**The Ricketts Center**

**A program of Boyertown Area Multi-Service**

**Membership Application**

|  |  |
| --- | --- |
| Child’s Name: | Date of Birth:Age: |
| Street Address: | City, State, Zip: |
| Phone:  | Email: |

**Race:** Black/African\_\_\_\_\_\_ White/Caucasian\_\_\_\_\_\_ Hispanic\_\_\_\_\_\_ Asian\_\_\_\_\_\_ Mixed Race\_\_\_\_\_\_

**Information for Parent/Guardian(s)/Legally Responsible for Child**

|  |  |
| --- | --- |
| Parent/Guardian Name: | Parent/Guardian Name: |
| Street Address: | Street Address: |
| City, State, Zip: | City, State, Zip: |
| Phone: | Phone: |
| Email: | Email: |

**Emergency Contact Person: Please list at least one person who could assume responsibility for your child if you could not be reached.**

|  |  |
| --- | --- |
| Name: | Name: |
| Relationship: | Relationship: |
| Street Address: | Street Address: |
| City, State, Zip: | City, State, Zip: |
| Phone: | Phone: |
| Email: | Email: |

**Please list any medical concerns/allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list all medications your child takes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide medical insurance information:**

|  |  |
| --- | --- |
| Provider: | Member ID: |
| Member Name: | Phone: |

I hereby grant permission for the staff of the facility to contact the following medical personnel and obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child is allowed to be picked up at the Ricketts Center by the following people:**

|  |  |
| --- | --- |
| Name: | Phone: |
| Name: | Phone: |

**Household Information:**

**We appreciate your efforts to complete the following information. All household information is strictly for reporting purposes and held in the strictest confidence.**

**Please circle any of the adults who reside in this member’s household:**

**Mother Father Step-Mother Step-Father Grandparent(s) Foster Parent(s)**

**How many individuals live in this household? \_\_\_\_ How many are 65 or older? \_\_\_\_ How many are 18 or younger? \_\_\_**

**Does this member qualify for free or reduced lunch? (Please Circle) FREE REDUCED**

**What is the annual gross income for this household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do any household members belong to the military? YES NO If yes, which branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are any household members physically disabled? YES NO**

**The head of the household is: MALE FEMALE BOTH Is the head of household a single parent? YES NO**

**Is there a restraining order against any individual preventing contact with this member? YES NO**

**NOTE: YOU MUST PROVIDE LEGAL DOCUMENTATION IF CHOOSING ‘YES’**

**If yes, what is their name and relation to the member?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child is allowed to walk home alone from The Ricketts Center: YES NO**

**I grant permission for The Ricketts Center to take and use photographs and videotapes of the applicant as needed for program documentation and public relations:**

 **(Please Sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**