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. if applicable
- Your child may attend after all of the information is received.

For More Information Please call 302-270-5817
Or email sgump@bgclubs.org
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 7:00 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 care provided at off-site locations.

➤ **Program Fees:**
  $40.00 Before School Program (where available)
  $60.00 per week for After care
  $75.00 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:**
$15.00 per visit for Before care
$20.00 per visit for After care
$25.00 per visit for half day care
$30.00 per visit for full day care

**Field trip fees are not included in the price of tuition**
REGISTRATION INFORMATION
FOR THE 2013/2014 School Year and/or Summer Club 2014
Kent and Sussex Boys & Girls Club School Site Child Care Programs

Please complete the registration form:

Type of care needed:
____ Before  ____ After  ____ Before and After  ____ Casual Care  ____ Summer

Child's Name: __________________________ Date of Admission: __________________________
Child's Age: ______ Date of Birth: ________ Sex: __________________________
Grade, 2013 ______ Teacher, & RM #: (if known) __________________________

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 #: ______
Cell/Pager: __________________________

Alternative Emergency Contact: __________ Phone #: ______
Cell/Pager: __________________________

Name of Person(s) authorized to pick-up child other than parents:
1. __________________________
2. __________________________
3. __________________________
(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) ________________________________
Birthday ________________________________ Date of Admission ____________

Name of Parent(s) ________________________________ Home Address _________
Home Phone Number ________________________________ Date of Discharge ______

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 ____________

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

Special Medical Information ________________________________ Health Insurance Identification Information ________________________________
(Allergies, etc.)

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

LS - 006
# Membership Information Form

**School Site Child Care Program**

## Member Information (Please Print)

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Birth date:</th>
<th>Age:</th>
<th>Ethnicity:</th>
</tr>
</thead>
</table>

School: [ ]

Grade: [ ]

Caucasian [ ]

African-American [ ]

Latino [ ]

Native American [ ]

Asian [ ]

Other [ ]

Family Totals- Sisters: [ ]

Brothers: [ ]

Household: [ ]

Lives With: [ ]

Member before? [ ] Yes [ ] No

Number of Years: [ ]

Name of Unit: [ ]

## Parent/Guardian

<table>
<thead>
<tr>
<th>Father’s First Name:</th>
<th>Father’s Last Name:</th>
<th>Father’s Work Phone &amp; Ext:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Father’s Employer: [ ]

Father’s Occupation: [ ]

Mother’s First Name: [ ]

Mother’s Last Name: [ ]

Mother’s Work Phone & Ext: [ ]

Mother’s Employer: [ ]

Mother’s Occupation: [ ]

Guardian’s First Name: [ ]

Guardian’s Last Name: [ ]

Guardian’s Work Phone & Ext: [ ]

Guardian’s Employer: [ ]

Guardian’s Occupation: [ ]
Medical/Emergency:

Medical Problems/Allergies: ____________________________

Medications: ________________________________________

Physician: ____________________________

Preferred Hospital or Clinic: __________________________

Insurance Company: __________________________

Physician Phone: __________________________

Hospital Phone: __________________________

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 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 21st 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 Frail 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 

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 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 ____________________________
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