Boys & Girls Clubs of Metro South  
2020-2021 School Age Child Care Registration Form

<table>
<thead>
<tr>
<th>PLEASE PRINT LEGIBLY</th>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD’S NAME</td>
<td>Birth Date</td>
</tr>
<tr>
<td>Address</td>
<td>Age at Admission</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Who does child live with

<table>
<thead>
<tr>
<th>Parent · Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent #1/Guardian</td>
</tr>
<tr>
<td>Relation to child</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Home address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Home phone</td>
</tr>
<tr>
<td>Cell phone</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Employer</td>
</tr>
<tr>
<td>Employer address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Employer phone</td>
</tr>
<tr>
<td>Hours at work</td>
</tr>
</tbody>
</table>

Are there custody agreements, court orders, and/or restraining orders pertaining to your child?  
NO ☐ YES ☐  
If yes, please attach a copy.

Does your child have any special limitations or concerns for program participation?  
NO ☐ YES ☐  
If yes, please list.

Does your child have an IEP (Individual Educational Plan), IFSP (Individual Family Services Plan), or a 504 Plan?  
NO ☐ YES ☐  
If yes, please provide a copy.

I authorize _________________________________ to sign/and/or review any child care documents in my absence.

School Age Only

Current School | Grade
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 ________

Parent · Guardian Signature ___________________________ Date  

5.2020
Boys & Girls Clubs of Metro South
School Age Child Care Medical Consent Form

PLEASE PRINT LEGIBLY

CHILD’S NAME ___________________________ Birth Date ___________ Male ☐ Female ☐

I authorize staff members in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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 ____________________________________________________________________________ and to secure necessary medical treatment for my child.

Child’s Physician Name ___________________________ Phone ___________

Address ______________________________________ City __________ State _____ Zip ______

*Please attach a current copy of your child’s immunizations*

Please list any allergies, special diets, or chronic conditions. Include all conditions such as food allergies, asthma, insect bites/stings that are diagnosed and documented by child’s doctor.*

________________________________________________________________________

*If yes to the above, please see the Out of School Time Director to complete the state mandated Individual Health Plan for each chronic health condition.

Emergency Contact Information • In order to be contacted • Include parents if applicable

Name ___________________________ Relation to child ___________________________

Home address _________________________________________________________________

City, State, Zip ___________________________ Home phone _______________________

Cell phone _________________________________________________________________

Do you give permission for your child to be released to this person? YES ☐ NO ☐

Name ___________________________ Relation to child ___________________________

Home address _________________________________________________________________

City, State, Zip ___________________________ Home phone _______________________

Cell phone _________________________________________________________________

Do you give permission for your child to be released to this person? YES ☐ NO ☐

Name ___________________________ Relation to child ___________________________

Home address _________________________________________________________________

City, State, Zip ___________________________ Home phone _______________________

Cell phone _________________________________________________________________

Do you give permission for your child to be released to this person? YES ☐ NO ☐

Health Insurance Coverage

Insurance Company ___________________________________________________________

Policy Number _____________________________________________________________

Person Insured _____________________________________________________________

Relation to child ___________________________ Phone _______________________

Parent/Guardian Name _______________________________________________________

Phone ___________________________ Date ___________________________
Boys & Girls Clubs of Metro South  
School Age Child Care Transportation Plan & Authorization

CHILD'S NAME ___________________________  Birth Date ___________  Male ☐  Female ☐

My child will ARRIVE at the BEFORE School program by:

- Parent Drop Off
- Bus/Van

My child will LEAVE at the BEFORE School program by:

- Parent Pick Up
- Bus/Van

My child will ARRIVE at the AFTER School program by:

- Parent Drop Off
- Released from school
- Bus/Van

My child will LEAVE at the AFTER School program by:

- Parent Pick Up
- Bus/Van

The following is MANDATORY. Please initial:

I understand that a late fee will be charged to me for late pick-ups and I am responsible to pay in full all fees for child care services provided to me by the BGCMS. I must give the BGCMS two weeks notice of my intent to withdraw my child from the BGCMS program and I am responsible for payments regardless of my child's attendance.

I understand that it's my responsibility to read and adhere to all policies and procedures outlined in the Parent Handbook and Health Care Policy located on the website at bgcbrockton.org or I may request to receive a hard copy.

The following is OPTIONAL. Please initial those you choose. I give permission for:

- My child to attend all walks within the distance of the program - Field trips will have prior permission forms
- Administrators or teaching staff to access any record—enrollment forms, assessments, any medical documentation—from my child's file
- BGCMS to use my child's picture in BGCMS publicity and media promotions
- BGCMS to use my child's picture inside the facility/school building
- My child to participate in a supervised BGCMS gym/swim program as offered
- My child to be observed and interact with authorized student interns and volunteers
- My child to work on their homework in the after school program
- BGCMS to communicate with my child's school for any information that is relevant to the success of my child in both school and BGCMS programs.
- BGCMS staff to apply sunscreen and/or bug repellent as needed on exposed skin if no broken skin is readily apparent. I will supply above items(s), labeled with my child's name.
- My child to take surveys administered by BGCMS staff to monitor our programs and provide crucial information for youth outcome measurements.
- My child to use the internet with supervision of a staff member.

Parents enter a contract relationship with Boys & Girls Clubs of Metro South in which both parties agree to certain conditions in writing. Those conditions include the child's schedule and tuition rate, acceptance of the center's policies, and support of the program.

Waiver of Liability: I hereby give permission to the medical personnel selected by the child care director to act in the best interest of my child in the event of an emergency. Every effort will be made to contact the parent, guardian and emergency contacts. In consideration of being allowed to participate in the activities and programs of Boys & Girls Clubs of Metro South and to use its facilities, and equipment, in addition to any fee or charge, I do hereby waive, release, and forever discharge Boys & Girls Clubs of Metro South and its officers, agents, employees, representatives, (collectively BGCMS), from any and all responsibilities and liability for injuries or damages to myself, including those caused by the negligent act or omission of Boys & Girls Clubs of Metro South or in any way arising out of our connected with my participation in any activity at Boys & Girls Clubs of Metro South. I agree to adhere to all policies set forth by Boys & Girls Clubs of Metro South.
## Boys & Girls Clubs of Metro South
### School Age Child Care Enrollment Form

**TO BE COMPLETED BY PARENT · PLEASE PRINT LEGIBLY**

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>Birth Date</th>
<th>Male</th>
<th>Female</th>
<th>Allergies/Asthma</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School attending</th>
<th>Primary language</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent’s Name</th>
<th>Address</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email address</th>
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Has your child attended a Boys & Girls Clubs of Metro South child care program previously?  
☐ YES  ☐ NO  
If yes, when?  ____________________  
If yes, where?  ____________________

### Child’s Ethnic and Racial Identities

**ETHNICITY**  
☐ Hispanic or Latino  ☐ Not Hispanic or Latino

**RACE**  
☐ Asian  ☐ Black or African American  ☐ Native Hawaiian/Other Pacific Islander

☐ White/Caucasian  ☐ American Indian or Alaska Native  ☐ Other

**Please circle choice of days**

<table>
<thead>
<tr>
<th>Minimum of three days per week enrollment.</th>
<th>Weekly Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE School Child Care</td>
<td>M  T  W  TH  F</td>
</tr>
<tr>
<td>AFTER School Child Care</td>
<td>M  T  W  TH  F</td>
</tr>
</tbody>
</table>

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>DCF</th>
<th>EEC</th>
<th>Registration Fee</th>
<th>$</th>
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</thead>
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<table>
<thead>
<tr>
<th>Voucher Service Code</th>
<th>Subsidized Daily Parent Fee</th>
<th>$</th>
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<table>
<thead>
<tr>
<th>Program Start Date</th>
<th>Subsidy End Date</th>
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<tr>
<th>Site</th>
<th>Class or Group</th>
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Out of School Time Director Approval: ____________________

5.2020
Boys & Girls Clubs of Metro South  
School Age Child Care Payment Options  
PLEASE PRINT LEGIBLY

CHILD’S NAME ___________________________ Program ___________________________

EFT Draft

I hereby authorize Boys & Girls Clubs of Metro South to initiate electronic fund transfers from my checking account OR credit card(s). This authorization remains in effect until the Boys & Girls Clubs of Metro South has received a 14-day written notification from me indicating my desire to discontinue.

CHECKING ACCOUNT ___________________________
Name on Account ___________________________
Bank Name ___________________________
Routing/Transit Number ___________________________
Account Number ___________________________

CREDIT CARD ___________________________
Name as Appears on Card ___________________________
Account Number ___________________________
Expiration Date ___________________________ CVV ___________________________

AMEX ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐

EFT Draft Agreement

I understand that I am still responsible for any payment plus Boys & Girls Clubs of Metro South will apply a service charge of $25 should an EFT draft be declined by my bank or other financial institution. This is in addition to any fee charged by my bank or other financial institution.

I understand that I am responsible to inform Boys & Girls Clubs of Metro South within 3 days of any account change with updated information.

Authorized Signature ___________________________ Date ___________________________

FOR OFFICE USE ONLY
Type of Payment ☐ DCF ☐ EEC ☐ PACE ☐ Financial Aid ☐ Private ☐ Staff
Parent Weekly Payment $ ___________________________ EFT Start Date ___________________________
Branch and Site ___________________________