



2020-2021 Membership Application

David G. Hatch Center
55 S 3rd Ave
Sturgeon Bay, WI 54235
920.818.1046
www.bgcdoorcounty.org
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INSTRUCTIONS: Please read the attached rules and policies before completing this form. Return all completed forms to the David G. Hatch Center. Our membership year runs from September-August. The fee is \$36 per school year, per child, with a maximum of \$72 per family. Scholarship applications are available upon request.

Member Information:

Member's Name: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Youth lives with: [ ] Both Parents [ ] Mom Only [ ] Dad Only [ ] Joint Custody [ ] Guardian

Total Number of Household Members (Including the member on this application): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Information:

• Primary Parent/Guardian: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

• Other Parent/Guardian: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

[ ] Individual Education Plan (IEP)? Yes No

IEP Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Information necessary for grants (this information must be filled out for membership to be processed):

Annual Household Income: \_\_\_ Under \$10,000 \_\_\_ \$10,000-\$14,999 \_\_\_ \$15,000-\$24,999 \_\_\_ \$25,000-\$34,999
\_\_\_ \$35,000-\$49,999 \_\_\_ \$50,000-64,999 \_\_\_ 65,000-79,999 \_\_\_ 80,000-99,999 \_\_\_ 100,000+

Ethnicity (Choose One): \_\_\_ African American \_\_\_ Asian/Pacific Islander \_\_\_ Caucasian \_\_\_ Hispanic/Latin \_\_\_ Multi-Ethnic
\_\_\_ American Indian \_\_\_ Other: \_\_\_\_\_

[ ] Military Household Member? Branch of Service: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

\*\*If medication will be distributed at the Boys and Girls Club of Door County the medication authorization form must be completed.\*\*

**If your child has a milk allergy, we require a doctor's note.**

Check all programs from which family receives assistance

- |                               |   |  |
|-------------------------------|---|--|
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Reduced School Lunch | <input type="checkbox"/> Free School Lunch               |
| <input type="checkbox"/> SSI  | <input type="checkbox"/> Food Stamps          | <input type="checkbox"/> Veterans Compensation           |
| <input type="checkbox"/> TANF | <input type="checkbox"/> General Assistance   | <input type="checkbox"/> MA (Medicaid, BadgerCare, etc.) |

Please list in order of priority of any adults, *other than yourself*, who may pick up your child in an emergency. Only individuals on this list will be permitted to pick up your child. ID may be required. **No child will be released to anyone without written and signed authorization from a parent or guardian.**

Name	Phone #	Relationship to Member

Please list any parent who is **not authorized** to pick your child up from the Club:  
(Court documentation required)

Name	Phone #	Relationship to Member

\*\*\*What Size T-Shirt Does Your Child Currently Wear?\*\*\* \_\_\_\_\_

It costs approximately \$1,200 per member for school year programming.  
Help us help you by donating what you can.  
When Everyone Contributes a Little, We Can Do a Lot!

\$5\_\_\_\_\_ \$10\_\_\_\_\_ \$20\_\_\_\_\_ \$50\_\_\_\_\_ \$100\_\_\_\_\_ Other Amount: \_\_\_\_\_

Method of Payments: Credit Card: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_

Automatic Withdraw Account Type: Checking Savings

Automatic Withdraw: Acct # \_\_\_\_\_ Routing # \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_ I will give online at [www.bgcdoorcounty.org](http://www.bgcdoorcounty.org)

**THANK YOU!**