



MEMBERSHIP APPLICATION

Boys & Girls Clubs of Greater Peoria

First Name: _____ Middle: _____ Last: _____

Gender: M F School: _____ Grade: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Ethnic Background: Caucasian African Am Hispanic Asian Am Indian Other _____

Membership Status: New Renewal Transfer from another location: _____

How did you hear about the Club? School Flyer Drive By Newspaper Friend: _____
Please Print Name

Medical Information:

Special Information: Allergies, etc _____

Does your child take any medications? _____

Member lives with: Mom & Dad Mom Only Dad Only Grandparent Other: _____

Annual	Less than:	_____ \$25,327	_____ \$44,641	
Household	_____ \$13,273	_____ \$26,845	_____ \$44,941	
Income:	_____ \$17,797	_____ \$31,765	_____ \$51,079	More than:
	_____ \$18,889	_____ \$35,893	_____ \$57,517	_____ \$63,966
	_____ \$22,321	_____ \$40,417	_____ \$63,955	

Number of Individuals Living in Household: _____

Is parent/guardian a member of the military? Yes No If yes, which branch: _____

Emergency Contacts:

Mother/Guardian: _____ Phone #: _____ Phone #: _____

Father/Guardian: _____ Phone #: _____ Phone #: _____

Optional: email address: _____

Additional contacts if parents/guardians cannot be reached: (Please indicate relationship to child.)

Name: _____ Phone #: _____ Phone #: _____

Name: _____ Phone #: _____ Phone #: _____

Authorized to pick up members from the Club:

Please note: Parents/guardians and additional contacts are automatically authorized to pick up children from the Club. Only list other people who may be picking up members.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____



PEORIA public schools

Where remarkable happens every day

Consent to Disclosure of School Student Records and Information Including Mental Health and Developmental Disability Information

Mail to: 3202 N. Wisconsin Ave. • Peoria IL 61603 • Phone: 309-672-6793

Please enclose \$5 fee for records, Make check or money or payable to: Peoria Public Schools.

Student's name (during School): _____ Date of Birth: _____
Year & Name of last PSD150 school attended: _____ Graduated? Yes ___ No ___

I hereby grant my consent to Peoria School District No. 150 to disclose the selected information to the recipient identified below:

X Transcript _____ Immunizations _____ Other: Report cards

Recipient:

Name: BOYS + GIRLS CLUBS OF Greater Peoria
Address: 806 E. KANSAS ST.
City, State, Zip: PEORIA, IL 61603
Mail _____ Fax X FAX # 309-685-4207 Phone: _____

Information to be Disclosed:

- 1. The student record of _____ ("the Student"), including but not limited to any documents created by Peoria School District No. 150, pursuant to the Illinois School Student Records Act, 105 ILCS 10/1 et seq.
2. All documents and communication from a therapist, doctor, or hospital which may be deemed mental health records under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 11/1 et seq.

The purpose for this disclosure is for: data collection

If I do not grant this consent, these records will be not released to the recipient, but I will not suffer any other consequences. This consent is valid for one calendar year from the date set forth below, and may be revoked at any time in writing. I also understand that I have the right to inspect and copy the information to be disclosed pursuant to this consent.

Guardians's signature: _____ Date: _____

Student's signature: _____ Date: _____

Witness

Note: If the student is under age 12, only the parent's signature is needed. If the student is between ages 12 and 18, both the parent's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.

CDBG SERVICE APPLICATION FORM

2016

Dear Applicant:

This program is funded with a federal Community Development Block Program provided through the City of Peoria. The federal agency providing these funds, the Department of Housing and Urban Development (HUD); requires the following information be obtained from all those participating in this program to verify that these funds are being properly used for lower income Peoria residents per CFR 570.208 a 2 A/B.

This form will be kept confidential.

Kathryn Murphy, City of Peoria Grants Coordinator

Program Name: _____

Participant's Name:			
Present Address:			
City, State & Zip:		Date of Birth:	

Race: (Please circle one)				
White	Black/AfrAm	Asian	Amer. Indian	Native Hawaiian
Amer. Indian & White	Asian & White	Amer. Indian & Black/AfrAm	Black/AfrAm & White	Other Multi-Racial

Are you? (Please circle)					
Hispanic Ethnicity:	YES	NO	Elderly: (62+)	YES	NO
Public Housing Authority Household:	YES	NO	Disabled:	YES	NO
Female Head of Household and/or Single Parent:				YES	NO

Please Circle Below the total number of persons in your home and, across from that number, your household's annual income range.

Total Number in Household	Household Income Range	30% Extremely Low Income	50% Very Low Income	80% Low Income
1	⇒	\$0-\$14,600	\$14,601-\$24,350	\$24,351-\$38,950
2	⇒	\$0-\$16,700	\$16,701-\$27,800	\$27,801-\$44,500
3	⇒	\$0-\$20,160	\$20,161-\$31,300	\$30,301-\$50,050
4	⇒	\$0-\$24,300	\$24,301-\$34,750	\$34,751-\$55,600
5	⇒	\$0-\$28,440	\$28,441-\$37,550	\$37,551-\$60,050
6	⇒	\$0-\$32,580	\$32,581-\$40,350	\$40,351-\$64,500
7	⇒	\$0-\$36,730	\$36,731-\$43,100	\$43,101-\$68,950
8	⇒	\$0-\$40,890	\$40,891-\$45,900	\$45,901-\$73,400

This is to certify that the above information is accurate to the best of my knowledge and may be subject to verification.

DATE: _____

Signature of Participant



Notice to Service Provider: This form must be completed in full for every person served, regardless of age and affiliation with household. Parent and/or Guardians may complete and sign this form for youth served.



BOYS & GIRLS CLUBS
OF GREATER PEORIA

CHILD DROP OFF AND PICK UP AUTHORIZATION FORM (Site Copy)

Child's Name: _____ Date: _____

Parent Signature: _____

THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP and be contacted in case of an emergency:

1. Parent/Guardian (please print) _____

Cell Phone _____ Home Phone _____

2. Parent/Guardian (please print) _____

Cell Phone _____ Home Phone _____

PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP AND/OR DROP OFF CHILD:

1. Name (please print) _____

Cell Phone _____ Relationship _____

2. Name (please print) _____

Cell Phone _____ Relationship _____

3. Name (please print) _____

Cell Phone _____ Relationship _____

4. Name (please print) _____

Cell Phone _____ Relationship _____

5. Name (please print) _____

Cell Phone _____ Relationship _____

In case of a last-minute change or addition, please send a note in the morning authorizing your child's release to the new person and including the dates for which permission is given. Notes can be left in the mailbox in the school entry. Email authorization is accepted from a parent/guardian's email address that we already have on record. All numbers will be contacted if in case of emergency contacts cannot be reached. Authorized individuals will also be contacted if necessary as deemed by Boys & Girls Club Staff if parent or guardian cannot be reached. Please notify club staff immediately if any changes need to be made to this form.