



BOYS AND GIRLS CLUB OF PEEL

247 McMurphy Ave. S. Brampton L6Y 1Z4
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MEMBERSHIP FORM – Parent/Guardian information

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk (*)

HEAD OF HOUSEHOLD (Parent/Guardian): (Please Print)

| | | |
|---|--|---|
| First Name:* | Last Name:* | Gender: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family Income: Optional | Address:* | Address Type: |
| <input type="checkbox"/> 26,000 or less <input type="checkbox"/> 26,001 – 32,000 <input type="checkbox"/> 32,001 – 38,000 <input type="checkbox"/> 38,001 – 43,000 <input type="checkbox"/> 43,001 – 49,000 <input type="checkbox"/> 49,001 – 54,000 <input type="checkbox"/> 54,001 or greater | Line 1 <input type="text"/> Line 2 <input type="text"/> City <input type="text"/> Province <input type="text"/> Postal Code <input type="text"/> | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Family Size: | Phone Number:* | Phone Type: |
| <input type="text"/> | (<input type="text"/>) <input type="text"/> - <input type="text"/> | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular |
| | (<input type="text"/>) <input type="text"/> - <input type="text"/> | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular |
| E-Mail Address: | E-Mail Type: | |
| <input type="text"/> | <input type="text"/> | |
| Employer: | Job Title: | Occupation: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Parents / Guardian : (Please Print)

| | | |
|--|---|----------------------|
| First Name: | Last Name: | Gender: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address: | Address Type: | |
| Line 1 <input type="text"/> Line 2 <input type="text"/> City <input type="text"/> Province <input type="text"/> Postal Code <input type="text"/> | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | |
| Phone Number: | Phone Type: | |
| (<input type="text"/>) <input type="text"/> - <input type="text"/> | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular | |
| (<input type="text"/>) <input type="text"/> - <input type="text"/> | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular | |
| How did you hear about the Boys and Girls Club of Peel? _____ | | |
| E-Mail Address: | E-Mail Type: | |
| <input type="text"/> | <input type="text"/> | |
| Employer: | Job Title: | Occupation: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are you interested in volunteering? If so, please indicate area of interest: _____

The following information is for our records and the funding our organization receives. The answers you provide are completely confidential. Your co-operation in providing this information is both appreciated and necessary. Thank you.

Please check all that Apply:

| | | |
|--|--|--|
| Family Setting: | Housing: | Source of Income: |
| <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Same Parent <input type="checkbox"/> Extended Family <input type="checkbox"/> Foster Family <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____ | <input type="checkbox"/> Apartment building (not subsidized) <input type="checkbox"/> Basement Apartment <input type="checkbox"/> Co-op <input type="checkbox"/> Own <input type="checkbox"/> Peel Living <input type="checkbox"/> Shelter <input type="checkbox"/> Subsidized <input type="checkbox"/> Other _____ | <input type="checkbox"/> Disability (O.D.S.P.) <input type="checkbox"/> Canada Pension <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Full Time Employment <input type="checkbox"/> Part Time Employment <input type="checkbox"/> Social Assistance <input type="checkbox"/> W.S.I.B. <input type="checkbox"/> O.S.A.P. <input type="checkbox"/> Other _____ |

Socio-Demographic Data – Optional information

The following Socio-Demographic questionnaire is for member/participant information. It is necessary for our agency to collect this data for Statistical purposes and for the funding our organization receives.

The answers you provide are completely voluntary and will remain confidential.

Your co-operation in providing this information is both appreciated and necessary. Thank you.

Were you (parent/guardian) born in Canada?

- Yes No Prefer not to answer Do not know

Was your child born in Canada?

- Yes No Prefer not to answer Do not know

If No, please indicate your length of time in your child has been in Canada.

- 0 – 3 years 3+ – 5 years 5+ – 10 years more than 10 years

From the list below, please indicate your child's ethnic background. Please check off the primary category and circle the specific ethnicity in parenthesis:

- Asian – East (e.g., Chinese, Japanese, Korean)
- Asian – South (e.g., Indian, Pakistani, Sri Lankan)
- Asian – South East (e.g., Malaysian, Filipino, Vietnamese)
- Asian – West (e.g., Afghan, Assyrian, Iranian)*
- Arab – (e.g., Egyptian, Kuwaiti, Libyan)*
- Black – African (e.g., Ghanaian, Kenyan, Somali)
- Black – Caribbean (e.g., Barbadian, Jamaican)
- Black – North American (e.g., Canadian, American)
- First Nations - Status
- First Nations – Non status
- Indian – African (e.g., Kenyan, Uganda, Tanzanian)
- Indian – Caribbean (e.g., Guyanese with origins in India)
- Indigenous/Aboriginal not included elsewhere
- Inuit
- Latin American (e.g., Argentinean, Chilean, Salvadorian)
- Métis
- White – European (e.g., English, Italian, Portuguese, Russian)
- White – North American (e.g., Canadian, American)
- Mixed heritage (Please specify) _____
- Other (Please Specify) _____
- Do not know
- Prefer not to answer

* Comprise Middle Eastern (e.g., Egyptian, Iranian, Lebanese)

Language spoken at home: _____

Enrolment Site and Program(s): _____

Summer

Fall/Winter

March Break

Office Use Only:

Membership: () Single () Family

Membership Fee Received: _____

Data Entry Date: _____

Data entered by: _____