



20__ Membership

Annual Fee
\$20.00
Per Calendar Year

OFFICE USE ONLY

CDBG FUNDED YES <input type="checkbox"/> NO <input type="checkbox"/>	Club No.	_____
	Exp. Date	12/31/20
	Receipt No.	_____
	Staff Name	_____
	New _____ / Renew _____	_____
	Card _____ / Input _____	_____
	Extended Day Check Box	<input type="checkbox"/>
	OJP Outreach check box	<input type="checkbox"/>

NAME: _____ HOME PHONE: (____) _____
FIRST MIDDLE LAST

ADDRESS: _____ CITY: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ SCHOOL: _____ GRADE: _____ SEX (M/F) _____

MOTHER'S NAME: _____ MOTHER'S WORK PLACE: _____ MOTHER'S PHONE #: (____) _____

MOTHER'S CELL: (____) _____ MOTHER'S E-MAIL ADDRESS: _____ MOTHER'S HOME EMAIL: _____

FATHER'S NAME: _____ FATHER'S WORK PLACE: _____ FATHER'S PHONE #: (____) _____

FATHER'S CELL: (____) _____ FATHER'S E-MAIL ADDRESS: _____ FATHER'S HOME E-MAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP TO CHILD: _____ EMERGENCY PHONE #: (____) _____

DOES YOUR CHILD HAVE ANY HEALTH OR DISABILITY PROBLEMS: YES NO IF YES, EXPLAIN: _____

THE FOLLOWING DOCUMENTATION IS REQUIRED:

- PROOF OF INCOME (i.e. check stub, AFDC statement)**
- PROOF OF RESIDENCY (i.e. utility bill, California ID/License)**

I hereby give permission for my child to become a member of the Boys & Girls Clubs of La Habra and to take place in the various athletic, cultural, and social activities at the Club. I understand my child's membership standing is based on his/her ability to obey the rules of the club, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior. The Club has my permission to use photos of my child and to seek medical attention in an emergency. **I will take the responsibility to ensure that all phone numbers and membership information is kept current.**

The Boys & Girls Clubs of La Habra has an "Open Door" Policy. If you want your child to remain inside the Club during open hours you must instruct him/her to do so, as we are not responsible for them outside our facilities.

Parent's Name (Print)

Parent's Signature

Date

City of La Habra– Self Certification Form
FY 20__

Name: _____ Address: _____

1.) Head of Household: ____ Male ____ Female

2.) Number of people in Household: _____

3.) Please check your household size and annual income level (from all sources):

Household size	Extremely Low-Income	Very Low-Income	Low-Income	Above Moderate-Income
1	\$19,550 or less	\$19,551 to \$32,550	\$32,551 to 52,100	\$52,101 & above
2	\$22,300 or less	\$22,301 to 37,200	\$37,201 to 59,500	\$59,501 & above
3	\$25,100 or less	\$25,101 to 41,850	\$41,851 to \$66,950	\$66,951 & above
4	\$27,900 or less	\$27,901 to 46,500	\$46,501 to \$74,400	\$74,401 & above
5	\$30,150 or less	\$30,151 to \$50,200	\$50,201 to \$80,350	\$80,351 & above
6	\$32,350 or less	\$32,351 to \$53,950	\$53,951 to \$86,300	\$86,301 & above
7	\$34,600 or less	\$34,601 to \$57,650	\$57,651 to \$92,250	\$92,251 & above
8	\$36,850 or less	\$36,851 to \$61,400	\$61,401 to \$98,200	\$98,201 & above

4.) Race:

____ Black/ African American ____ White ____ American Indian/ Alaskan Native

____ Native Hawaiian/ Other Pacific Islander ____ Asian

____ American Indian or Alaska Native and White ____ Asian and White ____ Other

____ Black or African American and White

____ American Indian or Alaska Native and Black or African American

4a.) Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

I certify that the above information is true and accurate and that supporting documentation can be provided upon request.

Applicant's Signature

Date

Agency's Approval

Date