



**BOYS & GIRLS CLUBS
OF DELAWARE**

**Registration Packet
Caesar Rodney School Sites Childcare Programs
2021/22 Before & After Care**

Member Name: _____

Club Contact Information:

Allen Frear	824-4832	lpartusch@bgclubs.org
W.B. Simpson	757-5296	dlewis@bgclubs.org
Nellie Stokes	757-5414	ksmith@bgclubs.org
McIlvaine	270-5820	vfoxe@bgclubs.org
Robinson	757-5948	jblankenship@bgclubs.org

Star Hill served at Greater Dover 678-5182

Hours of Operation:

6:30 AM to 6:00 PM School Days/7:00 AM to 6:00 PM Inservice Days and summer

General Pricing Information: School year 21/22 Per Week:

Before Care \$70.00/After Care \$80.00/Before & After Both \$90.00

Summer 2021 \$155.00 per week

Annual Membership Fee \$15.00 (POC exempt)

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

Weekly rates apply for all general pay members.

Daily rates will apply for POC families and pro rated during weeks non-state holiday closings occur

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

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

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

Member Information (Please Print)

First Name: []	Middle Name: []	Last Name: []
Name of Adult(s) or Guardian(s) Member Lives with: []	Home Phone Number: []	Emergency Contact Name: []
Home Address: []		Emergency Phone & Extension: []
City: []	State: []	Postal Code: []
		Email Address: []

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date: []	Age: []	Race (Please Circle): Caucasian African-American Hispanic/Latino Two or More Races Native Hawaiian/Pacific Islander Asian American Indian or Alaska Native	Household Setting (Please Circle One): Apartment Rental Home Owner Group Home Rental Home Section 8 Housing
School/District: []	Grade: []			
Family Totals- Sisters: []	Brothers: []	Household: []	Family Setting (Please Circle): Single Parent Family Foster Care Primarily Mother Relative	Both Parents Guardian Primarily Father Other
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: []			

Parent/Guardian

Father's First Name: []	Father's Last Name: []	Father's Work Phone & Ext: []
Father's Employer: []	Father's Occupation: []	Military Branch: Live on Base: Yes No Status: Start Date: End Date: Mother's Work Phone & Ext: []
Mother's First Name: []	Mother's Last Name: []	Military Branch: Live on Base: Yes No Status: Start Date: End Date: Guardian's Work Phone & Ext: []
Mother's Employer: []	Mother's Occupation: []	
Guardian's First Name: []	Guardian's Last Name: []	
Guardian's Employer: []	Guardian's Occupation: []	

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# See Master List**
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****

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.

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:	

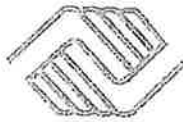
Emergency Medical Care
 I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

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.



**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 (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
Other _____	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

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: _____

