



**BOYS & GIRLS CLUB**  
OF ELMA, MARILLA, & WALES

**2017/2018**

**School Age Program Child Care Application**

To be completed and placed on file prior to enrollment

Start Date	_____
School	_____
Registration Fee \$	_____
Monthly Fee \$	_____
Total \$	_____
Check #/Credit	_____

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  
 (Last) (First) (M)  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_ M/F \_\_\_\_\_

**INFORMATION ABOUT THE FAMILY:**

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**INFORMATION ABOUT THE CHILD:**

Does your child have any known allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group settings (such as play, eating habits, special fears, special likes or dislikes). \_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

If parents (guardians) can not be reached, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

If you cannot come for your child, please give the names of persons to whom the child can be released: \_\_\_\_\_

I agree that the operator may administer emergency care and/or authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. In addition I agree my child's picture may be used in Boys & Girls Club publications, marketing materials, be transported by Club van for field trips, administer topical ointments, and he/she may participate in our healthy snack program (allergies permitting).

BVX CVM

## SCHOOL AGE PROGRAM ENROLLMENT FORM

1. I understand that I am enrolling my child at the Boys & Girls Club of EMW Primary Site for the current school year. He/she will attend afterschool care.
2. He/she will attend: (Please Circle) M T W Th F from \_\_\_\_\_PM to \_\_\_\_\_PM  
**There is a fee of \$5.00 for every 15 minutes after 6PM.**
3. I understand that the Program is open according to the official school calendar of the Iroquois School District, and is closed during vacation and inclement weather days.
4. I understand that I am responsible for the monthly fee in the amount of \$ \_\_\_\_\_ which **is due on the 1<sup>st</sup> day of each month. A \$10.00 late charge will be applied for any late payments.**
5. I agree to adhere to the stated policies and procedures of the School Age Program as stated here, and give my child permission to participate fully in this program.

Signature

Date

Relationship to Child

## Tuition Agreement

At the time of my child's enrollment a non-refundable enrollment fee and the first month's tuition is required. New agreements will be required each school year. If tuition is increased a new agreement will also be necessary.

I am responsible for monthly payments for each day my child is registered whether they attend or not. NO CREDITS WILL BE GIVEN FOR DAYS MISSED. One month withdrawal notice is required.

Any changes to your child's schedule must be in writing and received two weeks in advance. Please note: due to the state enrollment restrictions, changes in your child's schedule may not be honored if we are at maximum capacity or non-compliance staff to member ratio.

The Boys & Girls Club of EMW reserves the right to terminate the contract at will. Reasons the provider may choose to terminate the contract include, but are not limited to, the following:

- If we feel we are unable or unqualified to meet the needs of the child without additional staff.
- If the child's behavior is destructive, uncontrollable, violent, or threatening to other children or staff at the Club.
- If parents/guardians fail to pay tuition and/or complete forms on time.
- If parents/guardians fail to cooperate with or abide with Club policies and/or contract.

I agree to adhere to the stated policies and procedures of the school age program as stated here and in our brochure, and give my child permission to participate fully in this program.

Signature

Date

Relationship to Child

