



Boys & Girls Club
of London
A good place to be

184 Horton Street London, ON N6B 1K8
Tel: (519) 434-9114 Fax: (519) 434-7306
www.bgclondon.ca

FOR OFFICE USE ONLY	
Membership Code:	_____
Expiry Date:	_____

BOYS & GIRLS CLUB CONTRACT

The following information is necessary for our records and for the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. **PLEASE PRINT CLEARLY:**

Type of contract

Family Membership Child/Youth Membership Visitor ACT-i-Pass Participant # _____

Address: _____
Street # & Name
City
Postal Code

Home Phone #: (____) _____ E-Mail Address: _____

CHILD 1

Name: _____
FIRST
MIDDLE
LAST

OFFICE USE ONLY
Kidtrax # _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: Male Female
DAY
MONTH
YEAR

School Name: _____ Grade: _____ Will your child be attending Supper Club? Yes No

Does your child use the BGCL Bus? Yes No If so, which day of the week? _____ Can your child walk home alone? Yes No

Does your child know how to swim? Yes No Does your child require a lifejacket while swimming? Yes No

Does your child have any Medical, Physical or Emotional concerns that we should know about? I.e. ADHD, emotional outbursts, allergies, or any other conditions where extra attention may be required. Please give details:

Do you give consent to the Boys & Girls Club to use your child's name and photo for public purposes? Yes No

Child's Doctor: _____
NAME
NUMBER

List any Medication your child is taking: _____ Health Card #: _____

List anyone who is **NOT ALLOWED** to pick up your child: _____
NAME AND RELATIONSHIP TO CHILD

CHILD 2

Name: _____
FIRST
MIDDLE
LAST

OFFICE USE ONLY
Kidtrax # _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: Male Female
DAY
MONTH
YEAR

School Name: _____ Grade: _____ Will your child be attending Supper Club? Yes No

Does your child use the BGCL Bus? Yes No If so, which day of the week? _____ Can your child walk home alone? Yes No

Does your child know how to swim? Yes No Does your child require a lifejacket while swimming? Yes No

Does your child have any Medical, Physical or Emotional concerns that we should know about? i.e. ADHD, emotional outbursts, allergies, or any other conditions where extra attention may be required. Please give details:

Do you give consent to the Boys & Girls Club to use your child's name and photo for public purposes? Yes No

Child's Doctor: _____
NAME
NUMBER

List any Medication your child is taking: _____ Health Card #: _____

List anyone who is **NOT ALLOWED** to pick up your child: _____
NAME AND RELATIONSHIP TO CHILD



Boys & Girls Club of London
 184 Horton Street London, ON N6B 1K8
 Tel: (519) 434-9114 Fax: (519) 434-7306
 A good place to be www.bgclondon.ca

FOR OFFICE USE ONLY
 Membership Code: _____
 Expiry Date: _____

EMERGENCY CONTACTS (people who do not live in the home)

Emergency Contact 1: _____
 First Name Last Name Relationship

 Home Phone # Work Phone # Cell Phone #

Emergency Contact 2: _____
 First Name Last Name Relationship

 Home Phone # Work Phone # Cell Phone #

ETHNIC BACKGROUND

Asian Specify: _____ Caribbean African Canadian
 European Specify: _____ Spanish Aboriginal
 Middle Eastern Specify: _____ Caucasian Other Specify: _____

FAMILY HISTORY

Parent(s) Marital Status: Other Married Separated Divorced Widowed Single
Child lives with: Mother Father Both Guardian Mother and Step Father Father and Step Mother
 Grandparent (s) Aunt/Uncle Sister/ Brother Other Specify: _____
 Number of Sisters / Step Sisters: _____ Number of Brother / Step Brothers: _____ Number of People in Household: _____
Family Setting: One Parent Family Two Parent Family Joint Custody Other Specify: _____

Membership prices are subsidized according to combined family income

ANNUAL COMBINED FAMILY INCOME: Under \$24,000 \$24,000 - \$30,000 \$30,000 - \$50,000 Over \$50,000

MEMBERSHIP PAYMENT CHART

Number of Children	1	2	3	4	5	6	Client pays per child	Club Pays
Gross Annual Household Income	Up to \$20,000	Up to \$23,000	Up to \$26,000	Up to \$29,000	Up to \$32,000	Up to \$35,000	\$25.00	\$175.00
	Up to \$25,000	Up to \$28,000	Up to \$31,000	Up to \$34,000	Up to \$37,000	Up to \$40,000	\$50.00	\$150.00
	Up to \$32,000	Up to \$35,000	Up to \$38,000	Up to \$41,000	Up to \$44,000	Up to \$47,000	\$80.00	\$120.00
	Up to \$41,000	Up to \$44,000	Up to \$47,000	Up to \$50,000	Up to \$53,000	Up to \$56,000	\$115.00	\$85.00
	Up to \$52,000	Up to \$55,000	Up to \$58,000	Up to \$61,000	Up to \$64,000	Up to \$67,000	\$155.00	\$45.00
	Up to \$65,000	Up to \$68,000	Up to \$71,000	Up to \$74,000	Up to \$77,000	Up to \$80,000	\$175.00	\$25.00
	\$65,001 and over	\$68,001 and over	\$71,001 and over	\$74,001 and over	\$77,001 and over	\$80,001 and over	\$200.00	\$0
Act-i-Pass	Act-i-Pass program is free to all children in Grade 5, please visit www.inmotion4life.ca/actipass/ for more information.							
Visitor Fee	Cost per visitor is \$3.00							

We would like to give everyone an opportunity to participate in our programs. If you are unable to pay for a membership, please contact us at (519) 434-9114.



Boys & Girls Club
of London
A good place to be

184 Horton Street London, ON N6B 1K8
Tel: (519) 434-9114 Fax: (519) 434-7306
www.bgclondon.ca

FOR OFFICE USE ONLY
Membership Code: _____
Expiry Date: _____

OFFICE USE ONLY
Kidtrax # _____

OFFICE USE ONLY
Kidtrax # _____

FATHER / STEP FATHER / GUARDIAN

Name: _____
Occupation: _____
Employer: _____
Work Phone: _____
Cell #: _____
Email: _____

MOTHER / STEP MOTHER / GUARDIAN

Name: _____
Occupation: _____
Employer: _____
Work Phone: _____
Cell #: _____
Email: _____

******For Family Memberships ONLY
Parent/Guardian Medical Information ******

List any Health Issues: _____

List any Medications you are taking: _____

Health Card #: _____

******For Family Memberships ONLY
Parent/Guardian Medical Information ******

List any Health Issues: _____

List any Medications you are taking: _____

Health Card #: _____

MEMBERSHIPS ARE VALID FOR ONE YEAR FROM THE TIME OF PURCHASE

*I have read the completed contract; understand the rules of the Boys & Girls Club and request that my **family / child** be admitted into **membership / visitor**. I have explained the rules to my children and agree that the Boys & Girls Club will not be responsible for any accident to my family on the premises or while engaged in any activities away from the Club.*

Parent / Guardian Signature

Date

FOR OFFICE USE ONLY
Amt. Paid: \$ _____ Paid By: Cash Debit Visa / MC Date: _____
Receipt No.: _____ Received By: _____