

**Boys & Girls Club of Western Broome School Age Child Care Program**

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

**NYS OCFS Registered #42262**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age** (as of Sept. '10) \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** (as of Sept. '10) \_\_\_\_\_

**Est. Arrival Time:** \_\_\_\_\_ **Est. Departure Time:** \_\_\_\_\_

**2010 Boys & Girls Club membership number #** \_\_\_\_\_  
**Membership Expiration Date** \_\_\_\_\_

**\*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** \_\_\_\_\_

**Name** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

I have completely filled out this registration packet in its entirety, and have read and fully understand the terms of the accompanying Admissions Agreement. 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. My signature below indicates that I have read and understood the terms of the Admissions Agreement, as previously stated, and that all of my questions have been satisfactorily answered. I hereby submit my request for my child to be enrolled in the School Age Child Care Program for the duration of the 2010-2011 school year or until I have notified the program director otherwise.

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

**Boys & Girls Club of Western Broome Family Center  
School Age Child Care Program  
(607)754-0225**

<b>TRANSPORTATION REQUEST / AUTHORIZATION FORM</b>
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School \_\_\_\_\_ Grade \_\_\_\_\_

**\*Please indicate one of the following:**

- Child currently rides bus # \_\_\_\_\_
- Child is currently a walker from the above-mentioned school

As the parent/guardian of \_\_\_\_\_, I hereby give my permission for this child be transported to the Boys & Girls Club of Western Broome to participate in their School Age Child Care Program as follows:

- a. By means of the **Union-Endicott transportation department**, which assumes responsibility for picking the child up from school at a previously designated location and transporting them to the Boys & Girls Club into the hands of one of their staff (who will meet the child and escort them into the building) for the sole purpose of participating in the School Age Child Care program. **(applicable to Charles F. Johnson and Thomas J. Watson school only)**
- b. to be released to be transported by **The Boys & Girls Club of Western Broome small bus** to the building for the purpose of participating in the School Age Child Care program. **(applicable to George F. Johnson, Linneaus W. West, Ann G. McGuinness and Jennie F. Snapp)**

**PERSONAL INFORMATION SHEET** *(for program use only)*

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name of Parent/Guardian \_\_\_\_\_

Child Resides With: \_\_\_\_\_

Address \_\_\_\_\_

E-mail address (if available) \_\_\_\_\_

Parent/Guardian's Marital Status \_\_\_\_\_  
*(married, single, separated, divorced)*

Custody/Visitation Orders? \_\_\_\_\_ **\*Please provide a copy.**

**\*HEALTH (physical/emotional) 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 only used to better serve your child's needs.

- ADD/ADHD \_\_\_\_\_
- Oppositional Defiance Disorder \_\_\_\_\_
- Autism/Asberger's Syndrome \_\_\_\_\_
- Down's Syndrome \_\_\_\_\_
- Asthma \_\_\_\_\_
- Severe Allergies \_\_\_\_\_
- PTSD \_\_\_\_\_
- Hearing/Vision Impairment \_\_\_\_\_
- Other (please be specific) \_\_\_\_\_

**\*MEDICINE:**

>Does your child take any medication on a regular basis? \_\_\_\_\_ If yes, please provide the name and reason for each prescription or over-the-counter medication given:

\_\_\_\_\_

*>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.*

>Please list any dietary concerns our staff should be aware of *(milk, peanut, food allergies/restrictions, etc.)*:

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

>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 my child from the program. (Include yourself if applicable!)**  
(Each one must give *photo ID* when picking the child up)

1. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

5. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

6. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

7. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

8. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

9. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

10. Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**EMERGENCY MEDICAL CARE FORM**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Child Resides With: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employed/Student at: \_\_\_\_\_

Home Telephone # ( ) \_\_\_\_\_ Work Telephone # ( ) \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Employed/Student at: \_\_\_\_\_

Home Telephone # ( ) \_\_\_\_\_ Work Telephone # ( ) \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**-or-**

Guardian's Name \_\_\_\_\_

Employed/Student at: \_\_\_\_\_

Home Telephone # ( ) \_\_\_\_\_ Work Telephone # ( ) \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**\*PERSONS TO CONTACT IN AN EMERGENCY:**

*(please include someone who will know your whereabouts)*

Information should be consistent with cover sheet

**\*First Choice:**

Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ Relation to Child \_\_\_\_\_

**\*Second Choice:**

Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ Relation to Child \_\_\_\_\_

**\*MEDICAL SUPPORT:**

Child's Physician \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Other Medical Specialist \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

Please list any allergies or pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT! Please sign and date the medical release form on the next page!**

**EMERGENCY MEDICAL RELEASE FORM**

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

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 the child's parent/guardian, or the individuals listed on the emergency medical care form.
- 2) In the event that we cannot locate you, we will proceed to one of the following options:
  - a) Contact a paramedic nearby
  - b) Have the child transported via ambulance to an emergency hospital 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 (after primary insurance has paid and provided documentation to the club office only).
- 4) The Boys & Girls Club staff/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 parents/guardians having legal custody of the above named minor, 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 Boys & Girls Club SACC 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 \_\_\_\_\_

<b>RATES/PENALTIES/LATE CHARGES</b>
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Days of the Week Child Will Be Participating in Program \_\_\_\_\_

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

<b>RATE</b>		<b>AFTERNOON</b>
<b>Full Rate</b>	<b>Full Time</b>	<b>\$180/month</b>
	<b>Part Time</b>	<b>\$135/month</b>
<b>Reduced Lunch Rate</b>	<b>Full Time</b>	<b>\$135/month</b>
	<b>Part Time</b>	<b>\$115/month</b>
<b>Free Lunch Rate</b>	<b>Full Time</b>	<b>\$115/month</b>
	<b>Part Time</b>	<b>\$95/month</b>

\*\* if paying by credit card, credit card fee is added

\*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.

**\*Penalties and Late Charges:**

- **\$.25** will be charged for any personal phone calls. If you do not wish for your child to be able to make calls, please inform us in advance. (*fee may be waived at the discretion of the director/office*)
- **\$15.00** will be charged if payment due is not received by the date of service. (Payment schedule is located in the parent agreement.)
- **\$5.00** 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 6:00p.m. on such days, so please watch for signs and refer to holiday schedules.
- **\$2.00** fee will be charged if ***you do not sign your child out of the program.*** (fee will be waved 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.)

\*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 ceiling and/or willful destruction of Boys & Girls Club games, supplies, etc.

**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 school year.

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.

Signature of Parent/Guardian \_\_\_\_\_

Witnessed By: \_\_\_\_\_ 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 the chart below. **For payments in delinquency of more than one month, the Boys & Girls Club reserves the right to discontinue childcare services until payment is made.** If services are discontinued due to overdue payments, the child’s spot is not held or guaranteed.

<u>Month</u>	<u>Last day for payment</u>
<b>September.....</b>	<b>Upon Registration</b>
<b>October.....</b>	<b>1<sup>st</sup></b>
<b>November.....</b>	<b>5<sup>th</sup></b>
<b>December.....</b>	<b>3<sup>rd</sup></b>
<b>January.....</b>	<b>7<sup>th</sup></b>
<b>February.....</b>	<b>4<sup>th</sup></b>
<b>March.....</b>	<b>4<sup>th</sup></b>
<b>April.....</b>	<b>1<sup>st</sup></b>
<b>May.....</b>	<b>6<sup>th</sup></b>
<b>June.....</b>	<b>3<sup>rd</sup></b>

## SCHOOL AGE CHILD CARE PERMISSION FORMS

### **\*WALKING AND/OR FIELD TRIPS:**

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 these activities. 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 made thoroughly known to the Boys & Girls Club of Western Broome, as well as its staff members.

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*parent/guardian signature*

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*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. Please see Youth Development Administrator 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.

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*parent/guardian signature*

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*date*

**PROBATION AGREEMENT**

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

**Date of Admission** \_\_\_\_\_

I agree to a one-week 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 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.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

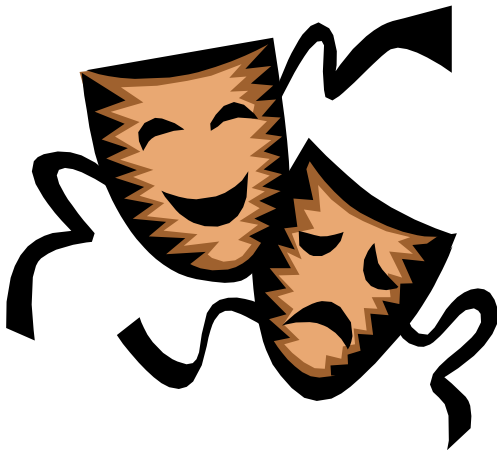
**\*Again, if you have any questions or concerns regarding our program, please feel free to contact us at (607) 754-0225.**

## Arts & Science Grant

One of the major grants that allow us to operate a well-rounded successful program is our Arts & Science grant from the Town of Union. One of the requirements for us to receive this grant money is that we maintain up-to-date demographics information on all the children who benefit from the grant. This applies to all of the children in our programs as it allows us to purchase necessary art supplies, go on field trips at little or no expense to you, and supplements in other areas as well. We ask that you complete the following form provided by the Town of Union to the best of your knowledge for us to keep on record.

If you have any questions regarding the form, please don't hesitate to ask.

Thank you for your assistance in this matter.







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**BOYS & GIRLS CLUB OF WESTERN BROOME FAMILY CENTER**

One Clubhouse Road Endicott, NY 13760 607-754-0225 Fax: 607-754-2801

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## School –Aged Child Care Pool Policy

Our policy regarding swimming for the children registered in the School-Aged Child Care Program is as follows.

- Children must have the consent to swim form filled out and signed
- Children must be evaluated by pool staff regarding their ability prior to entering the pool for recreational swim. Evaluations will be done at the beginning of swim time before anyone is allowed into the pool. A record of their ability will be kept by the Aquatics Director and the Youth Development Administrator and will be disclosed to the lifeguards on duty and the S.A.C.C. staff in charge when the child is in the pool. \*
- No floatation devices of any kind will be allowed with the exception of use by special needs children.
- Children age 5 -7 must stay in the shallow end regardless of swimming ability.
- Children must follow the pool rules and lifeguard instructions or they will be asked to sit out on the benches.
- Child must provide their own appropriate swim attire and towel.

\* We reserve the right to refuse a child entry into the pool based upon assessment of ability.

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School-Aged Child Care Consent to Swim Form

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Weight \_\_\_\_\_ lbs. Height \_\_\_\_ ft. \_\_\_\_ in.

Related Medical Conditions: \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Has your child had swim lessons? \_\_\_\_\_ If yes, for how long and at what level \_\_\_\_\_

How often does your child swim?

> (circle one) Seasonally (or) Year-Round

> (circle one) Never Once in a While Often On a Regular Basis

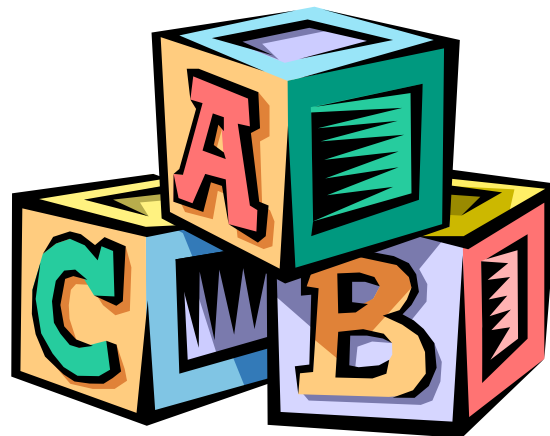
I, the parent/guardian of \_\_\_\_\_, do give my consent for my child to participate in the swim activities of the Boys & Girls Club of Western Broome Family Center. I accept the terms of the Pool Policy.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**The following page is a Release of Information Form. This is a new addition to our packet this year. This page will be used to allow us to communicate with your child's school with your permission. The primary information sought by our staff would be in regards to academics. We want to know how we can best assist with and supplement the education your child is receiving in class. The best way for us to do this is to communicate directly with your child's teacher.**

**We want to see all our kids succeed to their highest potential. If there is any way in which we can assist your child, please let us know.**

**Name of Your Child's Teacher:** \_\_\_\_\_





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**BOYS & GIRLS CLUB OF WESTERN BROOME FAMILY CENTER****One Clubhouse Road    Endicott, NY 13760    607-754-0225    Fax: 607-754-2801**

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### Release of Information Form

I, the parent/guardian of \_\_\_\_\_,  
(child's name)

Boys & Girls Club of Western Broome, Inc. to share information regarding \_\_\_\_\_  
(child's name)

with representatives of \_\_\_\_\_. It is my understanding  
(name of child's school)

that this information will be shared and used with the best interests of \_\_\_\_\_  
(child's name)

in mind and will be kept confidential by both parties.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BGCWB Representative Signature

\_\_\_\_\_  
Date

**Full and Half Day Schedule for Union-Endicott School District**

October 11<sup>th</sup> .....Columbus Day  
November 2<sup>nd</sup> .....Superintendent's Inservice Day  
November 11<sup>th</sup> .....Veteran's Day  
November 12<sup>th</sup> .....Superintendent's Inservice Day  
November 18<sup>th</sup> .....K-5 Parent Conference Day (1/2 Day)  
November 30<sup>th</sup> .....K-5 Parent Conference Day (1/2 Day)  
November 24-26<sup>th</sup> .....Thanksgiving Break (club closed Friday 26<sup>th</sup>)  
December 23<sup>rd</sup>-31<sup>st</sup>.....Winter Break (club closed Friday 24<sup>th</sup>)  
January 17<sup>th</sup> .....Martin Luther King Jr. Day  
February 21<sup>st</sup>-22<sup>nd</sup> .....Mid-Term Recess  
March 18<sup>th</sup> .....Superintendent's Inservice Day  
March 22<sup>nd</sup> .....K-12 Parent Conference Day (1/2 Day)  
March 31<sup>st</sup> .....K-5 Parent Conference Day (1/2 Day)  
April 11<sup>th</sup>-15<sup>th</sup> .....Spring Recess  
April 22<sup>nd</sup> .....Good Friday  
May 27<sup>th</sup>-30<sup>th</sup> .....Memorial Day (club closed Monday 30<sup>th</sup>)  
*June 21<sup>st</sup> - Tentative Last Day of School (no care offered for rest of this week due to training)*