

Boys & Girls Club of Western Broome Family Center School Age Child Care Enrollment Packet- Holiday Only

2016-2017

NYS OCFS Licensed Site # 42262

Last Name _____

First Name _____

Date of Birth _____ / _____ / _____

Age (as of Sept.) _____

School _____

Grade (as of Sept.) _____

2016 Boys & Girls Club Membership # _____	Membership Expiration Date _____
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**Please contact the Main Office to sign-up for the days off school and half days
when your child will be in care.**

*In the event of illness, accident, or emergency during your child's stay at the club, please list below (in order of importance & including yourself if applicable) whom you would like us to contact:

Name _____ Telephone # _____

Relationship to Child _____

Name _____ Telephone # _____

Relationship to Child _____

My signature below signifies that I have completely filled out this registration packet in its entirety, and have read and fully understand the terms of the accompanying Admissions Agreement and that all my questions have been satisfactorily answered. I hereby agree to comply with the general policies of the School Age Child Care Program as set forth under the "Obligations of Parent/Guardian" section in the Admissions Agreement, as well as with the rules and procedures of the facility itself. I hereby submit my request for my child to be enrolled in the School Age Child Care Program for the duration of the 2016-2017 school year or until I have notified the School Age Child Care Director in writing otherwise.

Signature (parent/guardian) _____ Date _____

Please Note:

Assumptions regarding your child's attendance will not be made. You MUST sign your child up for holiday care each month. ---- Please notify the office if your child will be attending on ½ days if your child is in the Union-Endicott or Maine-Endwell School Districts

The following is a list of Full Days off School in the **Union-Endicott School District** during which we will be offering care:

- **October 7th – Superintendent's Day**
- **October 10th - Columbus Day**
- **November 11th – Veteran's Day**
- **November 23rd → 25th – Thanksgiving Break**
- **December 23rd → January 2nd – Winter Break**
- **January 16th – Martin Luther King Jr. Day**
- **February 17th and 20th – Mid-Term Break**
- **March 10th – Superintendent's Day**
- **April 14th → 21st – Spring Recess**
- **May 26th and 29th – Memorial Day Break (Club is closed on the 29th)**

We do provide care for scheduled half days at no extra cost. (We hope to have those dates by June 2016, no guarantees) *For FULL DAYS OFF you must sign up for care at the Club with the Main Office and pay ahead of time.

As seen in the Admission Agreement:

Snow Days / School Closings: Snow days and any other emergencies that result in early dismissal/cancellation of U-E district schools will also result in the cancellation of the BGCSACC program, due to the fact that we cannot ensure the availability of our staff under such circumstances. We are unable to provide childcare services without sufficient staffing. Therefore, early emergency dismissals will result in your child being sent home from school. **Parents are expected to be prepared with alternate arrangements for supervision of their child(ren) on such days.** Again, no refunds or credit will be given for any snow days or early dismissals, due to the infrequent nature of the event.

Personal Information Sheet

Child's Last Name _____ First Name _____

Mother's Name: _____

Employed At: _____

Home Telephone: _____ *Work Telephone:* _____ *Cell Phone:* _____

Father's Name: _____

Employed At: _____

Home Telephone: _____ *Work Telephone:* _____ *Cell Phone:* _____

-or-

Guardian's Name: _____

Employed At: _____

Home Telephone: _____ *Work Telephone:* _____ *Cell Phone:* _____

Parent/Guardian's Marital Status _____

Custody/Visitation Orders? (circle one) YES / NO [if yes, please provide a copy]

Child Resides with: _____

Primary Address _____

Mother's E-mail Address _____

Father's E-mail Address _____

Cultural Concerns: We respect all religious/cultural traditions and beliefs. Please inform us of any holidays, etc. that your child is not allowed to take part in:

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Extremely Important! The following individuals are the ONLY people authorized to pick up your child from the School Age Child Care Program. ***Do Not forget to include yourself in this list.***
Every person who picks up your child will be required to show Photo ID.

Name _____ Telephone # () _____

Relationship to child: _____

Name _____ Telephone # () _____

Relationship to child: _____

Name _____ Telephone # () _____

Relationship to child: _____

Name _____ Telephone # () _____

Relationship to child: _____

Name _____ Telephone # () _____

Relationship to child: _____

If you want to add someone to this list for any reason or if someone else (not on your list) will be picking up your child(ren) on any given day (i.e. grandma from out of town) we MUST receive written permission with your signature in order to release your child to that person.

(Verbal permission is no longer permissible according to OCFS regulations.)

Medical Information Sheet

Health/Behavioral Development Concerns:

Please check all those that apply and briefly supply details to help us best serve your child. ***All information supplied here will remain confidential and will only be used to better serve your child's needs.***

- ADD/ADHD _____
- Oppositional Defiant Disorder _____
- Autism/Asberger's Syndrome _____
- Asthma _____
- Down's Syndrome _____
- Severe Allergies _____
- Dietary Concerns _____
- PTSD _____
- Hearing/Vision Impairment _____
- Other (please be specific) _____

Medicine: *Due to New York State Regulations we will not provide medication to children enrolled in our School Age Child Care Programs; with the exception of EpiPens and Inhalers for which we have a waiver to administer. If you will be leaving either an EpiPen or Inhaler with our program staff, you will need to fill out a separate form, granting permission. Your child's doctor's signature is also needed on this form. See the School Age Child Care Director if this form is needed.*

Medical Support:

Child's Physician: _____ Telephone #: _____

Child's Dentist: _____ Telephone #: _____

Other Medical Specialist (please tell what type): _____

Telephone #: _____

Emergency Hospital Preference _____

IMPORTANT! Please sign and date the medical release form in this packet and complete the Blue Card attached (ask at the Main Office if printing from website)!

Financial Responsibilities Information

Rates: [BGCWB Staff should check one] --- These rates apply to both full and half day care

- Full Rate: \$30/Day
- Reduced Lunch Rate: \$25/Day
- Free Lunch Rate: \$20/Day

*If you require a reduction in payment rate, you must fill out a reduced rates form and provide of eligibility (letter from school, pay stubs, benefits card, etc.) to the club's main office.

Snow Days: There is **no** School Age Child Care available on Snow Day. Only Drop-in hours. (Weather permitting!)

- at The Boys & Girls Club
- 10:00 a.m. to 4:30 p.m.

Penalties and Late Charges:

- \$20.00 will be charged if payment due is not received by the date of service. (Payment schedule is located in the parent agreement).
- \$10.00 fee will be charged for each additional ten minutes that a child remains in care after the program closes for the day (6:00 p.m. at off-sites and on days when full day care is offered).
- \$5.00 fee will be charged if your child is not signed out of the program. **(Fee will be waived if child is participating in a program during/after SACC hours (i.e. gymnastics, swimming or boxing). Parent MUST put in writing that child is participating in a program, including which days and at what time.)**

*Refunds will not be issued for any emergencies in which the Club closes. Additionally no refunds will be issued unless we are notified of their absence at least one week in advance.

*Current retail will be charged for any balls intentionally kicked into the gym ceiling and/or willful destruction of Boys & Girls Club games, supplies, etc.

***Assumptions regarding your child's attendance will not be made. You MUST sign your child up for holiday care each month. ---- Please notify the office if your child will be attending on ½ days if your child is in the Union-Endicott or Maine-Endwell School Districts**

Parent/Guardian Signature: _____ Date: _____

PAYMENT AGREEMENT

I, being the parent/guardian of _____, hereby agree to pay \$_____ per month to the Boys & Girls Club of Western Broome Family Center for child care services rendered, in accordance with the terms as stated in the admissions agreement. This payment rate will take effect as of the date signed below and will continue until the end of the 2016-2017 school year, unless the main office of the Boys & Girls Club of Western Broome is notified in writing of your child's withdrawal from the program.

I understand that each of these payment rates have been determined by my household income and the number of children that I have enrolled in this program, and I agree to abide by both the rate and payment schedule that has been stipulated. This contract may ONLY be modified when circumstances covered under the agreement change. Such modifications may only be made in writing and must be signed and dated by both parties involved in order to create a binding and effective alteration. Oral modifications of any kind are neither admissible nor binding under this agreement and its stated terms, and therefore, will not be enforceable under any condition. I agree to comply with the payment policies laid out in this agreement, as well as with the general rules and policies of the Boys & Girls Club of Western Broome Family Center, including those upheld by its School Age Child Care program. My signature below indicates that I have read the terms of this agreement in full and that all of my questions prior to registration in this program have been satisfactorily answered. Parent/Guardian will be liable for any fees not paid by 3rd parties; i.e.: DSS, OCFS, Court-ordered support, ect. ***Please remember, if in need of disenrollment for your child for any reason; notification needs to be given to the Main Office, in writing, in order to stop billing.**

Signature of Parent/Guardian _____

Witnessed By (Club Staff) _____ Date _____

Payment Due Dates: Payment for the first month of service is due upon registration. All future payments are due by the ***first Friday of each month*** – see chart below. **For payments in delinquency of more than one month, the Boys & Girls Club reserves the right to discontinue child care services until payment is made.** If services are discontinued due to overdue payments, the child's spot will not be held or guaranteed.

<u>Month</u>	<u>Last Day for Payment</u>
September.....	Upon Registration
November.....	4 th
January.....	6 th
March.....	3 rd
May.....	5 th
October.....	7 th
December.....	2 nd
February.....	3 rd
April.....	7 th
June.....	2 nd

**Please remember we are a non for profit organization; our ability to provide services for your children and our community depends in part of your prompt payment. Thank you.*

Permission Form

Walking Field Trips : *Parents will be notified of these events ahead of time.*

I hereby grant permission for my child to participate in all extended activities of the School Age Child Care program. This includes leaving the Boys & Girls Club premises under the supervision of a staff member for field trips. I understand that there are risks involved in allowing my child to participate in these activities, and I accept each of these risks on behalf of my child. I will not hold the Boys & Girls Club of Western Broome Family Center, its staff, or its volunteers responsible for any accident/injury or lost/stolen property incurred while taking part in during my child's participation in these events. My child is physically fit and prepared for such a trip, and any special disabilities, allergies, illnesses, or concerns have been made thoroughly known to the Boys & Girls Club of Western Broome staff members.

parent/guardian signature

date

Other Field Trips: There will be separate permission forms for you to sign as field trips approach. We will have these out as early as possible so that you can plan accordingly.

Photo/Media Permission: *We take pictures of all our events and occasionally we receive media coverage of those events. However, we wish to respect your wishes in regard to your child being in those pictures or a part of that media coverage. Pictures taken of your child may be used in press releases, on Facebook or on our Website, among other uses. Please see the Youth Development Director or SACC Director with any questions or concerns regarding your child.*

I hereby grant permission for my child to appear in any photo/media coverage approved and hosted by the Boys & Girls Club of Western Broome Family Center without receiving any additional notice. I understand that the School Age Child Care Director has the authority to determine which children and photographs will be used in such an event, and I concede with whatever decision the director makes. I also realize that the club will determine appropriate requests for publicity, and I respect and comply with their choices as well.

parent/guardian signature

date

Drop-In Program

The “drop-in” program offered here at the Boys & Girls Club of Western Broome is a program for members age 5, and attending full day Kindergarten, through age 12. Parents are allowed to drop their children off or send their children to the club and have them under the supervision of our qualified drop-in staff. No transportation is provided from the schools unless children are enrolled in the School Age Child Care Program.

The Drop-in Hours are:

Mon.-Fri. (when school is in session) – 3:00 - 7:00 p.m.

Saturdays (October 3rd - May 14th) – 12:00 noon. – 4:00 p.m.

Snow Days – 10:00 – 4:30 p.m.

Full Days off School (i.e. Winter or Spring Break) – 10:00 a.m. – 4:30 p.m.

Half-Days off School – 1:30- 7:00 p.m.

***All days off, half days and snow days follow the Union-Endicott School Calendar. No extra care is available when Union-Endicott is in session**

The drop-in program is supervised by qualified child care workers who ensure the safety and security of the children who are here. We plan activities for the children but we also listen to their ideas for things to do and places to go. Children who are “drop-ins’ must be supervised by drop-in staff at all times.

If a drop-in chooses to leave we are not responsible for stopping them unless otherwise directed by their parent or guardian. If we ask a child to leave due to an infraction of our established rules we will have them call a parent for a ride and explain the situation.

Education, fitness, the arts, character and leadership development, as well as life skills are important aspects of our programming and are incorporated in most of our activities. We strive to achieve a family type setting where the kids can feel at home. Our goal is to create a fun, yet healthy and safe environment for the children of our community.

Drop-in Program Permission: *If your child has not been picked up by 6:00 p.m. on a normal day of school, they will be signed out of the SACC program by program staff and signed into the Drop-in program which ends at 7:00 p.m. In order for Program Staff to be able to arrange this extended care please sign below indicating your consent. If we do not have your consent, you will be charged a late fee of \$10.00/each additional ten minutes that a child remains in care after the program closes for the day. Also, if your child participates in any other Boys & Girls Club Program (ie. Club Café, Swim lessons, gymnastics,ect) they need to be signed out into the drop in program by Drop-In staff; please sign below indicating your consent. Please fill out form at the Main Office to let us know when your child will be participating in other programs. If you have any questions or concerns about this please inquire with the Youth Development Administrator.*

parent/guardian signature

date

Probation Agreement

Child's Name _____

Date of Admission _____

I agree to a one-month probationary enrollment period (effective as of the above stated date) for my child in the Boys & Girls Club School Age Child Care program. I understand that this time period will be used as a "cushion" to gauge whether or not this program is suitably fit to adapt to the specific needs of my child. The Boys & Girls Club SACC staff will make every sincere attempt to meet each child's particular needs, but also recognizes that that some situations are best served in programs more qualified to accommodate certain children and their needs. The overall concern, as always, is the health, safety, and welfare of every child involved in this program, and I recognize that whatever measures need to be taken to protect these children as a whole will be instituted. *Please understand that at any time a child may be suspended at the discretion of the Director, if a child is threatening the healthy, safety, and welfare of the other children and staff.*

Signature of Parent/Guardian _____

Date _____

***Again, if you have any questions or concerns regarding our program, please feel free to contact us at (607)754-0225.**

Emergency Medical Release Form

Child's Name: _____ **DOB:** _____

If emergency care is deemed necessary for my child by a member of the School Age Child Care staff and I cannot be contacted, I hereby authorize the program director or staff to act on my behalf in granting permission for my child to receive all required emergency treatment from a professional physician. These steps may include, but are not limited to, the following:

- 1) An attempt will be made to contact you, the child's parent/guardian, or other individual listed as an emergency contact on the cover page of this packet.
- 2) In the event that we cannot locate you, we will proceed to one of the following options:
 - a. Contact a nearby paramedic
 - b. Have the child transported via ambulance to the emergency room at the hospital you, the parent/guardian, listed as your preference, under the supervision of a program staff member.

Any expenses incurred under such circumstances as those listed in #2 above will be borne by the child's parent/guardian. *(Note: your child's membership at the Boys & Girls Club of Western Broome Family Center provides secondary accident insurance; only after primary insurance has paid and provided documentation to the club office.)*

The Boys & Girls Club staff and employees will not be held responsible for anything that may happen as a result of false, erroneous, or incomplete information given at the time of registration.

The undersigned, who are the parents/guardians having legal custody of the above named, hereby authorize the Boys & Girls Club School Age Child Care program, into whose care their child has been entrusted, to consent to any of the following medical necessities whenever the need may arise. This includes, but is not limited to x-ray examinations, anesthetic, medical/surgical diagnosis or treatment, and/or hospital care to be rendered to said minor. Staff will only allow treatment under the counsel of a professional physician and surgeon licensed under the Medical Practice Act, or by a dentist licensed under the provisions of the Dental Practice Act. The undersigned further authorizes the Boys & Girls Club School Age Child Care Program to have the child released into the custody of a previously designated representative, should hospital care no longer be required.

***This form is to be used only in cases of extreme EMERGENCIES, when a child's parent/guardian cannot be contacted.**

Signature of Parent/Guardian _____ **Date** _____

Signature of Second Parent/Guardian _____ **Date** _____

Child's Name: _____

Academic Achievement

One of our goals is to support and assist each child we serve to reach their full potential. One of the ways we hope to do this is in the area of Academic Achievement. It is important that children continuing learning. Here we strive to help with this through educational programs that are recreational. We believe that there is a lesson to be learned in everything we do. By supplying us with some basic information regarding your child's academic achievement, you will assist us in encouraging your child toward the goal of reaching his/her full potential.

Child's School _____

- Child's Grade Level 2015-2016 _____
- Child's Anticipated Grade Level 2016-2017 _____
- Child's Average Grades for 2015-2016 _____
- Does your child have a learning disability? Yes / No (circle one)
 - If yes, what type of learning disability? _____
- About how many days of school did your child miss during the 2015-2016 school year? _____

Please have your child assist you with answering the questions below:

Education Skills	Very True	Sort of True	Not True
I like to read books or magazines in my free time.			
I usually finish my homework.			
At school, I am good in reading.			
At school, I am good in math.			
At school, I am good in science.			
It's important for me to do well at school.			
I need to finish school to get a good job.			
I like learning in school.			
I plan to go to college.			

When I read, I like to read (circle all that apply): **Mystery NonFiction Sci Fi Fantasy Comedy**

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Child's Name: _____

Demographics Data

It is our wish to keep the cost of programs as low as we can. We do this by means of grants and funding from sources such as the United Way. Many of these sources of supplemental funding require us to keep record of certain information about the families we serve. The information we gather is kept confidential and is used only in anonymous statistical format for United Way and grant reporting purposes. Please answer the following questions to assist us in this data collection process that will allow us to obtain the supplemental funding we need to keep costs low.

of people in household _____ Is the Head of the Household Female? _____

of household members currently employed? _____

of household members employed by the city of Binghamton? _____

Child's Ethnicity: (please check one)

Hispanic or Latino _____

Non-Hispanic or Non-Latino _____

Child's Race: (please check one)

American Indian or Alaska Native _____

Black or African American _____

Native Hawaiian or Other Pacific Islander _____

Asian _____

White _____

No. of family members living in household	Level 1	Level 2	Level 3
1	Up to \$12,400	\$12,401-\$20,600	\$20,601-\$32,950
2	Up to \$14,150	\$14,151-\$23,550	\$23,551-\$37,650
3	Up to \$15,900	\$15,901-\$26,500	\$26,501-\$42,350
4	Up to \$17,650	\$17,651-\$29,400	\$29,401-\$47,050
5	Up to \$19,100	\$19,101-\$31,800	\$31,801-\$50,850
6	Up to \$20,500	\$20,501-\$34,150	\$34,151-\$54,600
7	Up to \$21,900	\$21,901-\$36,500	\$36,501-\$58,350
8	Up to \$23,300	\$23,301-\$38,850	\$38,851-\$62,150

By signing below, I declare that the above information is true and correct to the best of my knowledge.

Signature of Parent/Guardian _____

Date _____

Swim Consent

Please fill out this form even if your child will only be at the Main Site on Full Days

****Without this form your child will not be allowed to participate in any swim related activities on Full Days**

Child's Name: _____ Date of Birth: _____

Weight: _____ lbs. Height: ____ft. ____in.

Pre-existing Medical Condition(s): _____

Parent/Guardian's Name(s): _____

Primary Phone # during program hours: _____

Alternate Phone #: _____

Emergency Contact Name (other than parent): _____

Relationship to the child: _____

Primary Phone # during program hours: _____

Alternate Phone #: _____

Has your child had swim lessons? Yes / No

If yes, for how long and at what level? _____

How often does your child swim? (circle one)

Never Once in a While Often On a Regular Basis

I, the parent/guardian of _____, do give my consent for my child to participate in the swim activities of the Boys & Girls Club of Western Broome Family Center, both at the Boys & Girls Club facility and on field trips to county and village parks.

Parent/Guardian Signature: _____ Date: _____

Programming

As a part of the Boys & Girls Club of America family, we have access to some incredible evidence-based programs. These programs are based around the five Core Values of BGCA philosophy; Character and Leadership Development, Sports, Fitness & Recreation, The Arts, Health & Life Skills, Education and Career Development. Some of these programs include:

- ✚ **Triple Play: Mind, Body and Soul** – This program is comprehensive. The Mind portion focuses on Healthy Habits in regards to nutrition, hygiene, drugs and alcohol etc. The Body portion focuses on physical fitness and the Soul portion focuses on Social Recreation in regards to communication skills, teamwork, taking turns etc.
- ✚ **SMART Moves** – This program focuses on educating youth about risky behaviors, such as drugs/alcohol abuse, smoking and premature sexual activity. It addresses issues of building self-esteem and confidence, respect for yourself and others and making good decisions in the face of negative peer pressure.
- ✚ **Literacy** – This program addresses the importance of reading and writing; giving youth in our program encouragement to use their imagination as they read the written word.
- ✚ **Power Hour** – This is a homework help program. Each site implements this program differently. For some it is a mandated time, for others it is optional. At all sites, if a parent requests that their child do their homework during program each day, then that request is carried out by program staff.

These are just a few of the many programs that Boys & Girls Club of America provides. We base our programming on these Core Values and implement as many of BGCA programming initiatives or variations of that programming, as possible.

Release of Information Form

I, the parent/guardian of _____, give my permission for the Boys
& Girls Club of Western Broome, Inc. to share information regarding _____

(child's name)

with _____. It is my understanding that this

(organization/individual's name)

information will be shared and used with the best interests of _____ in

(child's name)

mind and will be kept confidential by both parties.

Parent/Guardian's Signature

Date

School/Organization Representative Signature

Date

BGCWB Representative Signature

Date

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