Boys & Girls Clubs
School Sites Childcare
Before/After School & Summer Fun Club

Parents/Guardians,

To Register for the Program:

- Fill out membership package completely
- Attach current copy of your child’s physical and shot record
- Submit the $15.00 yearly membership fee
  - (POC Clients Excluded)
- Submit the first week's tuition payment
- Attach a copy of P.O.C./P.O.C. Plus if applicable
- Your child may attend after all of the information is received.

For More Information please contact:

Allen Frear/Postlethwait 824-4832
Reily Brown 757-5408
W.B. Simpson 757-5296
Stokes 757-5414
McIlvaine 270-5820
Star Hill 757-5948
Welcome to...
The Boys & Girls Clubs of Delaware School Site Program

The Boys & Girls Clubs of Delaware School Site Child Care Programs were designed to form a partnership with schools in the Kent/Sussex Counties. These programs enhance the lives of the children we serve by developing their values, skills, and self-esteem. Our club members have the opportunity to develop physical, social, personal, and educational skills while participating in our programs.

➢ The Boys & Girls Clubs of Delaware School Site Programs operates for the length of the school year. We also have Summer Fun Club for summer months, held at an off-site location.

➢ Club members will have the opportunity to participate in National Boys & Girls Club programs as well as other activities, which include: Education and Career Development, Health and life Skills, Character and Leadership Development, The Arts and Sports, Fitness and Recreation.

➢ A nutritious snack with 100% fruit juice or milk will be provided each day after school.

➢ We maintain a staff-to-child ratio of 1:15. Staff is experienced in childcare, and receives on-going training throughout their employment.

➢ All Staff is certified in First Aid and CPR. Supervisors are certified in medication administration.

➢ Our Before and After School Care program runs from 6:30 a.m. until the start of the school day, and from the end of the school day until 6:00 p.m., Monday - Friday. We offer care on district half days and in-service days. Some in-service care provided at off-site locations.

➢ **Program Fees:**
  - $50.00 Before School Program (where available)
  - $65.00 per week for After care
  - $80.00 per week for Before and After Care

➢ All children must become a member of the Boys & Girls Clubs of Delaware. The annual membership fee is $15.00, and is due at the time of registration.

  ➢ POC/POC Plus families please see Director for rates

  Casual care is available to families who choose to use our program on an occasional basis. Children must become Boys & Girls Club members, and return all completed paperwork before care will be provided.

  ➢ **Casual Care Fees:**
  - $20.00 per visit for Before care
  - $25.00 per visit for After care
  - $30.00 per visit for full day care

  **Field trip fees are not included in the price of tuition**
Medical/Emergency:

Medical Problems/Allergies: 

Medications: 

Physician: 

Physician Phone: 

Preferred Hospital or Clinic: 

Hospital Phone: 

Insurance Company: 

Insurance Policy Number: 

Can Member Swim? □ Yes □ No 

Pick up Information: (Licensed child care only)

Names of two Persons Authorized to pick up Member. 

1.) First Name: 

Last Name: 

2.) First Name: 

Last Name: 

Authorized Password: 

Persons Not Authorized: 

Notes:

Participation in other Youth Programs: 

Hobbies: 

Nickname: 

Mother's Maiden Name: 

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

Annual Family Income:

- □ Under 15,000
- □ 15,001-20,000
- □ 20,001-25,000
- □ 25,001-30,000
- □ 30,001-35,000
- □ 35,001-40,000
- □ 40,001-45,000
- □ 45,001-50,000
- □ Over 50,000
- □ Decline to Submit

Check all that Apply:

- □ SSDI
- □ SSI
- □ TANF
- □ Day Care Voucher
- □ Food Stamps
- □ General Assistance
- □ School Lunch
- □ Vet. Compensation

Disabilities or other special circumstances: 

Internal Use Only:

UDC 1 ______  UDC 4 ______  UDC 7 ______  UDC 10 ______  UDC 13 ______  

UDC 2 ______  UDC 5 ______  UDC 8 ______  UDC 11 ______  UDC 14 ______  

UDC 3 ______  UDC 6 ______  UDC 9 ______  UDC 12 ______  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 Fram 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.

_________________________  ________________________  ___________/_________
REGISTRATION INFORMATION FOR THE 2014-2015 SCHOOL YEAR
AND/OR SUMMER, 2014

Boys & Girls Club School Site Child Care Program

Please complete the registration form & BOTH PARENTS/GUARDIANS NEED TO SIGN

& DATE: _________________________ & _________________________

Parent/Guardian Signature & Date Parent/Guardian Signature & Date

Type of care needed: Check all that apply

___ Before ___ After ___ Casual Care ___Summer

Child's Name: _________________________ Date of Admission: _________________________

Child's Age: __________ Date of Birth: _________________________ Sex: ______________

Grade, 13/14, _________________________

With whom does the child reside? _____ Mother _____ Father _____Other

Mother's Name: _________________________ Employer: _________________________

Business Phone: _________________________ Business Address: _________________________

Hours of Employment: _________________________ Email: _________________________

Mother's Home Telephone #: _______________ Cell/Pager: _________________________

Mother's Home Address: _________________________

Father's Name: _________________________ Employer: _________________________

Business Phone: _________________________ Business Address: _________________________

Hours of Employment: _________________________ Email: _________________________

Father's Home Telephone #: _______________ Cell/Pager: _________________________

Father's Address: _________________________

Alternative Emergency Contact: _________________________ Phone #: _________________________

Address: _________________________

Alternative Emergency Contact: _________________________ Phone #: _________________________

Address: _________________________

Name of Person(s) authorized to pick-up child other than parents:

____________________________________________________________________________

(Child will not be released if person's name is not listed.)

Does your child have any allergies? Y/N (circle one) Please describe:

____________________________________________________________________________

Does your child have any special needs? Y/N (circle one) Please describe:

____________________________________________________________________________

Name of Family doctor: _________________________ Phone: _________________________

Name of family Dentist: _________________________ Phone: _________________________

Insurance Provider: _________________________ Policy Number: _________________________

Hospital Preference: _________________________
CHLD INFORMATION CARD  
State of Delaware  
Department of Services for Children, Youth and Their Families  

Name of Child (Last, First, Middle Initial)  
Birthdate  
Date of Admission  

Name of Parent(s)  
Home Address  
Home Phone Number  

1. Employer  
Business Address  
Business Phone No.  

2. Employer  
Business Address  
Business Phone No.  

Person Other Than Parent to be Notified in Emergency  
Situation When Parent is not Available  

Name  
Address  
Phone Number  

1  
3  

2  
4  

Names of Persons Other Than Parent To Whom Child May Be Released  

[ ] 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 with his/her caregiver.  

Signature of Parent or Guardian  
Date  

Name of Child's Physician  
Address  
Phone No.  
Office Hours  

Special Medical Information  
(Allergies, etc.)  

Health Insurance Identification Information  

The above information is essential for your child's protection - Be sure to keep the information current  

LS - 006
Child’s Name

PARENT’S 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: Naomi Gosch, 821 Silver Lake
Boulevard, Suite 103, Dover, Delaware 19904, Phone (302)739-5487

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

I acknowledge I received this notice as part of the application packet.

Parent/Guardian Signature & Date

PARENT PERMISSION FOR DVD/TV VIEWING
Children may have an educational movie or program incorporating into their curriculum. Movie
shown will be age appropriate.

I hereby authorize my child to watch educational movies.

Parent/Guardian Signature & Date

PARENT PERMISSION FOR COMPUTER USAGE
Children will have the opportunity to occasionally play education games on the computer.
Children will be closely supervised to ensure that age-appropriate and educational websites are
being viewed while using the internet. Computer time will not exceed one hour in length.

I hereby authorize my child to use the computer.

Parent/Guardian Signature & Date

RECEIPT OF PARENT HANDBOOK
I certify that I have received information regarding the Center’s policies on following topics: a
typical daily schedule, positive behavior management techniques, routine and emergency health
care, health exclusions, and prevention of communicable diseases, food and nutrition, procedures
for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of
child abuse and neglect, administration of medication procedures, non-discrimination,
developmental and educational goals, complaints, and transportation, if provided.

Parent/Guardian Signature & Date

FIELD TRIP PERMISSION
I, the undersigned, give permission for my child or ward, ___________________________,
to go on various field trips scheduled throughout the Summer Fun Program and/or the
school year by the Boys & Girls Clubs of Delaware School Site Child Care Program.
Parents will be informed of the cost and destination two weeks prior to the trip.
Parents/Guardians signature releases the Boys & Girls Clubs of Delaware from any
liability should an accident/injury occur.

Parent/Guardian Signature & Date
Child's Name

AUTHORIZATION FOR DISPENSING SUNSCREEN
During the Boys and Girls Clubs of Delaware Summer Fun Program, we will apply an SPF 50 Waterproof Sunscreen for any child who has not had sunscreen applied prior to arrival or if your child needs sunscreen to be reapplied. We are not able to apply individual brands of sunscreen for each child. A staff person will administer sunscreen only if written authorization is given. I give permission for a medication-certified staff member of the Boys and Girls Clubs of Delaware to apply the above listed sunscreen to my child on swimming days just before leaving for the pool.
*Please remember to apply your child’s sunscreen at home every morning before he/she attends our program. Thank you.

Parent/Guardian Signature & Date

HOMEWORK AUTHORIZATION FORM
We do allow 20-30 minutes for children to complete their homework and seek help from our trained staff members. Of course, if a child needs more time to work on their homework, they are able to continue to do so. My child, ____________________________,
Please check one:

_________________ MUST complete their homework before moving on to other activities.

_________________ MUST work on their homework during Project Learn, but may move on to the next activity if they are not finished when project learn is over.

_________________ is NOT required to do their homework at Boys & Girls Club (I understand that my child will still be a part of Project Learn with the group and will have to find something quiet to while waiting for Project Learn to end).

Parent/Guardian Signature & Date

EMERGENCY AUTHORIZATION FORM
I hereby give my consent to The Boys & Girls Clubs of DE to call Dr. ____________________________, at the following phone number ____________________________, or to take my child to a hospital emergency room for medical or surgical care should any emergency room for medical or surgical care should any emergency arise where such service is indicated. I understand that the cost of this care will be paid by me. It is understood that a conscientious effort will be made to notify me before such action is taken, if time permits. I understand that The Boys & Girls Clubs of DE will contact me or the names I have designated on the enrollment application form to be called for emergencies if we can be reached, and time permits. In order to meet all legal requirements, I hereby authorize and acting representative of The Boys & Girls Clubs of DE to give consent for any and for all necessary emergency medical care for my child named ____________________________ while said child is in the care of The Boys & Girls Clubs of DE.

Parent/Guardian Signature & Date

AUTHORIZATION TO RELEASE INFORMATION FORM
I, the undersigned, give permission for my child, ____________________________, to receive educational support from Boys & Girls Club School Site Child Care Program. I also give BGCSSCCP permission to release information pertaining to my child in order to enhance overall student performance, and to give a copy of my child’s physical and shot record to the Club. It is my understanding that said services may be terminated upon my request. It is also my understanding that all referrals for additional services will be will be discussed with and approved by me prior to initiation.

Parent/Guardian Signature & Date
PHOTO RELEASE
I, the undersigned, as parent or guardian give permission for photographs of my child, ____________________________, to be used for the promotion of The Boys & Girls Clubs of DE. By signing the form, I release rights to any pictures that are taken for the following uses: Annual Reports, quarterly newsletters, program fliers, brochures, slide presentations, United Way exhibits, newspaper articles, television commercials, yearbooks, and facebook. These pictures will never be sold and the children will never be exploited.

___________________________________
Parent/Guardian Signature & Date
STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN,  
YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING

NAME ____________________________

BIRTHDATE _______________________

CHIL D 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

☐ Allergies  ☐ Frequent Colds  ☐ Fainting  ☐ Physical Handicap
☐ (food, medicine, bee sting etc.)  ☐ Hearing Difficulty  ☐ Speech Difficulty  ☐ Behavior Problem
☐ Constipation/Diarrhea  ☐ Seizures  ☐ Vision Difficulty  ☐ 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

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<tr>
<th>Scalp, Skin</th>
<th>Heart</th>
<th>Vision</th>
<th>Ear, Nose</th>
<th>Lungs</th>
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<td>Nervous System</td>
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<td>Height</td>
<td>Weight</td>
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REMARKS AND RECOMMENDATIONS: _______________________________________________________________

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP?

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<tr>
<th>DTP/Hib 1</th>
<th>DTP/Hib 2</th>
<th>DTP/Hib 3</th>
<th>DTP/Hib 4</th>
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<th>OPV/IPV 1</th>
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<th>TB Screening 12 mo</th>
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<th>Pneumococcal Polysaccharide 2</th>
<th>Pneumococcal Conjugate 1</th>
<th>Pneumococcal Conjugate 2</th>
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<th>Hep A 2</th>
<th>Lyme Vax 1</th>
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Examiner’s Signature __________________________ Date: ☑ M.D. ☑ P.N.P.

Printed Name: __________________________ Telephone: ________________

DOC.NO. 37-06-10-01-01-01