



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 weeks 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****

Membership Information Form

Office Use Only



BOYS & GIRLS CLUBS
OF DELAWARE

School Site Child Care Program

<p>How did you hear about the Club?</p> <p><input type="checkbox"/> News Journal</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Mailer</p> <p><input type="checkbox"/> Flyer/Poster</p> <p><input type="checkbox"/> Friend/Family</p> <p><input type="checkbox"/> Staff/Club Member</p> <p><input type="checkbox"/> Attended a Club Event</p>	<p>KidTrax ID</p> <p><input type="text"/></p>	<p>Member ID</p> <p><input type="text"/></p>	<p>Data Entry</p> <p>Rec'd: <input type="text"/></p> <p>Entered: <input type="text"/></p> <p>ID Issued: <input type="text"/></p> <hr/> <p>Membership Dates</p> <p>Service: <input type="text"/></p> <p>Termination: <input type="text"/></p> <p>Initial: <input type="text"/></p> <p>Renewal: <input type="text"/></p>
<p>Member Status Active</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Renewing</p> <p><input type="checkbox"/> Former</p>		<p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> Inactive</p>	
<p>Comment:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>			

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:	
						<input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other	
School:	<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"/>	
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"/>	
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:

Medical Problems/Allergies: <input style="width:100%; height:50px" type="text"/>	Medications: <input style="width:100%; height:50px" type="text"/>
Physician: <input style="width:100%; height:20px" type="text"/>	Physician Phone: <input style="width:100%; height:20px" type="text"/>
Preferred Hospital or Clinic: <input style="width:100%; height:20px" type="text"/>	Hospital Phone: <input style="width:100%; height:20px" type="text"/>
Insurance Company: <input style="width:100%; height:20px" type="text"/>	Insurance Policy Number: <input style="width:100%; height:20px" type="text"/>
Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Pick up Information: (Licensed child care only)

Names of two Persons Authorized to pick up Member.	
1.) First Name: <input style="width:100%; height:20px" type="text"/>	Last Name: <input style="width:100%; height:20px" type="text"/>
2.) First Name: <input style="width:100%; height:20px" type="text"/>	Last Name: <input style="width:100%; height:20px" type="text"/>
Authorized Password: <input style="width:100%; height:20px" type="text"/>	Persons Not Authorized: <input style="width:100%; height:20px" type="text"/>

Notes:

Participation in other Youth Programs: <input style="width:100%; height:40px" type="text"/>	Hobbies: <input style="width:100%; height:40px" type="text"/>
Nickname: <input style="width:100%; height:20px" type="text"/>	Mother's Maiden Name: <input style="width:100%; height:20px" type="text"/>

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

Annual Family Income: <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	Check all that Apply: <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	Disabilities or other special circumstances: <input style="width:100%; height:150px" type="text"/>
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Internal Use Only:									
UDC 1	<input style="width:100%; height:20px" type="text"/>	UDC 4	<input style="width:100%; height:20px" type="text"/>	UDC 7	<input style="width:100%; height:20px" type="text"/>	UDC 10	<input style="width:100%; height:20px" type="text"/>	UDC 13	<input style="width:100%; height:20px" type="text"/>
UDC 2	<input style="width:100%; height:20px" type="text"/>	UDC 5	<input style="width:100%; height:20px" type="text"/>	UDC 8	<input style="width:100%; height:20px" type="text"/>	UDC 11	<input style="width:100%; height:20px" type="text"/>	UDC 14	<input style="width:100%; height:20px" type="text"/>
UDC 3	<input style="width:100%; height:20px" type="text"/>	UDC 6	<input style="width:100%; height:20px" type="text"/>	UDC 9	<input style="width:100%; height:20px" type="text"/>	UDC 12	<input style="width:100%; height:20px" type="text"/>	UDC 15	<input style="width:100%; height:20px" type="text"/>

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

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: _____

CHILD 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
		Date of Discharge
Name of Parent(s)	Home Address	Home Phone Number
1. Employer	Hours of Employment	
Business Address	Business Phone No.	
2. Employer	Hours of Employment	
Business Address	Business Phone No.	

Person Other Than Parent to be Notified in Emergency		
Situation When Parent is not Available		
Name	Address	Phone Number

Names of Persons Other Than Parent To Whom Child May Be Released			
1		3	
2		4	

LS - 006

Additional Information on Reverse side

[] 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
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Name of Child's Physician	Address	Phone No.	Office Hours
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Special Medical Information (Allergies, etc.)	Health Insurance Identification Information
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The above information is essential for your child's protection - Be sure to keep the information current

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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/occl/>

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 DESPENSING 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 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

Child's Name _____

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

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: _____

