

# Membership Information Form



Calvert Square Unit  
975 Bagnall Road  
Norfolk, VA 23504

P: (757) 622-2610

F: (757) 314-1613

**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

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

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

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

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Parent or Guardian Signature

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Member's Signature

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Date