

Boys & Girls Club of Western Broome Family Center [2019] School Age Child Care **Summer** Enrollment Packet

Boys & Girls Club of Western Broome Summer Fun Program

7:30 a.m. → 6:00 p.m. (Extended morning care offered 6:30a.m.→7:30a.m.)

Boys & Girls Club of Western Broome Family Center
Federal Tax ID #16-1446907 Telephone #(607) 754-0225

Last Name _____ **First Name** _____

Date of Birth ____ / ____ / ____ **Age (as of June. '19)** _____

School _____ **Grade (as of June. '19)** _____

T-shirt Size _____ **Arrival/Departure Time:** _____

2019 Boys & Girls Club membership number # _____

Membership Expiration Date _____

**All children must scan in with their membership cards, upon arriving to the club. Thanks!*

Probation Agreement

Start Date _____

I agree to a 2 week probationary enrollment period (effective as of the above start 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 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 health, safety, and welfare of the other children and/or staff.*

Signature (parent/guardian) _____ **Date** _____

Admissions Agreement Statement

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/**Parent Handbook** 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 weeks specified on pg.7 or until I have notified the School Age Child Care Director **in writing** otherwise.

Signature (parent/guardian) _____ **Date** _____

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PERSONAL INFORMATION SHEET (for program use ONLY)
Please complete form fully, even returning members.

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, must 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 (18 or older) authorized to pick up your child from the School Age Child Care Program. **Do Not forget to include yourself in this list.** If this list changes in any way we must be notified in writing.
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: _____

Name _____ Telephone # () _____

Relationship to child: _____

Name _____ Telephone # () _____

Relationship to child: _____

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SUMMER FUN CLUB PERMISSION FORMS

Trips:

<i>Date</i>	7/3	7/11	7/18	7/25	8/1	8/8	8/15
<i>Place</i>	CreatABLE	Dorchester Park	Syracuse Zoo	Chenango Park	Cascades Water Park	Cole Park	WaterSlide
<i>Cost</i>	\$5	\$5	\$5	\$5	\$	\$5	\$5
<i>Please Initial if attending</i>							

(Trips may change, due to weather and or scheduling. You will be notified asap.)

This summer your child will need to bring a lunch, water, and sunscreen on trip days. For park trips they'll need a swimsuit and a towel as well. Children should not bring valuables. Please remind your children of the importance of Sunscreen and how to apply it. \$5 trip fee is due with the Session Payment.

*** Field/Bus 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. There will be a \$5 fee for these trips each week to help with busing and admissions costs. \$5 is due with registration.

***WALKING TRIPS: (i.e. U.E. Tennis Courts; Mersereau Park)**

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 park trips. I understand that there are risks involved in allowing my child to participate in this activity, 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 this activity. I also give my permission for the club's trained staff to secure any emergency medical care needed 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 thoroughly made known to the Boys & Girls Club of Western Broome, staff members.

parent/guardian signature
date

***PHOTO/MEDIA PERMISSION:**

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 to whatever decision the director makes. I grant permission for the Boys & Girls Club of Western Broome to post pictures of my child on either their Facebook page or their website. 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

EMERGENCY MEDICAL CARE FORM

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/Asperger's Syndrome** _____
- **Asthma** _____
- **Down's Syndrome** _____
- **Severe Allergies** _____
- **Dietary Concerns** _____
- **PTSD** _____
- **Hearing/Vision Impairment** _____
- **Learning Disability** _____
- **Sensory Processing Disorder** _____
- **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 (SACC) 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 _____

***Please contact the following with any questions/concerns regarding such an event:**

Name _____ Telephone # _____

Name _____ Telephone # _____

IMPORTANT! Please Complete the Blue Card Attached to this Packet!

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, if possible, under the supervision of a program staff member.
- 3) 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.)*
- 4) 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; or if immediate care is needed prior to a parent/guardian being reached.**

Signature of Parent/Guardian _____ Date _____

Signature of Second Parent/Guardian _____ Date _____

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RATES/PENALTIES/LATE CHARGES

Weeks Child Will Be Participating in Program:

Payment is due Wednesday prior to the start of each session.

Session I

- July 1st – July 5th
(Closed July 4th)

Session II

- July 8th – July 12th
- July 15th – July 19th

Session III

- July 22nd – July 26th
- July 29th – August 2nd

Session IV

- August 5th – August 9th
- August 12th – August 16th

*(Second child discounts available, inquire at the Main Office)

Weekly Rates: (trip fees not included)

◆ Full Rate	\$145 / wk
◆ Reduced Lunch	\$115 / wk
◆ Free Lunch	\$85 / wk

***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, benefit card, etc.) to the club's main office. Please inquire.**

Non-Refundable Reservation Fee:

To reserve a spot in later summer program sessions the fee is: **\$20.00 per child per week.**

Extended Morning Care Fee:

^oArrival between 6:30 a.m. to 7:30 a.m. Care is an additional \$10 per week.

***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 has not been picked up on days for which the building closes early. This rule will take effect at precisely 6:00 p.m. on such days, so please watch for signs and refer to holiday schedules. (Summer: Every Friday)
- **\$5.00** fee will be charged every time 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. This form is available in the Main Office**

***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.**

Signature of Parent/Guardian _____

Date _____

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PAYMENT AGREEMENT

I, being the parent/guardian of _____, hereby agree to pay \$ _____ per session 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 summer.

Please Circle one: Full Lunch Rate Reduced Lunch Rate Free Lunch Rate DSS

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 Summer Fun Club 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. If for any reason you decide to withdraw from the program it must be in writing, to the main office. **Parent/Guardian will be liable for any fees not paid by 3rd parties; i.e.: DSS, OCFS, Court-ordered support, etc.**

Signature of Parent/Guardian _____

Witnessed By: _____ Date _____

Payment Due Dates: Payment is due by the **Wednesday** prior to the start of each session – see the chart below. **For payments in delinquency of more than one week, 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 is not held or guaranteed.

Session	Last day for payment
I	Upon Registration
II	July 3rd
III	July 17th
IV	July 31st

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Child's Name: _____

One of our goals is to support and assist each child we serve to reach their full potential. Even during the summer months it is important that children continue learning. Here we strive to help with this through recreational education programs. We believe that there is a lesson to be learned in everything we do. It is also 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 an anonymous statistical format for all grant reporting purposes. By supplying us with some basic information regarding your child, you will assist us in encouraging your child toward the goal of reaching his/her full potential and also in obtaining the supplemental funding we need to keep costs low.

Gender: F -or- M **# of people in household?** _____

Child's Ethnicity: (please check one)

Hispanic or Latino _____ Non-Hispanic or Non-Latino _____

Child's Race: (please check at least one)

American Indian or Alaska Native _____ Black or African American _____
Native Hawaiian or Other Pacific Islander _____ Asian _____ White _____
Other _____

Please have your child assist you with answering the questions below: There are no classifications made based on these questions. They simply allow us to better assist your child in developing their skills.

Child's Average Grades for 2017-2018 _____ Future Career Goal: _____

Favorite Sport: _____ Favorite Team: _____

Hobbies: _____

What are your favorite activities? _____

Favorite Subject in School (and why): _____

What is your favorite type of book? Mystery NonFiction Sci Fi Fantasy Comedy Biography

What was the last book that you really enjoyed?

_____ by _____

If you could go anywhere in the world, where would you go? ..And why?: _____

Swim Consent/Sunscreen Permission
**Without this form your child will not be allowed to participate in any swim related activities during the Summer Fun program.

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, village, and/or town parks.

Parent/Guardian Signature: _____ Date: _____

Sunscreen Permission:

I give permission for the staff of the Boys & Girls Club of Western Broome to assist my child in applying sunscreen, if assistance is required.

Parent/Guardian Signature: _____ Date: _____