BLACKSTONE VALLEY BOYS AND GIRLS CLUB
SCHOOL AGE PROGRAM 2024-2025 APPLICATION

Before School Program: _______ After School Program: _______

Both Before/After Program: _______

Date of Birth ___________ Grade for 2024/2025: ______ Age upon Admission ______
Male______ Female_______

Child's First Name:________________________ MI: ________ Last Name: _________________________
Address: _________________________________ Mailing address___________________________________
City: ___________________________________ State: _______ Zip: _______ Telephone: _____________

Physical Features:

Eye Color: ________ Hair Color: ____________ Identifying Marks: ____________________________

Height: ________ Weight: ________ Skin Color: ____________ (optional)

American Indian/Alaska Native___ Asian ____ Black/African American ___

Native Hawaiian/Pacific Islander___ Hispanic/Latino___ Middle Eastern/North African___

White___ Other___

Guardian/Parent 1

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

Name:___________________________________

Relationship: _______________________________

Home Address: _____________________________

Cell Phone: ________________________________

Employer: ________________________________

Occupation: _______________________________

Work Address: _____________________________

Work Phone: ____________________ Ext.: _____

Hours at Work:_____________________________

Email: ___________________________________

Guardian/Parent 2

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

Name:___________________________________

Relationship: _______________________________

Home Address: _____________________________

Cell Phone: ________________________________

Employer: ________________________________

Occupation: _______________________________

Work Address: _____________________________

Work Phone: ____________________ Ext: _____

Hours at Work:_____________________________

Email: ___________________________________

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 below 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 2024-2025 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 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 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.

<u>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</u>

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. We are aware that most students have been issued a chrome book from the school.

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: ___________

<u>Health-Care Providers</u>:
Name of member's primary doctor(s): _________________________ Phone: (_____) _______________

Name of Orthodontist: ____________________________________ Phone: (_____) _______________

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

<u>Allergies</u>
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:

<u>Prescribed Medication</u>:
____ This member will <u>not</u> 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 <u>original pharmacy containers with labels</u> 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

<u>Mental, Emotional, and Social Health:</u> ***Circle "Yes" or "No" for each statement.***

Has the member:

1. Ever been treated for ADD or 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 question. The Club may contact you for additional information.

General Health History: ***Circle "Yes" or "No" for each statement.***

Has/does the member:

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 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.***