



**BOYS & GIRLS CLUBS  
OF DELAWARE**

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

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	bsipple@bgclubs.org
McIlvaine	270-5820	jhill@bgclubs.org
Star Hill	757-5948	vmatthews@bgclubs.org
Lake Forest East	358-1471	dmaldonado@bgclubs.org
Lake Forest North	270-5817	dmaldonado@bgclubs.org
Academy of Dover	893-9316	jnelson@bgclubs.org

**Hours of Operation:**

6:30 AM to 6:00 PM School Days/7:00 AM to 6:00 PM Inservice Days & Summer Days

**General Pricing Information:**

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

Annual Membership Fee \$15.00 (POC exempt)

Purchase of Care (POC) Site ID # See next page

\*\* 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 \_\_ 1<sup>ST</sup> PAID WEEK \_\_ P.O.C. PAPERWORK \_\_ IEP/504 Plan

SITE ID#S AND SITE PHONE NUMBERS:

Lake Forest East	1710323000	302-358-1471
Lake Forest North	1710461000	302-270-5817
McIlvaine	1710428300	302-270-5820
Allen Frear	1710403400	302-824-4832
Stokes	1710403300	302-757-5414
Simpson	1710390300	302-757-5296
Star Hill	1710405600	302-757-5948
Academy of Dover	1710462600	302-893-9316
North Smyrna	1710338300	302-893-9320
Sunnyside	1710419600	302-893-9319
Clayton	1710337800	302-893-9317
Woodbridge	1710327600	302-893-9312
Milton	1710323100	302-893-9313

### Before & After Care Information:

The Boys & Girls Club's Before & After Care Program runs throughout the school year. Doors open at 6:30am or 7:00am (ask site), and close at 6:00 p.m.

- Each child will be assigned to a group of children the same age
- All counselors are screened and trained. All have received a background check conducted by the State of Delaware.
- Homework time along with high yield learning activities and gross motor play are incorporated into the program daily.
- Snack will be provided daily. On No School Days please have your children eat breakfast before coming to the club. Parents/Guardians will be responsible to provide lunch on those days unless otherwise notified.

### Purchase of Care Information:

Boys & Girls Club of Delaware accepts Purchase of Care, however, the proper steps must be taken before and throughout enrollment to ensure program placement

1. To see if you qualify under the new limits set by Delaware Division of Social Services, please call 1-800-372-2022. The Boys & Girls Club does not approve or oversee the Purchase of Care Program.
2. Purchase of Care approval forms **must be present and submitted at the time of registration**. We will only accept official forms from Delaware Division of Social Services. **Site ID#**
3. Purchase of Care approval **does not** automatically ensure a spot in the program. Registration is still necessary and all registration rules and deadlines apply.
4. Please be sure your Purchase of Care approval sheet has the following information:
  - a) Location of the Boys & Girls Club must be named as the care provider
  - b) Dates must coincide with the school year program
  - c) If you plan on sending your child(ren) on no-school days, "Extended Care" must be marked yes

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 fee 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
- IEP or 504 Plan

**\*\* No refunds are granted for any Child Care Payments\*\***

# 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:
<b>Name:</b>	
<b>Date of birth:</b>	<b>Date of enrollment:</b>
<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)	
<b>Documents required, if applicable</b>	
<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	

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

<b>Child's Information</b>			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
<b>Parent/Guardian Information (1)</b> Emergency Contact/Authorized to Pick-up Child		<b>Parent/Guardian Information (2)</b> 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:	
<b>Additional Emergency Contacts and People Authorized to Pick-up Child</b>			
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

<b>Medical Information</b>	
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 Native American      Asian      Other
School/District: <input type="text"/>	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: Start Date:      End Date:
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: Start Date:      End Date:
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"/>	

**Medical/Emergency:**

<p><b>Medical Problems/Allergies:</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p><b>Medications:</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p><b>Physician:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>Physician Phone:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p><b>Preferred Hospital or Clinic:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>Hospital Phone:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p><b>Insurance Company:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>Insurance Policy Number:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**Pick up Information: (Licensed child care only)**

<p>Names of <u>two</u> Persons Authorized to pick up Member.</p>	
<p>1.) First Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Last Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>2.) First Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Last Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Authorized Password:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Persons Not Authorized:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**Notes:**

<p>Participation in other Youth Programs:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>Hobbies:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Nickname:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Mother's Maiden Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Confidential The following information is necessary for our records and the funding of our Organization. Your cooperation is appreciated and necessary.

<p><b>Annual Family Income:</b></p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Under 15,000  <input type="checkbox"/> 15,001-20,000  <input type="checkbox"/> 20,001-25,000  <input type="checkbox"/> 25,001-30,000  <input type="checkbox"/> 30,001-35,000  <input type="checkbox"/> 35,001-40,000  <input type="checkbox"/> 40,001-45,000  <input type="checkbox"/> 45,001-50,000  <input type="checkbox"/> Over 50,000  <input type="checkbox"/> Decline to Submit         </div>	<p><b>Check all that Apply:</b></p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> SSDI  <input type="checkbox"/> SSI  <input type="checkbox"/> TANF  <input type="checkbox"/> Day Care Voucher  <input type="checkbox"/> Food Stamps  <input type="checkbox"/> General Assistance  <input type="checkbox"/> School Lunch  <input type="checkbox"/> Vet. Compensation         </div>	<p><b>Disabilities or other special circumstances:</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <input type="checkbox"/> Individual Education Plan (IEP)         </div>
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<p><b>Internal Use Only:</b></p>														
UDC 1	Physical Disability	UDC 4	Summer Camp	UDC 7	Swim Lessons	UDC 10	Soccer	UDC 13	Childcare					
UDC 2	POC	UDC 5	Track	UDC 8	.Jr. NBA	UDC 11	Flag Football	UDC 14						
UDC 3	21 <sup>st</sup> Century	UDC 6	Future Stars	UDC 9	Community Service	UDC 12	Swim Team	UDC 15						

I have read the completed application, understand the rules of the Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club will not be responsible for any accident/incident to the boy/girl while on the Boys & Girls Club premises or while engaged in any of its activities away from the Boys & Girls Club. I give my consent for photographs, interviews, and press releases, in which my son/daughter may appear, to be used at the Boys and Girls Club discretion. I hereby grant the Club permission to admit to the hospital for emergency care the above named child. I grant permission to any hospital or medical facility selected by adult leaders, to carry out whatever treatment, surgery, or anesthesia that is deemed necessary by the physicians or the staff. I also give permission for the school district to release reports cards and educational, behavioral, and attendance data to the Frain Boys & Girls Club and the Boys & Girls Club of Delaware for the purpose of data collection and analysis. I also understand that the Club has an open door policy and not be held responsible for my child leaving the premises. General membership hours differentiate between the school year and the summer. During the summer, the club is open for licensed child care participants only.

\_\_\_\_\_ /      /      /  
 Parent Signature                      Member Signature                      Date



Please read each item carefully and place initials in the space below the statement. Signature confirms that parents/guardians have read and understand each policy and procedure.

### PARENTS RIGHT TO KNOW NOTICE

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, 302-892-5800, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19810-4803 or Dover 302-739-5487, 821 Silver Lake Blvd, #103, Delaware 19904

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 members will spend a portion of the day outdoors; weather permitted, and understands that appropriate attire and enclosed toe shoe must be worn and that sunscreen is my responsibility.

**Parent Initials:** \_\_\_\_\_

### Screen Time Permission

Children over the age of two may have an educational video, movie (G or PG), or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

**Parent Initials:** \_\_\_\_\_

I, the parent/guardian, hereby give permission for my child to swim while attending the Boys & Girls Club  
**Parent Initials:** \_\_\_\_\_

I understand that snack will be offered daily by the club and that if my child does not plan to eat what is being offered I will pack him/her a nutritious bag snack. I understand there will NOT be access to a microwave for food which needs to be heated. I also understand that no members will be able to order or receive "take out" or fast food at the club.  
**Parent Initials:** \_\_\_\_\_

I understand that the failure of my child to comply with the member code of conduct may result in suspension or removal from the program. **No refunds are granted should this occur.**  
**Parent Initials:** \_\_\_\_\_

I understand that all parents, guardians and person who enter the club with me must follow the Visitor Code of Conduct. If any of the above named act disrespectful or aggressive towards any staff member, they will be asked to leave the premises and the child's membership privileges may be **revoked**. **No refunds are granted should this occur.**  
**Parent Initials:** \_\_\_\_\_

I understand that I or whomever is dropping off or picking up my child/ren must enter the building at drop off and pick up to sign members in/out. In addition, I understand that whomever is picking up may be asked for ID on any given day. (This is an Office of Childcare Licensing Regulation)  
**Parent Initials:** \_\_\_\_\_

I understand that pictures may be taken while at the Boys & Girls Club or on a field trip to use in the program or in promotional materials for the club.  
**Parent Initials:** \_\_\_\_\_

I have received and understand it is my responsibility to read the Boys & Girls Club Parent Handbook.  
**Parent Initials:** \_\_\_\_\_

I understand that it is my responsibility to contact both school district transportation and my child's school to have his/her bus stop changed to the Boys & Girls Club stop or to let the school know my child will be getting on the Boys & Girls Club bus. (If applicable)  
**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 indicate that I have read and understand all policies and procedures in the registration packet:

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. A more detailed explanation is in the Parent Handbook.

### 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

The Boys & Girls Clubs reserves the right to determine suitability with or without a trial period, or at any time during a trial period. Based upon that determination, the Club may decide whether a particular child may continue in the program. If the Boys & Girls Clubs determine that continuing in the program is not a viable option, the Club will make recommendations for programs and services that best meet the needs of that youth.

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

Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

## **CODE OF CONDUCT**

***Continued membership is contingent upon the ability to abide by the Code of Conduct.*** All stakeholders (i.e., Club members, parents, guardians, visitors, and groups using Club facilities, and/or participating in any Club activities in and out of the Club) are expected and thus required to abide by the following Code of Conduct. The Code of Conduct's principles are as follows:

1. Treat all Club members and staff with respect.
2. Respect and protect Club property and take pride in keeping it clean.
3. Respect and protect what belongs to others.
4. Participate in the activities offered at the Club and refrain from loitering in and around Club property.
5. Refrain from profanity, obscene gestures, racial, ethnic, religious slurs and disrespectful language or actions.
6. Refrain from bullying and harassment, including physical, sexual, psychological and technological (i.e. social media), fighting and violence of any kind. There is a Zero tolerance policy.
7. Refrain from any use, distribution or possession of cigarettes, alcohol or illegal substances.
8. Refrain from possessing or involving yourself in any way with dangerous weapons or other items that are intended to be used violently.
9. Refrain from leaving your assigned group and or the building without proper authorization and supervision.

The Code of Conduct listed above is not intended to be all-inclusive; each club site may have additional rules and regulations appropriate for that Club. Inability and/or refusal to adhere to the Code of Conduct may result in suspension or removal from the Boys & Girls Clubs program. All stakeholders are subject to this policy.

**I understand that my child's membership privileges and my ability to enter the Club may be suspended or revoked if I do not honor this Code of Conduct**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Parent/Visitor Signature

# "Getting to Know Your Child"

## 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	Name	Relationship
------	--------------	------	--------------

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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

Name	Age	Gender	Name	Age	Gender
------	-----	--------	------	-----	--------

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child (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?

\_\_\_\_\_

\_\_\_\_\_

Please list anything else that you feel is important for us to know about your child or any recommendations so that your child is successful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**BOYS & GIRLS CLUBS  
OF DELAWARE**

**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 and Education Director to speak with and get information from my child's teacher(s)/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

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

(Please Print)

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

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<br>(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: \_\_\_\_\_

