Boys & Girls Clubs of Greater San Diego (BGCGSD) knows that schools starting the year with virtual learning poses a challenge for working families. In response, we have created the PACE (Pathways to Academic & Creative Excellence) Program. The program will be offered at the following locations: 4S Ranch Branch, Clairemont Branch, and Conrad Prebys Escondido Branch.

The hours of operations will be Monday through Friday from 8 am until 6 pm. All members must check in by 9 am. During the morning portion of the program, staff will assist members with their distance learning activities. Members must have the ability to work independently and not disturb others. While some computers are available at the site, we do not have enough for all members. Members are encouraged to bring their tablets or laptops with them. They should also bring their own earphones. Tablets/laptops should be in a case and should be clearly marked with the member’s name. Tablets/laptops may only be used for virtual learning activities. Members will not be allowed to use their personal devices in the afternoon. In the afternoon, members will transition into traditional Club activities. As of right now, there will be no field trips, cooking projects, swimming or activities that bring members into close contact with one another. If this changes, you will be notified in advance.

Please note that days and hours of operations are subject to change if local schools resume in-person operations.

Due to current restrictions, a limited number of spots are available at each site. Families currently attending the program will be given first priority for the fall program. After that, registration will be opened up and spots will be assigned on a first come, first served basis.

BGCGSD’s priority is to serve families who consistently need our program, Monday through Friday and every week. If your child does not attend on a regular basis, they may be dropped from the program.

Fee Per Week: $200
Membership Fee: $60  Membership for July 1, 2020 through June 30, 2021 must be renewed before enrollment in the Fall 2020 program.

Scholarships and sibling discounts are available. Those who were approved for the scholarship program after May 15, 2020 do not need to reapply for the fall program. Everyone else wishing to receive a scholarship must reapply.

Payments:
Payments must be made by Wednesday at 5 pm for the following week. See your branch for payment options.

Food & Water:
Members will need to bring a sack lunch every day. We are hoping the Summer Lunch Program will be extended so that we may serve a free, healthy lunch at most of our sites, but we cannot guarantee that at this time. Please plan accordingly.

A free, healthy afternoon snack will be provided at the Clairemont and CP Escondido branches.

Our drinking fountains are covered over and will not be used for the foreseeable future. Single use water bottles will be available to members as needed in each program area.
Safety Precautions:
- Parents will not be allowed in the Club
- Members must have their temperature taken before entering the building
- Social distancing will be maintained
- Face masks will be required for staff and parents. Face masks are encouraged for members, but are not mandatory
- Routine hand washing
- Limited group size
- Staff will be cleaning and disinfecting throughout the day

Parent Expectations:
Parents are asked to support the Club in providing a safe space for our members and staff by informing the Club of any changes to their child’s health or community exposure. If a child exhibits any symptoms of fever, runny nose, coughing, or shortness of breath, parents are asked to keep them home until their symptoms have subsided for 72 hours without the assistance of medication.

Parents must walk their child(ren) to the front door for check-in each day and must answer the following questions:
- Has your child had a fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash in the last 72 hours?
- Has your child been exposed to someone who has been diagnosed with COVID-19?
- Have you or your child traveled internationally in the last two weeks?

If you answer yes to any of these questions, your child will not be admitted into the program and you will be asked to return when you are able to answer no. If you pass the verbal screening, your child will have their temperature checked. If lower than 100.4 F – Member may enter building and proceed to handwashing station. If 100.4 F or higher - Member will be sent home until fever-free without fever reducing medication for at least 72 hours.

If members begin exhibiting symptoms of fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash, staff will notify parents immediately. Parents are expected to pick up their child as soon as possible.

Member Expectations:
Members participating in the program are expected to follow Club policies surrounding behavior, hygiene, health practices, social distancing, and any recommendations outlined by the CDC. Members must be able to participate in program at their designated workspace and follow instructions of staff in order to ensure their safety.

Members who show disregard for Club policies or exhibit intentional disruptive behavior may be asked to leave the program. Parents should talk with their children and reinforce the importance of compliance and safety. If parents wish for their children to wear masks while at the Club, it is up to the parent to provide the mask and to instruct the child to wear it.

Members are asked to leave personal items not needed for school work at home.
Member’s Name: _______________________________ Grade: ______________

School: ________________________________

I, the parent of ________________________________, am enrolling my child in BGCGSD’s PACE (Pathways to Academic & Creative Excellence) Program. I understand that I will need to share relevant school information with BGCGSD’s staff so that they may better assist my child with their virtual learning activities. I understand that my child will need to bring a fully-charged laptop/tablet and earphones every day that virtual learning is to take place. I understand that I am responsible for printing any school worksheets that need to be completed while my child is at the Club.

I further understand and agree to abide by the following:

- I have read and understand the information outlined above
- I understand that my child needs to arrive by 9 am in order to participate in the program that day
- I understand that priority is given to families who consistently use the program and that my child may be dropped for inconsistent attendance
- I understand that my child must be able to work independently and not disturb others
- I will not bring my child to the Club if I know they cannot pass the wellness screening and temperature check
- I will abide by the temperature reading taken at the Club and willingly bring my child home if he/she has a fever of 100.4 or more
- I will quickly come pick up my child if I get a call from staff indicating my child is showing symptoms of a fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash
- I will reinforce the expectations with my child
- I have received and read the Parent Handbook

_____________________________  _______________________________  ______________
Parent’s Printed Name                  Parent’s Signature          Date
Fall 2020 School Information Sheet

Please complete this page and submit it to BGCSD’s staff as soon as the information is available to you. It is crucial that we have this information to assist your child with their distance learning. Please update staff of anything changes or if your child needs help in specific areas.

Member’s Name:_________________________________________  Grade:___________

School:_____________________________  Teacher:________________________________

Please share with us your child’s classroom schedule, making sure to note the times they need to be actively attending sessions with their teachers.

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What are your child’s strengths?

In what areas does your child need extra help?
Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 ("COVID-19") was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention ("CDC") has stated that "the best way to prevent illness is to avoid being exposed to the virus."


I am aware of the contagious nature of COVID-19 and voluntarily choose to allow my child(ren) to participate in programs operated by the Boys & Girls Clubs of Greater San Diego (BGCGSD).

I acknowledge that BGCGSD employees come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although BGCGSD takes precautions to reduce the likelihood of transmission of COVID-19 by its employees and participants, BGCGSD cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in BGCGSD’s programs, I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from the actions, negligence, and failure to act of myself and others, including, but not limited to, BGCGSD employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind of nature, that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any BGCGSD programs. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the BGCGSD, its employees, agents and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that release includes any Claims based on negligence, action or inaction of any of BGCGSD, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any BGCGSD program.

______________________________________   ________________________________
Child(ren) Name      Date

______________________________________   ________________________________
Parent/Guardian Printed Name     Parent/Guardian Signature
SELF-CERTIFICATION OF ELIGIBILITY FOR COVID-19 EMERGENCY CHILD CARE

I, ____________________________ (parent or guardian) certify that I am eligible for COVID-19 Emergency Care as:

1. At-Risk Population
   i. Child receiving services from CPS or is at risk of abuse or neglect;
   ii. Child eligible through the Emergency Child Care Bridge Program for Foster Children; or
   iii. Experiencing homelessness as defined in the McKinney-Vento Homeless Assistance Act
   iv. A Child of domestic violence survivors; or
2. An Essential Worker under the California definition of essential worker pursuant to the Governor’s Executive Order N-33-20, and I am unable to work remotely to complete my job duties and require child care in order to perform the essential work.
3. A parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service;

I understand that this self-certification is a requirement for my child/children _____________________________ to be enrolled in an emergency child care program.

Please check the eligibility category and/or sector of employment in which you are engaged:

| Parent of a child who is receiving CPS or at risk | Food and Agriculture sector |
| Parent of any child eligible through the Emergency Child Care Bridge Program for Foster Children | Staff and providers of child care and education services |
| Parent of a child with disabilities or special health care needs whose individualized family support plans include early childhood education services | Workers supporting critical infrastructure |
| Family experiencing housing insecurity or homelessness as defined in the McKinney-Vento Homeless Assistance Act | Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical sectors |
| Domestic violence survivor | State and local government worker |
| Health Care Services sector | Energy sector |
| Emergency Services sector | Transportation and Logistics |
| Communications and IT sector | Any other fields listed in EO N-33-20 |

Total hours of child care per week requested: ____________

If for any reason this attestation of being an Essential Worker or an At-Risk Population is found to be false or untrue, I understand that I will not have met an eligibility requirement for the receipt of emergency child care and my child may be subject to immediate disenrollment from any program he or she is attending.

By my signature below, I attest that the information provided above is true and correct.

Parent or Guardian Name (Printed): _____________________________

Parent or Guardian Signature: _____________________________

Date: _____________________________
MEMBERSHIP APPLICATION
Boys & Girls Clubs of Greater San Diego

First Name: ___________________ Middle: ___________________ Last: ___________________

Gender: □ M  □ F  School: ___________________ Grade: ______  Birth Date: _______  Age: ______

Address: ____________________________________________________

City: ___________________ State: _______ Zip: ___________________ Phone: ___________________

Ethnic Background: □ Caucasian □ African Am □ Hispanic □ Asian □ Am Indian □Other____

Membership Status: □ New  □ Renewal  □ Transfer from another location: __________________________

How did you hear about the Club? □ School Flyer  □ Drive By  □ Newspaper  □ Friend: __________________________

Medical Information:

Special Information: Allergies, etc _____________________________________________________________

Does your child take any medications? _____________________________________________________

This information is for statistical purposes only and is used to help secure funding for the Club. Answers are confidential. Please answer all questions.

Member lives with: □ Mom & Dad  □ Mom Only  □ Dad Only  □ Grandparent  □ Other: _______

Annual Household Income: __________________________

Do you qualify for: ______ FREE Lunch  ______ Reduced Lunch  ______ Neither

Number of Individuals Living in Household: __________________________

Is parent/guardian a member of the military? □ Yes  □ No  If yes, which branch: __________________________

Emergency Contacts:

Mother/Guardian: ___________________ Home #: ___________________ Cell #: ___________________

Company: ___________________ Phone #: ___________________ Extension: ___________________

Father/Guardian: ___________________ Home #: ___________________ Cell #: ___________________

Company: ___________________ Phone #: ___________________ Extension: ___________________

E-mail address: __________________________________________

Additional contacts if parents/guardians cannot be reached: (Please indicate relationship to child.)

Name: ___________________ Phone #: ___________________ Phone #: ___________________

Name: ___________________ Phone #: ___________________ Phone #: ___________________

Authorized to pick up members from the Club:

Please note: Parents/guardians and additional contacts are automatically authorized to pick up children from the Club. Only list other people who may be picking up members.

Name: ___________________ Phone #: ___________________

Name: ___________________ Phone #: ___________________

Name: ___________________ Phone #: ___________________

Name: ___________________ Phone #: ___________________
Authorization to Leave Premises Unescorted:

□ My child is 12 years or older and has my permission to check him/herself out of the Club.
□ My child is 12 years or older but does not have my permission to check him/herself out of the Club.

Children younger than 12 years old may leave the Club with a relative so long as the relative is 12 years or older.
□ My child is younger than 12 years old, but has my permission to leave the club with _______________ Age: _______________ Relationship: □ Brother □ Sister □ Cousin □ Aunt/Uncle

I give consent for photographs in which my child may appear, to be used in any way the Club may care to use them.

I understand the Club has adopted a Safe Passage Policy that prohibits members from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized adult arrives to retrieve them. I understand that the Club is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent permission.

I have read and agree to abide by the policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from Club programs.

I give permission for my child to participate in all Boys & Girls Clubs Programs. In consideration of said minor being permitted to enter any branch of the Boys & Girls Clubs of Greater San Diego (the “Club”) for observation, use of facilities and/or equipment or participation in any program, I hereby:

Acknowledge that (I) I have read this document, (ii) I have inspected the facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

Release the Clubs, it directors, officers, employees, volunteers, governing board, agents, representatives (collectively “Releasees”) from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or by any person associated directly or indirectly with the Club, its officers, directors, employees or volunteers or otherwise while my child is in or near any Club branch or participating in any Club activity.

Agree not to sue Releasees for any loss, damage, injury or death described above and indemnify and hold harmless Releasees and each of them from any injury to persons or property sustained by any person caused by any act, neglect, default, or omission of the undersigned or of any person associated directly or indirectly by him upon or in connection with this activity or whether caused by the negligence of the Releasees or otherwise, whether the said injury or damage occurs upon or adjacent to the property. The undersigned at his own cost, expense and risk shall defend any and all actions, suits or other legal proceedings that may be brought or instituted against the Club on any such claim or demand, and pay or satisfy any judgment that may be rendered against the Club in any such action, suit or legal proceedings or result thereof.

I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases or otherwise.

I do hereby authorize the Clubs as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Club is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the state of California; if any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Parent/Guardian: ____________________________ Date: ____________________

FOR OFFICE USE ONLY

Membership #: ____________________
Membership paid: ____________ Receipt #: ____________ New/Renewal Member: ____________
Visions Entry Date: ____________ Expiration Date: ____________ Processed by: ____________________
If you would like to request a scholarship, please complete the attached application and bring it with you to your registration appointment.

To qualify for a scholarship, you must meet certain income guidelines.

Make sure to bring the following documentation with you:

One month’s worth of payroll verification (most recent month)

Or

Your most recent tax return

Verification is required for all parents living in the household and/or paying fees for the child.

Scholarships will be approved or denied within 48 hours.

If you are applying for a scholarship, you must pay the $60 membership fee and at least 50% of the first week of camp.
SCHOLARSHIP APPLICATION

Application for enrollment in ___________________________ program. Date: _______________

Parent/Guardian’s name: ________________________________

I/WE UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING:

• Scholarships are available based on gross income, size of family and related factors. Awards are granted as a 30% to a 50% reduction in fees. Scholarships apply to most programs.
• You are ineligible to BGC assistance if any other assistance programs pay for your child’s fees.
• Scholarships apply to prepayment of fees. Check with Club staff for the current fee payment schedule.
• A scholarship may be reinstated as soon as your fees are current.
• Failure to make payments in a timely manner will result in the enforcement of the three strikes rule.

THREE STRIKES RULE

Children of parents who are chronically late picking up their children or chronically late making payments may be denied continued service. The second time the payment is late we will notify you of the impending drop. The third time we will give you 24 hours’ notice of expulsion from the Club.

I have read and I understand the policies of the Boys & Girls Club. I agree to abide by the provisions as stated above and in the parent handbook and/or parent letter. I agree to pay the above-mentioned charges on or before each due date in accordance with the regulations contained herein.

Parent/Guardian Signature ___________________________ Home Phone ___________________________ Date ____________

Driver’s License Number & State ___________________________ Work Phone ___________________________ Cell Phone ___________________________

Staff/Witness Signature ___________________________ Date ____________
APPLICATION FOR SCHOLARSHIP

Child(ren) to be enrolled:

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<thead>
<tr>
<th>Name</th>
<th>Program</th>
<th>Grade</th>
<th>Age</th>
<th>School</th>
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Household Information

List all household members Age (before deductions)

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<th>Member</th>
<th>Age</th>
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Total household size: Total Monthly Income: verification required

Reason for scholarship:

I understand that to be eligible for a scholarship all fees must be prepaid

Parent’s Signature Phone Number Date

Administration Recommendation: Approved for_______% Disapproved_______

Scholarship Effective Date: Expiration Date:

Comments:

Approved by: Date: