



**BOYS & GIRLS CLUBS
OF DELAWARE**

**Registration Packet
CR/Lake/AOD
2016/2017 Before & After Care**

Member Name: _____

Club Contact Information:

Allen Frear/Postlethwait	824-4832	jthomas@bgclubs.org
W.B. Simpson/Fifer	757-5296	ldagley@bgclubs.org
Stokes	757-5414	vmatthews@bgclubs.org
McIlvaine	270-5820	javiola@bgclubs.org
Star Hill	757-5948	glukas@bgclubs.org
Lake Forest East	358-1471	dmaldonado@bgclubs.org
Lake Forest North	270-5817	dmaldonado@bgclubs.org
Academy of Dover	893-9316	vmatthews@bgclubs.org

Hours of Operation:

6:30 AM to start of school day/Dismissal until 6:00 PM M-F

In-service days 7:00 AM until 6:00 PM

General Pricing Information:

2016 Summer Camp \$135.00 per week

Before Care \$52.00/After Care \$69.00/Before & After both \$80.00

Annual Membership Fee \$15.00 (POC exempt)

Purchase of Care (POC) Site ID # see inside for id#s

** No refunds are granted for child care fees**We do not pro-rate weeks**

Office Use Only

Person excepting application initials: _____

Date: _____

Administrative initials: _____

Date: _____

Program Director Initials: _____

Date: _____

Intake Team Initials: _____

Date: _____

__MEMBERSHIP __PHYSICAL/SHOTS __1ST PAID WEEK __P.O.C. PAPERWORK __IEP/504 Plan

The following items are required at the time of enrollment for our Child Care Program:

- The first week of Before & After Care payment (including POC co-payments) must be paid
- All Purchase of Care documentation must be on file
- Read and sign the parent and member Code of Conduct
- Completed and signed registration packet
- Membership Form must be completed and signed each time your child is signed up for a program (i.e. childcare, summer camp, etc).
- Membership must be paid in full or current at the time of enrollment
- Current physical form and shot records (or an appointment scheduled. Physical needed in our hands within 30 days)
- Receipt of Parent Handbook signed

***** No refunds are granted for any child care payments *****

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

Child's Information			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		Parent/Guardian Information (2) Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
Additional Emergency Contacts and People Authorized to Pick-up Child			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

Emergency Medical Care

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

Signature of parent/guardian

Date

Medical Information	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.

Membership Information Form

Office Use Only

How did you hear about the Club?

- News Journal
- School
- Radio
- Mailer
- Flyer/Poster
- Friend/Family
- Staff/Club Member
- Attended a Club Event



Club:
Address:
Phone:

KidTrax ID <input type="text"/>	Member ID <input type="text"/>	Data Entry Rec'd: <input type="text"/>
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Entered: <input type="text"/>
Comment: <input type="text"/>		ID Issued: <input type="text"/>
		Membership Dates Service: <input type="text"/>
		Termination: <input type="text"/>
		Initial: <input type="text"/>
		Renewal: <input type="text"/>

Member Information (Please Print)

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Name of Adult(s) or Guardian(s) Member Lives With: <input type="text"/>	Home Phone Number: <input type="text"/>	Emergency Contact Name: <input type="text"/>
Home Address: <input type="text"/>	Emergency Phone & Extension: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>
		Email Address: <input type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date: <input type="text"/>	Age: <input type="text"/>	Ethnicity:		
			Caucasian	African-American	Latino
School/District: <input type="text"/>			Native American	Asian	Other
			Grade: <input type="text"/>		
			Family Totals- Sisters: <input type="text"/>	Brothers: <input type="text"/>	Household: <input type="text"/>
Lives With: <input type="text"/>					
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>	Name of Unit: <input type="text"/>			

Parent/Guardian

Father's First Name: <input type="text"/>	Father's Last Name: <input type="text"/>	Father's Work Phone & Ext: <input type="text"/>
Father's Employer: <input type="text"/>	Father's Occupation: <input type="text"/>	Military Branch: Status: <input type="text"/>
		Start Date: <input type="text"/> End Date: <input type="text"/>
Mother's First Name: <input type="text"/>	Mother's Last Name: <input type="text"/>	Mother's Work Phone & Ext: <input type="text"/>
Mother's Employer: <input type="text"/>	Mother's Occupation: <input type="text"/>	Military Branch: Status: <input type="text"/>
		Start Date: <input type="text"/> End Date: <input type="text"/>
Guardian's First Name: <input type="text"/>	Guardian's Last Name: <input type="text"/>	Guardian's Work Phone & Ext: <input type="text"/>
Guardian's Employer: <input type="text"/>	Guardian's Occupation: <input type="text"/>	

PARENTS RIGHT TO KNOW NOTICE

Please read each item carefully and place initials in the space below the statement. Signature confirms that parent/guardian has read, understands and agrees to each policy and procedure.

Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Ann Marie Bercy, Office of Child Care Licensing, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19810-4803

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent Initials: _____

I understand the hours of operation are 6:30am or 7am – 6pm and late fees will apply to those members picked up after 6pm. Fees will start promptly at 6:01pm. The late fee is \$5 per child for the first 15 minutes you are late and \$1 per minute for each additional minute per child payable at the of pick up. I understand that I am responsible for paying the late fee BEFORE my child can return to the program.

Parent Initials: _____

I further understand that payments (including POC co-payments) are due by 6pm the Friday prior to the start of the next session and failure to make a payment on time will result in my child no longer being able to attend the child care program. We do not pro-rate weeks.

Parent Initials: _____

I, the parent/guardian hereby give permission for my child to be transported by or travel with the Boys & Girls Clubs of DE for special events, trips or by bus to and from school (if applicable).

Parent Initials: _____

I acknowledge that cell phones may not be used, must be turned off while at the Boys & Girls Club, and must be out of sight. In addition, I understand that electronics and other computer devices are not permitted at the Boys & Girls Club. I understand that staff will confiscate any device that my child brings to the Club.

Parent Initials: _____

I acknowledge that my child is responsible for any personal belongings that are brought into the Boys & Girls Club. In addition, I understand and agree that Boys & Girls Club is not responsible for any personal items regardless of the value that may be lost, stolen, or destroyed even if item is confiscated while a member is attending the club.

Parent Initials: _____

I acknowledge that bullying and harassment are not permitted at Boys & Girls Club. I understand that bullying can entail verbal abuse, physical abuse and technological abuse (i.e. Facebook, etc.). I understand that Boys & Girls Club has **zero tolerance** when it comes to bullying and harassment.

Parent Initials: _____

I understand that if my child is going to be absent from Boys & Girls Club, I must contact someone by 2:00pm. If your child uses our causal care we must be notified by 1:00pm on the day they are attending.

Parent Initials: _____

I understand that the Boys & Girls Club needs a copy of my child's report card for reporting and funding purposes. I give permission for them to make copies of all report cards.

Parent Initials: _____

I understand that prior to my child starting I must provide a copy of his/her IEP or 504 accommodation to the Boys & Girls Club in order to ensure academic and behavioral consistency and success.

Parent Initials: _____

My initials above indicate that I have read, understand and agree to the policies and procedures listed:

Parent/Guardian Signature: _____ **Date:** _____

Positive Behavior Management Approach

The Boys & Girls Club approaches behavior management in a serious, but positive manner. Appropriate behavior will be rewarded with positive reinforcement. In the event that the child exhibits inappropriate or negative behavior, the staff will use positive redirection. Staff shall use positive age-appropriate methods of guidance of children which encourage self-control, self-discipline, self-esteem, & cooperation. The following behavior policy will be reinforced by staff throughout the school year. PARENTS please make sure that you discuss the behavior policy with your child.

Behavior Policy

Minor Violations: Those violations that relate to behavior and do not endanger the safety of themselves or others.

Examples: Using profanity around children or staff, not obeying counselors, etc.

- Verbal Warning
- Write up in file and phone call to parents
- Write up in file and parents conference
- Write up in file and sent home
- Write up in file and 1 day suspension

Major Violations: Those violations that endanger the safety or well-being of the child, other children or staff.

Examples: Pushing, shoving, kicking, hitting, throwing objects at others, theft, bullying, etc.

- Write up in file, conference with parents and one day suspension
- Write up in file, conference with parents and three day suspension
- Child removed from the program

All behavior incidents are handled on an individual basis. Accommodations will be made for students with 504/IEP's. Some violations will require immediate action which may include dismissal from the program. They will be up to the discretion of the club's Directors.

Note: Giving your child permission to hit someone back is a major violation and will be handled accordingly.

My signature below indicates that I have read and understand Boys & Girls Club's Positive Behavior Management Approach:

Parent/Guardian Signature _____

Print Name _____

Date _____

“Getting to Know Your Child” Form

(For YOUR CHILD to fill out)

My name is: _____

My nickname is: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____

I am afraid of: _____

(For YOU to fill out)

Please list all the adults living in your child’s household:

	NAME	RELATIONSHIP
1		
2		
3		
4		

Please list all the children in the family along with ages and gender:

	NAME	AGE	GENDER
1			
2			
3			
4			

Does your child have a special diet? Yes No If yes, please explain: _____

Due to tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child? Yes No If yes, please list: _____

Please list any personal habits, thumb sucking, nail-biting, etc. _____

What are your main expectations of this program or things your child needs additional help with? _____

Authorization & Release of Information Form

Dear _____:
(Name of school)

My child is participating in programs at the Boys & Girls Club. These Programs may include:

- ★ Power Hour-daily homework assistance, including help with problems, homework getting checked and weekly incentives
- ★ Tutoring Sessions
- ★ High Yield Learning Activities including team sports

In an effort to strengthen these programs for my child, I hereby give permission to the Boys & Girls Club Unit Director, Site Director, Program Director, Child Care Director or Education Director to speak with and get information from my child's teacher(s) and/or Guidance Counselor regarding homework, academic reports (report cards, test scores, 504 plans, IEP's, physical & shot records etc.) and any extra assistance which may be helpful to my child's academic and personal success.

If you have any questions or need to reach the Club, please contact them at:

Phone# _____ or Email: _____

Sincerely,

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

(Please Print)

Child's Name: _____ Grade: _____

Child's File Checklist

All items are to be completed before the child attends the center, except as noted:

Child file requirements:	Date completed or documented:
Name:	
Date of birth:	Date of enrollment:
<input type="checkbox"/> Parents'/Guardians' names	
<input type="checkbox"/> Parents'/Guardians' place(s) and hours of employment and work phone number(s), if applicable	
<input type="checkbox"/> Parents'/Guardians' home phone number(s)	
<input type="checkbox"/> Parents'/Guardians' cell phone number(s)	
<input type="checkbox"/> Names and phone numbers of two people authorized to pick up the child	
<input type="checkbox"/> Name and phone number of child's doctor	
<input type="checkbox"/> Court orders on custody and visitation arrangements, if applicable	
<input type="checkbox"/> Hours/days child is to attend:	
<input type="checkbox"/> Parents' Right to Know acknowledgement	
<input type="checkbox"/> Permission for emergency medical treatment	
<input type="checkbox"/> Physical (within 30 days of enrollment)	
Documents required, if applicable	
<input type="checkbox"/> Infant/Toddler development plan (within 45 days of enrollment)	
<input type="checkbox"/> Preschool-age child's annual progress on developmental and educational goals	
<input type="checkbox"/> Screen time permission (TV, DVD, computer, tablet, etc.)	
<input type="checkbox"/> Written infant feeding schedule	
<input type="checkbox"/> Permission to sleep on a mat (if 12-18 months old and walking)	
<input type="checkbox"/> IEP, IFSP, or Section 504 plan	
<input type="checkbox"/> Information on allergies	
<input type="checkbox"/> Existing illnesses or injuries, previous serious illnesses or injuries	
<input type="checkbox"/> Prescription and non-prescription medication	
<input type="checkbox"/> Swimming permission	
<input type="checkbox"/> Transportation permission	
<input type="checkbox"/> Child accident/injury reports	
<input type="checkbox"/> Administration of medication records	
<input type="checkbox"/> Statement that parent is providing meals and/or snacks	

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

Family Child Care
 Large Family Child Care Home
 Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____