



Office Use Only
Registration Date: _____
Reduced or Waived <input type="checkbox"/> Yes <input type="checkbox"/> No
Fees Paid: _____
Receipt #: _____
<input type="checkbox"/> New <input type="checkbox"/> Renewing
<input type="checkbox"/> School Year <input type="checkbox"/> Summer
Photo ID Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No

Sandy Club Membership Registration Form

Children's Info (Please list all children being registered)

Full Name	Birth Date	Age	Entering Grade	School

Legal Parent(s)/Guardian(s) Contact Info (Legal documentation is required to exclude any parent or guardian)

Name	Address	Phone/Text	Email	Child Live with this person?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized Pick-Up (in addition to parent/guardian) (Photo ID is required)

Name	Phone Number

Emergency Contact (in addition to parent(s)/guardian(s))

Name	Phone	Relationship

Health Info (The Sandy Club does not administer medication or provide other treatments)

Child's Name	Allergies (N/A if none)	Medical Condition / Medications

Check Out & Pick Up Requirements (Please Select One)

- Child must be picked up
- Child may walk home at club closing
- Child may walk home at _____ p.m.

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

Does your child qualify for free or reduced school lunch? Yes No

If yes, please select one: Free Reduced

**Proof of Free or Reduced School Lunch eligibility is required to receive a reduced or waived non-refundable registration fee.*

Demographic Information

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.

Annual Family Income (Please Select One)

- | | |
|--|--|
| <input type="checkbox"/> Under \$24,000 | <input type="checkbox"/> \$54,001-\$64,000 |
| <input type="checkbox"/> \$24,001-\$34,000 | <input type="checkbox"/> \$64,001-\$74,000 |
| <input type="checkbox"/> \$34,001-\$44,000 | <input type="checkbox"/> \$74,001-\$84,000 |
| <input type="checkbox"/> \$44,001-\$54,000 | <input type="checkbox"/> \$84,000 & UP |

Family Size: _____

Race/Ethnicity (Please Select One) (Optional)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or More (please list) |
| <input type="checkbox"/> Middle Eastern or North African | _____ |

Parent/Guardian Signature

Date:
