact
- Primary Emergency Contact
- Lives With Member

The Suffolk Unit also uses the following fields to learn more about your child. Please check one item from each group below.

Arrival to club: Parent drop off
 Parent drop off / Walker
 School Bus
 Walker

Departure from club: Other
 Parent pickup
 Parent pickup / Walker
 Walker

Immunizations: No
 Yes

Internet User: Allowed
 Not Allowed

Meal: No
 Yes

Medical Release: Allowed / On file
 Not Allowed

Photo Release: No
 Yes

Physical Record: No
 Yes

School Records: No
 Yes

Voice Release: no
 yes

Walk home alone: Allowed
 Not Allowed

I have read the completed application, understand the rules of the Suffolk Unit and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Suffolk Unit will not be responsible for any accident to the boy/girl while on the Suffolk Unit premises or while engaged in any of its activities away from the Suffolk Unit. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Suffolk Unit may care to use them.

Parent or Guardian Signature

Member's Signature

Date