

**NYS OCFS Licensed Site # 113436**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age (as of Sept. '16) \_\_\_\_\_

School \_\_\_\_\_

Grade (as of Sept. '16) \_\_\_\_\_

Boys & Girls Club Membership # \_\_\_\_\_ Membership Expiration Date \_\_\_\_\_

**Please Circle the Days of the Week Your Child Will be Participating in the Program:**

**Monday      Tuesday      Wednesday      Thursday      Friday**

**A.M.**

**P.M.**

**Both**

\*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) 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 Program in writing otherwise.

Signature (*parent/guardian*) \_\_\_\_\_ Date \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

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: Full-Time = 4-5 days/wk Part-Time = 3 days or less/wk**

**2016: September - December 2017: January-June**

RATE	2016	MORNING	AFTERNOON	BOTH	2017	MORNING	AFTERNOON	BOTH
		<u>2016</u>	<u>2016</u>	<u>2016</u>		<u>2017</u>	<u>2017</u>	<u>2017</u>
Full Rate	Full Time	\$121	\$220/month	\$320	Full Time	\$127	\$230/month	\$335
	Part Time	\$100	\$174/month	\$252	Part Time	\$105	\$183/month	\$264
Reduced Rate	Full Time	\$105	\$174/month	\$242	Full Time	\$110	\$183/month	\$253
	Part Time	\$79	\$153/month	\$210	Part Time	\$83	\$160/month	\$220
Free Lunch Rate	Full Time	\$105	\$153/month	\$221	Full Time	\$110	\$160/month	\$231
	Part Time	\$79	\$126/month	\$184	Part Time	\$83	\$132/month	\$193

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

\* We do provide care for scheduled half days at no extra cost.

**Full Day Care: (at The Boys & Girls Club) \*you must sign up for care at the Club with the Main Office and pay ahead of time.**

- No Discount: \$30/day
- Reduced Lunch Rate: \$25/day
- Free Lunch Rate: \$20/day

**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: (\*Are not covered by DSS)**

- \$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 or if your child is suspended for a behavioral issue.

\*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.

**Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

**PAYMENT AGREEMENT**

I, being the parent/guardian of \_\_\_\_\_, hereby agree to pay \$\_\_\_\_\_ per month in 2016 and \$\_\_\_\_\_ per month in 2017 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 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 3<sup>rd</sup> parties; i.e.: DSS, OCFS, Court-ordered support, etc. **\*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
October.....	7 <sup>th</sup>
November.....	4 <sup>th</sup>
December.....	2 <sup>nd</sup>
January.....	6 <sup>th</sup>
February.....	3 <sup>rd</sup>
March.....	3 <sup>rd</sup>
April.....	7 <sup>th</sup>
May.....	5 <sup>th</sup>
June.....	2 <sup>nd</sup>

*\*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*

**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 continue 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 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

Child's Name: \_\_\_\_\_

<b>Demographics Data</b>
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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 \_\_\_\_\_

<i>Circle any that apply</i>			
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 #: \_\_\_\_\_

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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: \_\_\_\_\_

**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**

## CACFP Forms

We are **requiring** that each family which utilizes the afternoon program fill out the next pages of the packet. This form will enable us to be eligible to receive reimbursement for snack costs through the NYS Child and Adult Care Food Program (CACFP). The information on this page will be kept confidential. We are not required to send it to the state, we simply need to collect the forms and file them. These forms will only be looked at by a state representative on site during our bi-annual inspection, to confirm that we have collected it.

**If not enough families at your site fill out this form, then we will be forced to increase your site's monthly fee in order to cover this part of our budget.** Costs for food and paper supplies continue to increase and this is a viable way in which we can supplement the fees you already pay. However, we must abide by state regulations in order to receive the reimbursement.

***We thank you in advance for cooperating with our efforts to keep costs as low as possible for all families at your site.***