



2015 Hip-Hop Help "I Belong" Program Enrollment Form
Accepted by Boys & Girls Club of Oxnard
Harriet H. Samuelsson Branch
126 E. Seventh Street, Oxnard CA. 93030

Parents: Please be assured that all information on this form is kept strictly confidential. Please fill out the form completely and legibly. All information ask for is required for our records. Thank you.

Member Information

Last Name _____ First Name _____ D.O.B. _____
 School _____ Grade _____ Gender _____ Age _____

Medical Information

Medical conditions, special needs, limitations, allergies _____

Medications _____

Health Insurance: No Yes Insurance Company _____ Policy# _____

Authorized Pick-up/Emergency Contact (other than parent)

Name _____ Phone# _____ Relationship _____

Father/Mother (only one is needed)

Last Name _____ First Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____ Work Phone _____ Cell Phone _____

Occupation _____ Email _____

Family Settings (circle one) Both Parents Mother only Father only Guardian Split Custody
Annual Household Income: Under \$25,000 \$25,000-\$35,000 \$45,000-\$55,000 Over \$55,000

Child's Ethnicity (circle one) African American Native American Hispanic Caucasian Mulit-Racial
Asian Pacific Islander Other _____

Primary language spoken at home: (circle one) English Spanish Other _____

FOR PROGRAM USE ONLY

Boys & Girls Club Member Status: (circle one) New Member Existing Member
 Hip-Hop Help "I Belong" Status: (circle one) New Member 2nd time 3rd time 4th time
 Amount Paid: _____ Cash/Check _____ Paid by Hip-Hop Help _____

For question please contact Hip-Hop Help (805-482-1658) or email: ibelong@hiphophelp.org, www.hiphophelp.org