BLACKSTONE VALLEY BOYS AND GIRLS CLUB

SCHOOL AGE PROGRAM 2020-2021 APPLICATION

Date of Birth _____ Grade for 2020/2021: _____ Age upon Admission _____

Child's First Name: _____ MI: _____ Last Name: _____

Address: _____ Mailing address_____

City: _____ State: _____ Zip: _____ Telephone: _____

Email: _____

Physical:

Eye Color: _____ Hair Color: _____ Identifying Marks: _____

Height: _____Weight: _____ Skin Color:_____ (optional) Male_____ Female_____

Race: Caucasian___ Hispanic___ Native American___ Asian___ African American___ Other___

Household Income: $12k - $25k___ $26k – $40k___ $40k - $60k___ $60k & Higher___

Guardian/Parent 1

Name: _____

Relationship: _____

Home Address: _____

Home Phone: _____

Employer: _____

Occupation: _____

Work Address: _____

Work Phone: _____ Ext.: _____

Hours at Work:_____

Cell Phone: _____

Is the child allowed to be released to this person? Yes No

Guardian/Parent 2

Name: _____

Relationship: _____

Home Address: _____

Home Phone: _____

Employer: _____

Occupation: _____

Work Address: _____

Work Phone: _____ Ext: _____

Hours at Work:_____

Cell Phone: _____

Is the child allowed to be released to this person? Yes No

Medical Information:

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child. I authorize staff in the child care program who are trained in the basics of first aid to give my child these non-prescription medications, if needed: Triple Antibiotic Ointment, Lip Ointment, Antiseptic Wipes, Calamine Lotion, Antiseptic Spray, Eye Wash, Burn Spray and Vaseline.

****Parent/Guardian Signature_____ Date: _____**

Child's Physician/Clinic: _____ Physician/Clinic Phone: _____

Address: _____

Does your family have health and/or accident insurance: Yes _____ No _____

Health Insurance Coverage: _____

Policy #: _____ Group #: _____

Emergency Contacts other than Parent/Guardian *(In order to be contacted)*

1. Name: _____ Address: _____
   Relationship to Child: _____ Phone #: _____
   Do you give permission for the child to be released to this person? Yes No

2. Name: _____ Address: _____
   Relationship to Child: _____ Phone #: _____
   Do you give permission for the child to be released to this person? Yes No

3. Name: _____ Address: _____
   Relationship to Child: _____ Phone #: _____
   Do you give permission for the child to be released to this person? Yes No

Transportation

My child will arrive at the After School Program by:

____ School Bus Drop Off
____ Parent Drop Off
____ Unsupervised Walk
Time: _____ Days: _____
Parent/Guardian Initials: _____
____ Supervised Walk
____ Other Describe: _____

My child will depart the After School Program by:

____ Parent Pick Up
____ Unsupervised Walk
Time: _____ Days: _____
Parent/Guardian Initials: _____
____ Supervised Walk
____ Other: Describe:_____

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day:

Name:_____ Address: _____
Relationship to Child: _____ Phone #: _____
Name:_____ Address: _____
Relationship to Child: _____ Phone #: _____
Name:_____ Address: _____
Relationship to Child: _____ Phone #: _____
Name:_____ Address: _____
Relationship to Child: _____ Phone #: _____
Name:_____ Address: _____
Relationship to Child: _____ Phone #: _____
Name:_____ Address: _____
Relationship to Child: _____ Phone #: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

****Parent/Guardian Signature_____ Date: _____**

Current School: _____
School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

****Parent/Guardian Initials: _____**

Statement of Compliance

I, being the parent/guardian of _____understand and accept the Policy & Procedure handbook that
(child's name)
was given to me upon registration of my child into the 2020-2021 School Age Program. I understand that it is my responsibility to review with my child all aspects of the Policies and Procedures for their safety and protection. The following policies are of upmost importance and are stated in the handbook:

Dress Code:
Many Club activities are physically oriented and sneakers or closed toed shoes are mandatory. No sandals/flip-flops can be worn on Club grounds. If appropriate footwear is not worn, parents will be called to pick up their child or to bring sneakers. If your child does not have the proper shoes, they will not be allowed to go outside to participate in any of the ACTIVE games/activities.

Prohibited Items:
The BVBGC Staff are not responsible for any equipment/personal belongings of members. If the below prohibited items are found within a member's possession, the Club will confiscate these items and only a parent can retrieve them. Items will be held in the office.

- Anything drug, alcohol or tobacco related,
- Any type of weapon,
- Personal Equipment,
- Explosives, Matches, Lighters,
- Animals or Pets,
- Trading cards of any kind,
- Anything Electronic - iPods, iPads, interactive watches, Cell Phones, two way radios, video games

Payments:
I also understand the monthly payment schedule expected of me:

- Payment is due on the 1st of every month.
- A grace period of 5 days is allowed. All late payments (received after the 5th of the month) are subject to a $20.00 late fee.
- Accounts not paid by the fifteenth of the month will be considered delinquent and are subject to removal from the program.
- An invoice will be given to you before the 1st of every month as your friendly reminder that payment will be due.
- Please note that the School Age Program fee is a monthly fee which is based on the school year calendar. The monthly fee also stays the same even when certain months may contain 3, 4, or 5 weeks.

I hereby give permission to my son/daughter to become a member of the Blackstone Valley Boys & Girls Club and participate in the School Age Program at Tupper Park. I understand that the town of Blackstone, the BVBGC, and the club personnel are not responsible for personal injury or loss of property. I hereby give permission to have my child examined by a doctor, if program staff deems it necessary. I give my consent for any photographs in which my child may appear to be used by the club in their literature or publicity. I also understand that there will be no refunds under any circumstances after the start of the program and that transferring of memberships is also not allowed.

****Parent/Guardian Signature_____ Date: _____**

BUS PERMISSION SLIP

I give my son/daughter permission to travel to the Blackstone Valley Boys and Girls Club by Tellstone Bussing. I understand that my child will be met by a Boys and Girls Club crew member upon arrival to the park.

Please be advised that parent/guardians should write a note to the school office giving permission for the child to take the bus to the Boys and Girls Club

Child's Name_____

Child's Grade: _____ Child's Teacher: _____

Parent's Name: _____

Parent/Guardian Signature: _____ Date:_____

SCHOOL AGE PERMISSION

Power Hour

Power Hour is a set time where members will start their homework. If the member has not completed their homework after Power Hour is done, the member will finish at home. It is mandatory that all children participate in Power Hour.

Sometimes members may need access to the internet to finish school assignments. There is a computer in the office that members can have access to on a rotating schedule.

I give my child, _____, permission to participate in the following activities:

_____ Homework Power Hour (30 minute time period)

_____ Computer Use for Homework only

Parent/Guardian Signature: _____ Date: _____

BLACKSTONE VALLEY
BOYS & GIRLS CLUB
"The Positive Place for Kids"

MEMBER HEALTH HISTORY FORM

Member Name: _____ Date of Birth: _____

Health-Care Providers:

Name of member's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s):_____ Phone: (_____) _____

Name of orthodontist(s):_____ Phone: (_____) _____

Allergies

No Known Allergies ___

This member is allergic to: ___Food ___Medicine ___The Environment ___Other
Please describe below what the member is allergic to and the reaction:

_____

_____

Prescribed Medication:

____ This member will not take any daily medications at the Club.

____ This member will take the following daily medication(s) at the Club: "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Fill out the Grid. Medication must be in original pharmacy containers with labels which show the member's name and how the medication should be given. Provide enough of each medication to last the entire time the member will be at the program.

Name of Medication	Date Started	Reason for taking it	When it is given (time)	Amount or dose given	How it is given

Mental, Emotional, and Social Health:

Circle "Yes" or "No" for each statement.

Has the member:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes ☐ No ☐
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes ☐ No ☐
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes ☐ No ☐
4. Had a significant life event that continues to affect the member's life? Yes ☐ No ☐
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The Club may contact you for additional information.

_____

_____

see next page…

General Health History:

Has/does the member: ***Circle "Yes" or "No" for each statement.***

1. Ever been hospitalized? ……. Yes ☐ No ☐
2. Ever had surgery? ..... ……. Yes ☐ No ☐
3. Have recurrent/chronic illnesses? .....…… Yes ☐ No ☐
4. Had a recent infectious disease? ..... ……. Yes ☐ No ☐
5. Had a recent injury? ..... ……. Yes ☐ No ☐
6. Had asthma/wheezing/shortness of breath?..... Yes ☐ No ☐
7. Have diabetes? ..... ……. Yes ☐ No ☐
8. Had seizures? ..... Yes ☐ No ☐
9. Had headaches? ……. Yes ☐ No ☐
10. Wear glasses, contacts, or protective eyewear? Yes ☐ No ☐
11. Had fainting or dizziness? .....Yes ☐ No ☐
12. Passed out/had chest pain during exercise? ….……Yes ☐ No ☐
13. Had mononucleosis during the past 12 months?.....Yes ☐ No ☐
14. If female, have problems with periods/menstruation?.… Yes ☐ No ☐
15. Have problems with falling asleep/sleepwalking? .....Yes ☐ No ☐
16. Ever had back/joint problems?…….……..……Yes ☐ No ☐
17. Have problems with diarrhea/constipation?…….Yes ☐ No ☐
18. Have any skin problems?……..... Yes ☐ No ☐
19. Traveled outside the country in the past 9 months?.....Yes ☐ No ☐

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

_____

_____

_____

_____

Restrictions:

____ I have reviewed the program and activities of the program and feel the member, my child, can participate without restrictions.

____ I have reviewed the program and activities of the program and feel the member, my child, can participate with the following restrictions or adaptations:

_____

_____

What Have We Forgotten to Ask?

Please provide in the space below any additional information about the member's health that you think important or that may affect the member's ability to fully participate in the camp program***. Attach additional information if needed.***

_____

_____

_____

_____

_____