

RELEASE OF CHILD

The Following people **are allowed** to pick-up my child

Name	Relationship to Child	Telephone

The Following people **are not allowed** to pick-up my child _____

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:00pm if you are not available.

First Name	Last Name	First Name	Last Name
Relationship to Student		Relationship to Student	
Home Phone		Home Phone	
Work Phone		Work Phone	
Other Phone		Other Phone	
Street Address		Street Address	
City	State	Zip	

Family: How long have you lived or worked in our service area? _____

Who do you live with? Both Parents Mom Dad Grandparent Other

Number of people living in your house _____ # of Brothers# _____ # of Sisters _____

Family Income Level (This information is used for our national report and for grants)

For the afterschool program, please provide copy of most recent pay stub or tax return. This determines your month tuition rate

<input type="checkbox"/> 0 - \$5,000	<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$15,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$25,001 - \$30,000
<input type="checkbox"/> \$30,000 - \$35,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$40,001 - \$45,000
<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$55,000	<input type="checkbox"/> \$55,001 - \$60,000
<input type="checkbox"/> \$60,001 - \$65,000	<input type="checkbox"/> \$65,001 - \$70,000	<input type="checkbox"/> \$70,001 - \$75,000
<input type="checkbox"/> \$75,001 - \$80,000	<input type="checkbox"/> \$80,001 - \$85,000	<input type="checkbox"/> \$85,001 and above

PARENTAL/GUARDIAN RELEASES

My signature below indicates my acceptance of the policies above and listed on the membership application, and gives permission for my child to participate in the Boys & Girls Club after school program during the 2019-2020 School year.

- I give permission for my child's image/name to be used in the Club's, US Soccer Foundation & 21st Century public relations materials.
- I give permission for my child to participate in all Club programs/mentoring, and for the Club to collect and share data from my child's participation for related funders and grants.
- I give permission for my child's school to release information about my child to the Club, US Soccer Foundation or 21st Century.
- I give permission for my child to attend in Boys & Girls Club activities in or adjacent to the Club, and all field trips as identified in program brochures, newsletter and parent communications. If I don't want my child to go on a trip, I must communicate this to the program director in writing.
- I understand that the Boys & Girls Club of Mercer County has an open door policy (with the exception of summer camp and the after school program) where the Club will not be responsible for a child that leaves the building. Therefore it is important to talk to your child about your rules on leaving the Club.
- In the case of an emergency, I hereby give permission for the hospital/doctor to provide care/treatment for my child until I can reach the hospital.
- That I understand the Club's discipline policy and understand I am responsible for my child's actions while involved in club activities. I also understand that if my child breaks club policy my child may be expelled/suspended from the program/club without reimbursement of fees paid.
- I understand that there are inherent risks associated with participating in Boys & Girls Club activities and I do not hold the Club, directors or staff responsible for injuries, resulting from Club participation. My signature below indicates my acceptance of the policies above.
- I will inform the Club immediately if the information on this form changes during the course of the school year.

Parent/Guardian Signature

Print Name

Date

FOR OFFICE USE ONLY

Monthly Tuition _____ Membership Expires _____

Documents on file: Shot Records on file 2 pay stubs
 Child Care Connection 21st Century





BOYS & GIRLS CLUB
OF MERCER COUNTY

Medical Declaration Statement for Members

Child's Name: _____

Date of Birth: _____ Grade: _____

Is your child under any medical/physical restrictions?

Yes _____ No _____

If yes, check all that apply.

Asthma	_____	Others	_____
Hearing Loss	_____		_____
Diabetes	_____		_____
Seizures	_____		_____

Is your child taking any medications?

Yes _____ No _____

If yes, please list:

WILL YOUR CHILD BE TAKING ANY MEDICATION(S) REGULARLY WHILE ATTENDING PROGRAM?

Yes _____ No _____

If yes, you need to complete a CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS form.

Is your child allergic to any: (Please list.)

Foods? No _____ Yes _____

Medications? No _____ Yes _____

Other? No _____ Yes _____

Family Health Care Provider

Telephone Number: _____

As a parent/ guardian of the above participating child, I certify that he/she is in good physical health, has no special medical needs (or I have completed a care form) and may participate in all program activities.

Parent/Guardian Signature: _____ Date: _____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. ()
Primary Health Care Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Diagnosis(es)	
Allergies	

ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

- Diet or Feeding: _____
- Classroom Activities: _____
- Naptime/Sleeping: _____
- Toileting: _____
- Outdoor or Field Trips: _____
- Transportation: _____
- Other: _____
- Additional comments: _____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS
Continued

SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. _____
2. _____
3. _____

EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

SUGGESTED SPECIAL TRAINING FOR STAFF

Health Care Provider Signature

Date

PARENT NOTES (OPTIONAL)

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature

Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*



BOYS & GIRLS CLUBS
OF MERCER COUNTY

Credit Card Draft Authorization

Credit Card Holder: _____

Member(s) _____

I hereby authorize my bank or credit card company to make my payment for monthly dues/tuition, any unpaid past dues, and any other fees, taxes or charges from the account shown below. I agree to pay a fee of \$20.00, for any EFT or credit card charge not honored by my bank or credit card company which result in late payment of my monthly dues/tuition.

Monthly Dues/Tuition

Membership/Program	Monthly/Weekly Amount	Enrollment date
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Credit Card Number: _____

Expiration Date: _____

CVV #: _____

Billing Zip Code: _____

Signature of Account Holder: X _____

Date: _____

Automatic Billing Cycle Starting: _____

Renewal/Cancelation Terms

By signing this automatic draft agreement, I understand that if I selected a month to month dues/tuition payment, my membership/program will automatically be charged each month until I cancel this automatic draft by providing a **15-day written notice** to the Club's Membership Office prior to my monthly payment date.



BOYS & GIRLS CLUBS
OF MERCER COUNTY

Dear Parent/Guardian,

In keeping with the New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent/guardian of a child registered in the After school/ Preschool program with this informational statement.

The Statement highlights, among other things:

- Your right to visit and observe the programs at any time without having to secure prior permission;
- The Boys & Girls Clubs of Mercer County After school and Preschool programs to be licensed and to comply with licensing standards; and
- The obligation of all citizens to report suspected child abused/neglect/exploitation to the State Child Abuse Hotline at 1-877-NJABUSE.

Additionally, we are providing you with copies of the following policies:

- Information to Parent Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.
- Policy on the Management of Communicable Diseases
- Policy on the Release of Children
- Member Code of Conduct
- Expulsion Policy
- Universal Child Health Record (Preschool)
- Health Form – Medical Declaration Statement for Members
- Care Plan for Children with Special Health Needs (if applicable)
- Parent Handbook
- Discipline Policy
- Policy on Methods of Parental Notification

Please read this statement carefully and feel free to contact me if you have any questions.

Sincerely,

Zoubir Yazid, Ph.D
Chief Operating Officer

Please complete and return this portion to the Boys & Girls Clubs of Mercer County

Name of Child (please print) _____

Name of Parent/Guardian (please print) _____

I have received and read a copy of the following documents:

- Information to Parent Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.
- Policy on the Management of Communicable Diseases
- Policy on the Release of Children
- Member Code of Conduct
- Expulsion Policy
- Universal Child Health Record (Preschool)
- Health Form – Medical Declaration Statement for Members
- Care Plan for Children with Special Health Needs (if applicable)
- Parent Handbook
- Discipline Policy
- Policy on Methods of Parental Notification



BOYS & GIRLS CLUBS
OF MERCER COUNTY

Policy on Methods of Parental Notification

We are using Remind, formerly Remind101, communication app that helps us to connect quickly and efficiently. We will be using it to inform or remind parents/guardians of things happening, upcoming events/special programs, or other important information/notices for you to be aware of.

There is also a bulletin board when you first enter the club located by Classroom 6 which displays important information. In addition, we will also use it to contact you if we are unable to reach you by phone and need you to contact us regarding your child (*ex. your child is sick, notify you of an incident, etc.*)

You may receive emails or phone calls depending on what the information may be and timeliness of the matter is.

Parents/guardians have the right to schedule a meeting with the Youth Program Director at any time. If there are any concerns that need to be discussed regarding your child, they should be brought to the immediate attention of the director.

When necessary, conferences can be scheduled with staff. Parents/Guardians only have the right to obtain information regarding their child. If a problem exists with another member, a meeting will be scheduled with all necessary parties to resolve the problem.

Use of Social Media and/or other Websites

Our Club uses several social media, networking and websites to communicate including but not limited to our BGC website, Facebook page, Twitter, etc.

Posting photographs or videos of club members, other than your own, and staff members is prohibited including, but not limited to photographs or videos of club and or staff members obtained through handheld devices, computers, video monitoring systems, childcare monitoring apps, or any other electronic device or transmission. Posting of photographs or videos of club or staff members with written permission from the parent/guardian or staff to do so on file is permitted.

Posting of private or sensitive company, staff or prior staff, and/or enrolled or previously club members/family information is prohibited.

Staff/parent/guardian communication is limited to Club sites only.

Staff/parent/guardian communication is limited to Club sites and personal sites with Club Director's permission.

Posting of live feeds obtained through handheld devices including club or staff members with written permission from the parent/guardian or staff members to do so on file is permitted.

Use of social media/networking and/or other websites is prohibited when supervising club or staff members.

General Club information/updates may be posted with prior approval from the Director.

Vulgar or abusive language, disparaging remarks and/or references of a disparaging manner, personal attacks of any kind, or offensive terms targeting individuals or groups is prohibited.

Any breaches of the Club's Policy on the Use of Technology and Social Media identified must be promptly reported to the Director.

By initialing above & signing my name below, I certify that I have read the above information. Any questions or concerns regarding these policies have been discussed with the Afterschool Director/Coordinator. My signature also certifies I understand and agree to adhere to the above policies.

Childs Name (Print) _____

Member Code of Conduct

- Members are expected to demonstrate honest and integrity and have a sense of purpose and fortitude.
- Show proper care for Club property and work to keep the Club neat & clean.
- Respect and treat each other as they would like to be treated.
- Respect others differences.
- Members should dress appropriately.
- Members should not bring weapons or other prohibited items into the Club.
- Resolve conflict peacefully, ask for help from staff when needed and do not resort to violence.
- Be polite, have fun, and smile.
- Strive for their best and encourage others to do the same.

Discipline Policy

Club members who violate the Club's Code of Conduct can receive any and all of the following actions based on the severity of the offense.

- Verbal/written warning
- Temporary Suspension from the program
- Expulsion from the program

I have read and reviewed the Club Code of Conduct and Discipline Policy and by signing below indicate my intent to honor and obey these guidelines.

Club Member Signature

Date