

Membership Information Form



Eastern Shore Unit
3239 Main Street
Exmore, VA 23350

P: (757) 678-5151 8141

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)

Address Type:

 Home Work _____
(Zip Code)

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)

Address Type:

 Home Work _____
(Zip Code)

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:****Insurance Policy Number:****Medications:****Medical Problems/Allergies:****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 Eastern Shore Unit also uses the following fields to learn more about your child. Please check one item from each group below.

Arrival to club:	<input type="checkbox"/> Parent drop off <input type="checkbox"/> Parent drop off / Walker <input type="checkbox"/> School Bus <input type="checkbox"/> Walker	Departure from club:	<input type="checkbox"/> Other <input type="checkbox"/> Parent pickup <input type="checkbox"/> Parent pickup / Walker <input type="checkbox"/> Walker
Immunizations:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Internet User:	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed
Meal:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Medical Release:	<input type="checkbox"/> Allowed / On file <input type="checkbox"/> Not Allowed
Photo Release:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Physical Record:	<input type="checkbox"/> No <input type="checkbox"/> Yes
School Records:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Voice Release:	<input type="checkbox"/> no <input type="checkbox"/> yes
Walk home alone:	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed		

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

Parent or Guardian Signature

Member's Signature

Date