

Boys & Girls Club of Western Broome Summer Fun Program

**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. '11) _____

School _____ Grade (as of June. '11) _____

2011 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 Summer Fun Club 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 Summer Fun program for the specified weeks of the summer of 2011 or until I have notified the program director otherwise.

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

PERSONAL INFORMATION SHEET *(for program use only)*

Child's Last Name _____ **First Name** _____

Last Name of Parent/Guardian _____

Child Resides With: _____

Address _____

Home Telephone # () _____

E-mail address (if available) _____

Parent/Guardian's Marital Status _____
(married, single, separated, divorced)

Custody/Visitation Orders (if applicable) _____ ***Please provide a copy.**

-
- We respect all religious/cultural factions. Please inform us of any activities which your child is not allowed to take part in:

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 Summer Fun Club 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 SFC 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 better suit certain children and their needs. The overall concern, as always, is the health, safety, and welfare of every child involved in our 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 _____

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 show photo ID when picking the child up)

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

Name _____ Telephone # () _____

SUMMER FUN CLUB PERMISSION FORMS

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

Park Trips: Thursdays July 7th, July 21st, August 4th, and August 18th

We will be visiting three of our county parks this summer. Your child will need to bring a lunch, sunscreen, a swimsuit and a towel. Children should not bring valuables. At certain parks there are concession stands. We prefer that this not be a substitute for your child's lunch, but your child may bring money for a snack later in the afternoon.

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 made thoroughly known to the Boys & Girls Club of Western Broome, as well as its 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:**

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 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

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

Name _____ Telephone # _____

Name _____ Telephone # _____

EMERGENCY MEDICAL CARE FORM

Child's Primary Residence: _____

Secondary Residence (if applies): _____

Mother's Name _____

Employed/Student at: _____

Home Telephone # () _____ Work Telephone # () _____ Cell Phone # _____

Father's Name _____

Employed/Student at: _____

Home Telephone # () _____ Work Telephone # () _____ Cell Phone # _____

Guardian's Name _____

Employed/Student at: _____

Home Telephone # () _____ Work Telephone # () _____ Cell Phone # _____

***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 Complete the Blue Card Attached to this
Packet!**

EMERGENCY MEDICAL RELEASE FORM

Child's Name _____

If emergency care is deemed necessary for my child by a member of the Summer Fun Club 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 Summer Fun Club 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 SFC 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 _____

MEDICAL INFORMATION

CHILD'S IMMUNIZATION RECORD

*Note -- No child shall be prevented from attending camp because he/she is not immunized. However, if your child has not been immunized you must indicate the reason on this sheet.

Disease	Date of Immunization	Reason for not Immunizing
Diphtheria		
Haemophilus influenza type B		
Hepatitis A		
Measles		
Mumps		
Poliomylitis		
Rubella		
Tetanus		
Varicella (chicken pox)		

DEVELOPMENTAL 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 Spectrum Disorder (please specify) _____
- Down's Syndrome _____
- PTSD _____
- Learning Disability (please specify) _____
- Other (please be specific) _____
- Other (please be specific) _____
- Other (please be specific) _____

MEDICINE

Does your child take any medication on a regular basis? Yes / No (circle one) If yes, please provide the name and reason for each prescription or over-the-counter medication given:

Type of Medicine	Reason for Use

Medical History

	Cause of Injury	Dates or illness or injury	Restrictions/Limitations due to illness or Injury
Recent/Current illness (last 2 months) <i>Ex. Strep throat</i>		6/6-6/8/11	none
Recent/Current Injury (last 2 months) <i>Ex. Broken arm</i>	<i>Fell off bike</i>	6/18/11	<i>No swimming or gym/sport activities</i>
Pre-existing Medical Condition <i>Ex. asthma</i>			<i>Triggered by excessive physical activity – take breaks; rescue inhaler provided</i>

Dietary Concerns

Dietary Restriction	Course of Action	Medical/Religious/Personal Choice
<i>Ex. Severe allergy to nuts</i>	<i>No nuts or nut products can be served in the immediate area around my child. All surfaces must be cleaned thoroughly if nuts or nut products are present</i>	<i>Medical</i>

RATES/PENALTIES/LATE CHARGES

Weeks Child Will Be Participating in Program:

Payment is due prior to the start of each session.

Session I

- June 27th- July 1st
- July 5th – July 8th (the Club will be closed to observe Independence Day on the 4th)

Session II

- July 11th – July 15th
- July 18th – July 22nd

Session III

- July 25th – July 29th
- August 1st – August 5th

Session IV

- August 8th- August 12th
- August 15th- August 19th
- August 25th-August 29th

Payment is Due Prior to the Start of Each Session.

RATE	LEVEL	AFTERNOON
Full Rate	A	\$100/ wk
Red. Lunch	B	\$75/ wk
Free Lunch	C	\$50/ 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:

If you would like to reserve a spot in later sessions of the summer program the fee is: ***.\$15.00 per child per two week session.***

***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 & your bill will be mailed to the address located on the personal information sheet in this packet)
- **\$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.

***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.**

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? _____

How many members of your family are currently employed? _____

Is anyone in the Household 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 \$12,700	\$12,701-\$21,150	\$21,151-\$33,850
2	Up to \$14,500	\$14,501-\$24,200	\$24,201-\$38,650
3	Up to \$16,300	\$16,301-\$27,200	\$27,201-\$43,500
4	Up to \$18,100	\$18,101-\$30,200	\$30,201-\$48,300
5	Up to \$19,550	\$19,551-\$32,650	\$32,651-\$52,200
6	Up to \$21,000	\$21,001-\$35,050	\$35,051-\$56,050
7	Up to \$22,450	\$22,451-\$37,450	\$37,451-\$59,900
8	Up to \$23,900	\$23,901-\$39,900	\$39,901-\$63,800

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

Signature of Parent/Guardian _____ Date _____

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. Even during the summer months 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 2010-2011** _____
- **Child's Anticipated Grade Level 2011-2012** _____
- **Child's Average Grades for 2010-2011** _____
- **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 2010-2011 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:

- **Mysteries** _____
- **Biographies** _____
- **Comedy** _____
- **Science Fiction** _____
- **Animal Stories** _____

Swim Consent/Sunscreen Permission

****Without this form your child will not be allowed to participate in any swim**

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: _____

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: _____

Morning Elective Clubs

Please have your child assist you in filling out this sheet

From 9:15 to 10:15 each day the children will participate in electives. These electives are designed to add variety to our programming but also to potentially expose the children we serve to something new in which they might discover a real talent or interest. Below are listed electives that we have offered in the past and some new that we are considering for this summer .

Please have your child select three of these and rate them using 1, 2, 3 to indicate your child's preference for participating

- Kitchen Skills _____
- Newsletter (involves creating a newsletter about Summer Fun, includes some photography) _____
- Games (involves learning the actual rules of ping pong, pool, fooseball, and air hockey, in addition to other board games) _____
- Lego Club (involves creating things from a specific topic, i.e. transportation) _____
- Chess Club (involves learning the rules of chess)
- Garden Club (involves taking care of our Club Garden each day) _____
- Going Green (involves learning about ecology and practicing ways to take care of our planet and community) _____
- Theatre _____
- Skill Tech (involves learning certain computer skills, i.e. safe internet navigation, Microsoft Office programming)[only offered for 9-12 yr. olds] _____
- Books Club _____
- Other: (is there something you can suggest we consider offering??)

(There is not a guarantee that your child will get his/her first choice but effort will be made to ensure they are placed in one of their choices.)