



**BOYS & GIRLS CLUB
OF GREATER WESTFIELD**

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone #: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____
Reachable Phone #: _____
Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____
Hours at Work: _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please supply copies of agreements.

I understand that it is my responsibility to pay my child's fees on the Thursday prior to each week as the custodial parent. I further understand as the custodial parent registering my child, I am responsible for the weekly payments regardless of any court agreement between myself and the child's other parent/guardian. If payment is not made on time I understand that I will incur a \$10.00 late payment fee. I further understand that there are no credits or refunds given for my child's absences and that I must pay my weekly fee regardless. _____

(Parent Initial)

School Age Only

Current School: _____
School Address: _____ School Phone Number: _____

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

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff 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 to secure necessary medical treatment for my child.

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition?

If yes, please attach. _____ No my child has no chronic health condition _____

Special limitations or concerns? _____

Emergency Contacts (In order to be contacted)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy

Parent/Guardian Name: _____ Phone _____

Parent /Guardian Signature

Date (valid for one year)

SG/LG/SAEmergencyMedicalConsent20100122

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- ____ UNSUPERVISED WALK
- ____ SUPERVISED WALK (WHO _____)
- ____ SCHOOL BUS DROP OFF
- ____ PROGRAM BUS
- ____ PARENT DROP OFF
- ____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- ____ PARENT PICK UP
- ____ UNSUPERVISED WALK
- ____ SUPERVISED WALK (WHO _____)
- ____ OTHER (DESCRIBE _____)

I give 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/ren at the end of the day. (If no one is authorized, please indicate below by writing("NO ONE"). I further understand that **ONLY** the people listed below are authorized and anyone not listed will **NOT** be allowed to pick up my child/ren.

1. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

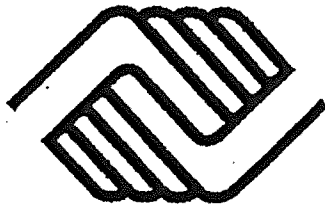
4. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

5. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

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 _____



BOYS & GIRLS CLUB

NOTE: This information is strictly confidential and is collected for grant writing purposes only.

Name: _____ Birth Date: _____

Ethnicity: (Circle one)

Asian African American Hispanic Caucasian Biracial Native American Pacific Islander

Number of individuals in Household: _____ Children 18 & under: _____

Is there a Member of the Household 65 years old or older: ___Yes ___No

Is there a Member of the Household who is Handicapped: ___Yes ___No

Current Head of Household: ___Female ___Male Single Parent: ___Yes ___No

Member lives with:

___ Mom & Dad ___ Mom ___ Dad ___ Step Mom ___ Step Dad

___ Grandparent ___ Other

Military Service Member in Household: ___Yes ___No Branch _____

Base _____ Rank _____ Status: Guard Reserve Active

Annual Household Income Level:	\$0,000 - \$5,000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
(check one)	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Permission for Use of On-Site Swimming Pool

I hereby give The Boys & Girls Club of Greater Westfield, Inc. permission to allow

_____ who is _____ years old to use the

(Child's Name)

(Child's Age)

on-site swimming pool at the program. I understand that my child must be directly supervised by the Educator(s) at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Parent/Guardian Signature

Date

Swimming Abilities

- | | | |
|---|---|---|
| 1. Always needs a swimming device in the water. | Y | N |
| 2. Can swim, but not very well | Y | N |
| 3. Can swim with no assistance needed, but in shallow end only. | Y | N |
| 4. Can swim in any depth of water safely. | Y | N |

Publicity Permission

I parent/guardian name _____ give

Permission to use my child _____ in

Positive publicity in video, print and photos.

Parent/Guardian Signature _____

Date _____

**CONSENT FOR CHILD TO LEAVE THE PROGRAM
(MUST BE AGE 9 OR OLDER)**

Program Name: KIDZ KLUB / B&G Club of Greater Westfield

Address: 28 West Silver St., Westfield, MA 01085

I, _____ authorize my child, _____
(Parent/Guardian's Name) (Child's name)

to leave the program. This permission is in effect from _____ to _____.
(Date) (Date)

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by Kidz klub staff while s/he is away from the program.

(Parent/Guardian Signature) (Date)

_____,
(Child's Name)

to leave the program is a privilege granted to me. This privilege is based on my parent(s)/ guardian(s) and the staff's expectations of my ability to be responsible for my safety and well-being while I am away from the program.

By signing this contract I agree to the following:

I will always check in with a staff person when arriving and before departing from the program.

I will go only to the destinations agreed to by my parent(s)/guardian(s) and will inform staff of my destination each time I leave the program.

I will act in a safe and courteous manner while I am away from the program.

I will return to the program at or before the time designated by my parent(s)/guardians(s) or by the staff. If I am going to be returning late, I will call the program to inform them of when I will be returning and why I am late.

I will abide by all restrictions listed by my parent(s)/guardians(s) on the authorization and consent form as well as all of the rules listed on the "Club Rules" sheet.

Further, I will understand that if I do not abide by the agreements made above, both my parent(s)/guardian(s) and /or program, as a consequence for my actions may take away my privilege to leave the program for a time period deemed appropriate by them.

(Child's Signature)

(Date)

WELCOME TO THE BOYS & GIRLS CLUB OF GREATER WESTFIELD!

RULES

By initialing beside each bullet point and signing at the bottom I am agreeing that I understand and have explained to my child the rules and regulations of the Club and the consequences that accompany them.

- Treat others with respect _____
- All members and visitors must check in at the front desk before participating in any activities and check out at the end of their visit. _____
- ANY type of physical contact amongst members is an immediate suspension from the club. More than one offense could result in loss of membership. _____
- Caps, hats, bandanas and sunglasses are not to be worn in the Club. _____
- Any symbols, insignias, pictures, or clothing deemed inappropriate by the Staff will not be allowed. Appropriate language, behavior and dress are required at all times. _____
- Cell phones may be used in the lobby only. No picture taking with cell phones or cameras are allowed. ANY electronic device is the responsibility of the members. The Club will NOT be responsible for any lost or stolen equipment. Use of equipment is subject to staff discretion. _____
- If a child is suspended from school they are not allowed at the Club. A member must be attending school in order to attend the Club. All suspension and revocation of Club privileges must be determined by the Director of Operations. _____
- NO child is allowed to leave the building once they have entered except for high school students that have a signed permission slip. If you would like your child to walk from the club for any reason you MUST put it in writing. Phone calls will be accepted on an emergency basis only. Trips to Big Y are not an acceptable reason. _____
- You cannot take your child from the bus line. They must come and check in and then you may check them out. _____
- All bus payments must be paid on time or your child will lose busing privileges. _____
- You must come in to get your child we will not page them and send them out unless there is a documented health issue. _____
- YOU MUST PARK IN THE APPROPRIATE PARKING AREAS OTHERWISE YOUR VEHICLE COULD BE TICKETED OR TOWED AND THE CLUB HAS NO RECOURSE TO THIS. _____
- Surveys & Questionnaires: I give permission for my child to participate in the tracking of WBGC's outcomes/goals, which include: taking surveys, & participating in focus groups. I also grant permission for WBGC to have access to my child's academic records i.e. report cards, progress reports, transcripts and test results. All of this will be kept confidential and will be used for informational purposes only to help evaluate the success of WBGC programs. If the school will not provide this information I will be responsible for getting this information to the WBGC. _____
- Lost & Found: Parents are encouraged to print their child's name on all their belongings. Lost and found items are kept for a period of two weeks and any items not claimed are given to Goodwill. Staff members cannot hold anything for a member of the Club. _____
- Visitors: The Club welcomes any boy or girls age 8-18 for a one-day visitor's pass free of charge. Visitors are not allowed on the bus or van and they cannot go swimming until they are a member of the club. Parent or guardian must drop them off and sign them in at the front desk. _____
- Phone: There is a phone for members to use in an emergency while at the Club. It is located behind the front desk so members must ask permission to use it. _____

Rules are subject to change without notice.

Any questions, please contact Kellie Brown, Director of Operations 562-2301

Parent/Guardian Signature _____ Date _____

Member's Signature _____