



Membership Info Sheet

Office Use Only

Registration Date _____
 Fees Paid _____
 Receipt # _____
 New Member / Renewing
 School / Summer

Children's Info

Full Name	Birth Date Month/Day/Year	Age	School	Grade
	/ /			
	/ /			
	/ /			
	/ /			

Legal Parent(s)/Guardian(s) Contact Info

Name	Address	Mobile/Cell	Email	Does Child Live with this person?
				Yes / No
				Yes / No
				Yes / No

Authorized Pick Up (in addition to parent(s)/guardian(s))

Name <i>*Must provide Photo ID when picking up child*</i>	Mobile/Cell

My Child/Children Can Walk Home after Club Hours: Yes / No

In Case of Emergency (in addition to parent(s)/guardian(s))

Name	Mobile/ Cell	Relationship

Health Info (List all children)

Child's Name	Allergies (n/a if none)	Medical Conditions & Current Medications
Special Instructions:		
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Special Instructions:		

***Note: The Sandy Club cannot administer medication**

My child/children may be photographed for Club publicity and promotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to receive text messaging updates	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Demographic Information (for grant writing and fundraising purposes only)

Race/Ethnicity (please circle one)	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Asian	Black or African American
	Hispanic or Latino	Middle Eastern	White or Caucasian	Other
Annual Family Income (please circle one)	Under \$24,000	\$24,0001-\$34,000	\$34,001-\$44,000	\$44,001-\$54,000
	\$54,001-\$64,000	\$64,001 - \$74,000	\$74,001 and above	
Family Size: _____	Single Parent Home: Yes No		Children live with: Mother Father Other_____	

**This information qualifies The Sandy Club, "A Safe Place for Boys and Girls" and its members for federal programs including free meals and the reduction of other fees. All information is regarded as strictly confidential*

***You may be asked for proof of income to qualify for reduced or waived enrollment fees*