



Dear Family,

We are excited to have you join us at the St. Thomas More, Boys & Girls Club Early Childhood Education, Continued Education Program for the 2018/2019 year!

**Continued Education School Year Program:**

The Continued Education program is open to all youth who are enrolled in the St. Thomas More School program.

The program begins as soon as the school day ends and continues through 6 pm, Monday – Friday, St. Thomas More.

On non-school days that are observed by the Brookings School District, Continued Education is open at the Boys & Girls Club location from 7:30 am – 6 pm. These days are an additional \$25 per day, will be at the Boys & Girls Club of Brookings ECE location and sign-up is required.

- Follows the Brookings School District Calendar
- Monday – Friday program
- After school until 6 pm
- \$900 School Year Tuition
  - Annual, Semester or Monthly Tuition payment options available.  
\$900 Annually / \$450 per Semester / \$100 Monthly
- Additional \$25 a day when your child attends on non-school days held at the BGCB ECE location
- Child must be potty-trained

**Registration:**

To register, complete the enclosed membership application. Attach a voided check, an a \$100 deposit to reserve your child's place and up to date immunization records. The application must be completed in entirety and the immunization record, deposit and voided check must be attached before the membership will be processed. Deposits are non-refundable. Information on orientation and open house(s) will come in your welcome packet.

**Scheduling:**

If your child is not planning to attend, please notify the ECE Program Director and St. Thomas More Continued Education lead for safety and ratio reasons. However, even if your child doesn't attend, you will still be billed for that day as billing occurs monthly. A program change form must be submitted two weeks prior to the billing date of the 16<sup>th</sup> for the upcoming month if you wish to withdraw your child from the Continued Education program. When a child is withdrawn with less than two weeks notice, your account will still be charged the monthly fee.

**Payment:**

The Boys & Girls Club Continued Education program prefers electronic withdrawal or credit card payment. However, cash/check is an option. Due to the administration of cash and check payments, the monthly payment increases by \$25 if cash/check is selected as payment option.

**Fees:**

\$100.00 non-refundable deposit is required upon registration to reserve a spot for your child. The deposit will be applied to the first month of tuition.

Below is the total tuition for the Continued Education program. A reminder that all amounts below increase by \$25 each month if choosing to pay by cash or check.

Continued Education: \$900

**Billing:**

Billing will take place monthly, prior to participation, on the 16<sup>th</sup> of each month. The first bill for the school year will be due/withdrawn August 16<sup>th</sup> (covering Aug 16<sup>th</sup>-Sept 15<sup>th</sup>). Receipts will be emailed. Below are additional details about billing.

There is no credit given for absences due to vacations, illnesses, or holidays. The Boys & Girls Club Continued Education program does not pro-rate or give refunds. A two week written notice on a program change form must be completed prior to the 16<sup>th</sup> billing date for the upcoming month to withdraw a child from Continued Education. When a child is withdrawn with less than two week written notice, you will be charged the rate at which you originally registered.

On days that the Brookings School District is closed (holidays and snow days), Continued Education will be open at the Boys & Girls Club Clubhouse location from 7:30 am until 6 pm. On these days, a \$25 fee will be added to your monthly fee due on the 16<sup>th</sup> of each month. Unlike monthly payments, due the month prior, holiday and no school day fees will be withdrawn from your account the following month. For these full days, parents must sign their child up for the no school day one week in advance to ensure we have the appropriate amount of staff for the day. Once signed up, a two business day written

notice must be given to the Boys & Girls Club ECE Program Director if the child is no longer going to attend the full day. If a two day written notice is not given, the \$25 charge will still be applied to the next billing cycle.

We are very excited about having your child in the program and the high level of quality programming and staff that the Continued Education program will be offering this school year. Thank you for allowing The Boys & Girls Club of Brookings the privilege of working with you and your family!

**Devin Hudelson**  
**Boys & Girls Club ECE Program Director**  
**605-692-3333**  
[dhudelson@greatfuturesd.org](mailto:dhudelson@greatfuturesd.org)

# Membership Registration Checklist:

GREAT FUTURES START [HERE](#).



Below is a quick overview of what needs to be filled out before handing in your child's membership packet. For membership to be accepted and youth able to attend, the application must be completed in its entirety-thank you!

## **Page 4:**

- ☐ Youth's Siblings Information
- ☐ Income Information
- ☐ Parent Guardian Information (Address, Phone Numbers, E-mail, Place of Employment)

## **Page 5:**

- ☐ Youth Information (Name, DOB, Gender, Ethnicity, Number in Household, School Information)
- ☐ Medical Information
- ☐ Name and phone number of child's physician

## **Page 6:**

- ☐ Additional Emergency Contacts (at least two that are not parents/guardians)
- ☐ Individuals not allowed to pick up youth
- ☐ Mark "Yes/No" for each question in box
- ☐ Permission Information (Yes/No/Not Applicable and Initials)

## **Page 7:**

- ☐ Release Form

## **Page 8:**

- ☐ All About Me sheet

## **Pages 9 & 10:**

- ☐ EFT Form for Automatic Withdrawal or for checking or savings account
- ☐ EFT Form for Automatic Withdrawal or for credit card

## **Please attach to application:**

- ☐ \$100 deposit required (attach to application) at the time of signing up for the program
- ☐ Current immunization record attached

**Annual Immunization records must be attached.**  
**This applies to renewal applications, even if no changes have occurred.**

### IMMUNIZATION REQUIREMENTS

Immunizations shown in more than one age category are required within that shown time range.

Required Vaccine	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	24 Mo	4-6 Yr
Hepatitis B (Hep B)	#1	#2			#3					
Diphtheria, Tetanus, Pertussis (DTP)			#1	#2	#3		#4			#5
Haemophilus influenzae Type b (Hib)			#1	#2	#3	#4				
Inactivated Poliovirus			#1	#2	#3					#4
Measles, Mumps, Rubella (MMR)						#1				#2
Varicella (Chicken Pox)						#1				
Pneumococcal (PCV)			#1	#2	#3	#4				
Hepatitis A (Hep A)						2 doses, 6 mo. apart				



## ST. THOMAS MORE CONTIUED EDUCATION MEMBERSHIP APPLICATION

### OFFICE USE ONLY

<b>Membership Number:</b>	<b>Orientation Date:</b>	<b>Payment Type:</b> _____ <b>Amount \$</b> _____
<b>New Member / Renewal:</b>	<b>Card Printed Date:</b>	<b>Receipt #:</b> _____ <b>Check #</b> _____
<b>Entered By:</b> _____ <b>Date:</b> _____	<b>Photo Taken Date:</b>	<b>Accepted By:</b> _____ <b>Deposit Date:</b> _____
<b>Earliest Start Date:</b>	<b>Applying for CCA: Yes No (circle)</b>	<b>CCA Letter: Approved Disapproved (circle)</b>
<b>Expiration Date: 5/25/2019</b>	<b>Welcome Email Date:</b> <b>Letter and Magnet Sent Date:</b>	<b>Location Accepted:</b>

\*If no deposit attached, please list why on a separate form and attach

- ☐ **Continued Education** (afterschool care until 6 pm) \$900 Tuition (\$100/month)
- After school until 6 pm; open on non-school days for an extra \$25 a day

**Youth First Name:**\_\_\_\_\_ **Youth Last Name:** \_\_\_\_\_

Member's Sibling(s):

Name	Age	Ful/Half/Step	Name	Age	Full/Half/Step
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Circle the Appropriate Annual Household Income** (this is for grant purposes only)

0-\$37,700	\$37,701-\$43,100	\$43,101-\$48,500	\$48,501-\$53,850	53,851-\$58,200
\$58,201-\$62,500	\$62,501-\$66,800	\$66,801-\$71,000+		

**Parent/Guardian Information:** *Both parents/guardians information needs to be filled in below:*

**Parent/Guardian** (Primary Club Contact):\_\_\_\_\_ **Gender:** M F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email** (at least one email is required to be on file): \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

☐ If single parent, please check this box

**Parent/Guardian:** \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Check this box if home address is same as above

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

**Youth Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (circle): M F

Number in Household: \_\_\_\_\_

Ethnicity (circle):

African American

Asian

Caucasian

Hispanic

Multi-Racial

Native American \_\_\_\_\_ (Tribe)

Native Hawaiian/Pacific Islander

Other

**Academic information:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_

Teacher \_\_\_\_\_

Is your child on an Individualized Education Plan or 504? \_\_\_Yes \_\_\_No

Does your child have a specific academic need? \_\_\_Yes \_\_\_No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

Does your child have asthma? \_\_\_Yes \_\_\_No

Do they use/carry an inhaler? \_\_\_Yes \_\_\_No \_\_\_N/A

Does your child have an allergy? \_\_\_Yes \_\_\_No

If yes, please list allergy and associated symptoms:

Allergy \_\_\_\_\_ Symptom(s): \_\_\_\_\_

Allergy \_\_\_\_\_ Symptom(s): \_\_\_\_\_

Allergy \_\_\_\_\_ Symptom(s): \_\_\_\_\_

Allergy \_\_\_\_\_ Symptom(s): \_\_\_\_\_

Does your child have other medical conditions or diagnoses? \_\_\_\_Yes \_\_\_\_No If yes, please explain:

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Medications: \_\_\_\_Yes \_\_\_\_No If yes, please list medication and time(s) administered:

Medication Name \_\_\_\_\_ Time(s) administered: \_\_\_\_\_ AM/PM

Medication Name \_\_\_\_\_ Time(s) administered: \_\_\_\_\_ AM/PM

Medication Name \_\_\_\_\_ Time(s) administered: \_\_\_\_\_ AM/PM

Medication Name \_\_\_\_\_ Time(s) administered: \_\_\_\_\_ AM/PM

**Please check one item from each group below:**

Single Parent: \_\_\_\_ Yes \_\_\_\_ No

Is the member a child of Military personnel and not living on a base? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to volunteer at the Club? \_\_\_\_ Yes \_\_\_\_ No

Qualify for Free Lunch: \_\_\_\_ Yes \_\_\_\_ No Qualify for Reduced Lunch: \_\_\_\_ Yes \_\_\_\_ No

**Additional Emergency Contacts** (in addition to Parents/Guardians):

***\*MUST HAVE AT LEAST 2 CONTACTS\****

First Name: _____ Last Name: _____ Phone Number: _____ City, State: _____ Relation to the Child: _____	First Name: _____ Last Name: _____ Phone Number: _____ City, State: _____ Relation to the Child: _____
First Name: _____ Last Name: _____ Phone Number: _____ City, State: _____ Relation to the Child: _____	First Name: _____ Last Name: _____ Phone Number: _____ City, State: _____ Relation to the Child: _____



Please write below if someone is

**NOT ALLOWED TO PICK UP MEMBER**

If a biological parent, legal documentation must be provided.

Name: _____	Name: _____
Relationship to Member: _____	Relationship to Member: _____
Does this contact live in the Member's household?	Does this contact live in the member's household?
Yes [ ] No [ ] (If not, please fill in address below)	Yes [ ] No [ ] (If not, please fill in address below)
City/State/Zip: _____	City/State/Zip: _____
Brief description of individual: _____	Brief description of individual: _____
_____	_____

## **Permission Information**

I give my permission to the Boys & Girls Club of Brookings and Brookings Community Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Brookings Community Schools or the Club in writing.

\_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Parent Signature

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities.

\_\_\_\_\_  
Initials

## **RELEASE FORM**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Brookings Corporation, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

### **Medical Treatment**

I give permission to the Boys & Girls Club of Brookings to seek emergency medical treatment for my minor child if I cannot be reached. I understand that Club employees cannot transport children to the hospital and that if a life threatening situation occurs, the AMBULANCE will be contacted first and then the PARENTS. I will be responsible for any/all costs of medical attention and treatment.

### **Surveys and Questionnaires**

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Brookings to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments.

### **Restraining**

I understand that when a youth is in a dangerous situation to themselves or others they will be removed from the situation.

### **Miscellaneous**

I understand that the Boys & Girls Club is not responsible for lost or stolen items. Any items placed in the lost and found will be discarded on the 15th of every month.

### **Late Fees**

I understand that my child/children must be picked up by closing time each day. I understand that I will be charged \$10.00 per child for every 15 minutes that my child/children remains at the club after closing time. Time is rounded up to next 15 minutes. For example:

1-14 minutes that child/children remain at the club after closing time = \$10.00 per child

15-29 minutes that child/children remain at that club after closing time = \$20.00 per child, etc.

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request that my child be admitted into membership.

I hereby give my permission for my child to become a member for the Boys & Girls Club of Brookings. I understand that the Club is Not Responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Club of Brookings and its property are not responsible for personal injury or loss of property.

\_\_\_\_\_  
Parent Signature:

\_\_\_\_\_  
Date:

**\*\*Please attach copy of current immunization record\*\***

**This requirement also applies to renewal applications, even if no changes have occurred.**

# All About Me!

*Parent/Guardian: please fill this section out with your child*

Has your child been in a daycare or preschool setting before? Yes No

Are there any holidays that you prefer your child not celebrate? Yes No

If yes, please list \_\_\_\_\_

Is your child an English Language Learner (ELL)? Yes No

Is there anything else you would like to share with the Clubhouse about your child?

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*Parent/Guardian: please fill this section out with your child*

My name is: \_\_\_\_\_ I like to be called:

\_\_\_\_\_

I am \_\_\_\_\_ years old.

The members of my family are:

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Some of my favorite things to do are:

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Sometimes I get scared when:

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**BOYS & GIRLS CLUB  
OF BROOKINGS**



**AUTHORIZATION FOR MONTHLY PAYMENT BY CHECKING OR SAVINGS ACCOUNT**

I authorize The Boys & Girls Club of Brookings, SD, Inc. to initiate debit entries to my account indicated below.  
I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

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Name – Please Print

Youth's Name – Please Print

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Address – Please Print

Phone Number

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Name of Financial Institution

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Address of Financial Institution – Street, City, State and Zip Code

Checking or Savings Account # \_\_\_\_\_

Bank Routing Number # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

**Tuition Payment Schedule:** (please select one) Pay in Full / Per Semester / 9 Equal Monthly Payments

- ☐ I qualify for Child Care Assistance but would like this retained as a backup payment.
- ☐ I would like to pay in cash or check each month (Reminder: additional fee of \$25 will be added each month)

**Payments will be debited on the 16th day of the month.**

***Reminder, full non-school days are an additional \$25 per day cost.  
If your child is signed up but does not attend, you will still be charged.***

**\*\*PLEASE ATTACH A VOIDED CHECK AND THE \$100 DEPOSIT\*\***

This authorization will remain in effect until the total payment amount has been debited or until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my bank or the Boys & Girls Club of Brookings up to five business days prior to my account being charged. I understand that there may be a fee charged by my financial institution for any stop payment I authorize. I understand that the amount I have authorized may vary with the guidelines stated here, and I will be notified at least 10 days prior to the transfer if that amount falls outside of these guidelines. I understand that choosing monthly contributions will move the ACH transaction to the nearest working day, should that date occur on a holiday, weekend, or any other non-working day for the banking institution.

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Name (please print)

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Signature

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Date



**BOYS & GIRLS CLUB  
OF BROOKINGS**



**AUTHORIZATION FOR MONTHLY PAYMENT BY CREDIT CARD ACCOUNT  
\*VISA / MASTERCARD ONLY\***

I authorize The Boys & Girls Club of Brookings, SD, Inc. to charge my credit card number indicated below.  
I acknowledge that the transactions must comply with Visa/MasterCard regulations.

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Name on Card – Please Print

Youth's Name – Please Print

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Address – Please Print

Phone Number

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Credit Card Account Number

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Expiration Date

CVS Code

**Payment Amount \$**\_\_\_\_\_

**Tuition Payment Schedule:** (please select one) Pay in Full / Per Semester / 9 Equal Monthly Payments

- ☐ I qualify for Child Care Assistance but would like this retained as a backup payment.
- ☐ I would like to pay in cash or check each month (Reminder: additional fee of \$25 will be added each month)

**Payments will be debited on the 16th day of the month.**

***Reminder, full non-school days are an additional \$25 per day cost.  
If your child is signed up but does not attend, you will still be charged.***

This authorization will remain in effect until the total contribution has been charged to my account or until I notify you in writing to cancel it in such time as to afford The Boys & Girls Club a reasonable opportunity to act on it. I can stop any transaction by notifying The Boys & Girls Club up to five business days prior to my credit card being charged. I understand that choosing monthly contributions will move the transaction to the nearest working day, should that date occur on a holiday, weekend, or any other non-working day for the banking institution.

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Name (Please Print)

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Signature

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Date