



**BLACKSTONE VALLEY BOYS AND GIRLS CLUB  
SCHOOL AGE PROGRAM 2021-2022 APPLICATION**

**Before School Program:** \_\_\_\_\_

**After School Program:** \_\_\_\_\_

**Both Programs:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade for 2021/2022: \_\_\_\_\_ Age upon Admission \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Child's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Mailing address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Physical Features:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_ (optional)

Race: Caucasian \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian \_\_\_ African American \_\_\_ Other \_\_\_

**Guardian/Parent 1**

**Guardian/Parent 2**

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

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**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

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 #: \_\_\_\_\_

**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: \_\_\_\_\_

**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 2021-2022 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.

### **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 5<sup>th</sup> 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 1<sup>st</sup> 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 from/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 Orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of dentist(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:

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**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:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes  No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes  No
- During the past 12 months, seen a professional to address mental/emotional health concerns? Yes  No
- 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.*

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**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.*

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**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:

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**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.*

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