



# Membership Application

**The Positive Place For Kids**

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DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_

YES  NO

PERMISSION TO SEEK TREATMENT IF YOU CAN NOT BE REACHED? \_\_\_\_\_ DATE OF LAST MEDICAL EXAM \_\_\_\_\_

NAME OF MEDICAL INSURANCE \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

ALLERGIES TO FOOD \_\_\_\_\_

ALLERGIES TO MEDICATION \_\_\_\_\_

OTHER HEALTH CONCERNS WE SHOULD KNOW ABOUT \_\_\_\_\_

YES  NO

IMMUNIZATIONS ARE UP TO DATE

YES  NO

IMMUNIZATIONS ON FILE AT SCHOOL

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

Asian  Black  Filipino  Latino  Middle Eastern  Mixed  Native American  Pacific Islander  White  
PLEASE CHECK ONE ETHNICITY FROM ABOVE

YES  NO

ELDERLY PERSON AT HOME (OVER 65)

TOTAL CHILDREN IN HOME (UNDER 18)

YES  NO

HANDICAPPED PERSON AT HOME

\$

MONTHLY HOUSEHOLD INCOME

TOTAL NUMBER IN HOUSEHOLD

YES  NO

CURRENTLY A SINGLE PARENT

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY			
	<input type="checkbox"/> N/A <input type="checkbox"/> CP <input type="checkbox"/> BS <input type="checkbox"/> PS <input type="checkbox"/> NSV	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRIORITY SCORE	TRANSPORTATION	AFTER-SCHOOL	CAMP
MEMBERSHIP NUMBER	MEMBERSHIP TYPE	STAFF INITIALS & DATE	

The Positive Place For Kids



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