



SCHOOL AGE PROGRAM 2010-2011
MEMBERSHIP APPLICATION
BLACKSTONE VALLEY BOYS AND GIRLS CLUB

Before _____
 After _____
 Both _____

First Name: _____ MI: _____ Last Name: _____
 Address: _____ Mailing address _____
 City: _____ State: _____ Zip: _____ Telephone: _____
 Email: _____ Age upon Admission _____ Grade upon Admission: _____ Date of Birth _____

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

Guardian/Parent 2

Name: _____
 Relationship: _____
 Home Address: _____
 Home Phone: _____
 Employer: _____
 Occupation: _____
 Work Address: _____
 Work Phone: _____ Ext.: _____
 Hours at Work: _____
 Cell Phone: _____

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 **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.

****Parent/Guardian Signature** _____ **Date:** _____

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

Does your family have health and/or accident insurance: Yes _____ No _____
 Health Insurance Coverage: _____
 Policy #: _____ Group #: _____
 Chronic Health Conditions, Allergies or Restrictions: Yes _____ No _____
 If yes, explain: _____
 Special Limitations or concerns: _____

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:** _____

Emergency Contacts (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 Before School Program by:
 ___ Parent Drop Off
 ___ Unsupervised Walk
Time: _____ **Days:** _____
Parent/Guardian Initials: _____
 ___ Supervised Walk
 ___ Other Describe: _____

My child will depart the Before School Program by:
 ___ School Bus Pick Up

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 #: _____

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:** _____

I, being the parent/guardian of the above understand and accept the policy manual that was given to me upon registration of my child into the 2010-2011 School Age Program. I understand that the below rules are strictly enforced by staff and repeated disciplinary actions may result in expulsion from the park.

1. No video games, CD players, radios, two way radios, cell phones, (anything electronic) or trading cards are allowed and will be confiscated by staff with disciplinary action taken.
2. No sandals of any kind will be permitted in the park except for the pool area. Children must have appropriate athletic shoes.
3. I understand that it is my responsibility to review with my child all aspects of the policies and procedures for their safety and protection.

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:** _____

BEFORE SCHOOL PROGRAM
BUS PERMISSION SLIP

I give my son/daughter permission to be walked by a Boys and Girls Club Crew member to the bus stop at the corner of Main and Old Mendon Street at approximately 8:15 a.m.

Child's Name _____

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

Parent's Name: _____

Parent/Guardian Signature: _____ Date: _____

Please dress your child accordingly to the weather.
If it rains, your child will need an umbrella and raincoat.
If it snows, your child will need gloves, a hat, a scarf and a warm jacket.
In the winter months, your child will need to dress appropriately
as the wait for the bus can be quite cold.

AFTER SCHOOL PROGRAM
BUS PERMISSION SLIP

I give my son/daughter permission to be dropped off at 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.

Child's Name _____

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

Parent's Name: _____

Parent/Guardian Signature: _____ Date: _____

Please be advised that the parent/guardian has to write a note to the school office and the teacher telling them that the child will be taking the Boys and Girls Club Bus after school.

SCHOOL AGE PERMISSION SLIPS

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

Homework Hour

Parent/Guardian Initials: _____

It is mandatory that all children participate in the Homework Hour. If a child does not have homework or the parent requests that the child complete homework at home and not at the Club, the child must have busy work while others can complete their homework.

Special Instructions: _____

Computer participation

Parent/Guardian Initials: _____

Blackstone Public Library

Weather permitting, staff will be walking with the students to the Blackstone Library once a week. Spaces are limited to 5 children per week. Your child must have a library card. The after school program is not responsible for the returning of books checked out by your child.

I give permission for my child, _____ to attend a field trip with the BVBGC to the Library by walking with a staff member on a 1:5 ratio on Tuesdays from 3:30pm to 4:15pm.

Parent/Guardian Signature: _____ Date: _____