



SKANEATELES COMMUNITY CENTER



BOCES Membership Application

***Please bring in proof of school enrollment along with this form (Student ID card, most recent report card, or parent square app showing students name and school are all acceptable forms).**

Parent/Guardian Information

Full Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;">LastFirstM.I.</div>	Date: _____
Address: _____ <div style="display: flex; justify-content: space-around; font-size: small;">Street addressApt/Unit #</div> _____ <div style="display: flex; justify-content: space-around; font-size: small;">CityStateZip Code</div>	Phone: _____ Email: _____
Date of Birth: _____	
Full Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;">LastFirstM.I.</div>	Date: _____
Address: _____ <div style="display: flex; justify-content: space-around; font-size: small;">Street addressApt/Unit #</div> _____ <div style="display: flex; justify-content: space-around; font-size: small;">CityStateZip Code</div>	Phone: _____ Email: _____
Date of Birth: _____	

School District enrolled in: _____

Type of Membership:

Youth ☐

Family ☐

Please list any activities of interest (ie. Swimming, ice skating, sports, art classes, hobbies, etc)

Please list names of children in the household:

Name:	Sex	Birthdate	Age	Grade	School

Signature: _____ Date: _____ Membership ID # _____