



BOYS & GIRLS CLUB
OF ELMA, MARILLA, & WALES

2020/2021

K-3 After School Child Care Application

Children may attend After School Program at Elma Primary on days they attend school in person

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

Name of child _____ Birth date _____
 (Last) (First) (M)
 Address _____ Zip Code _____ M/F _____
 School _____ Grade _____ Cohort Group _____

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).

(Signature of Parent)

(Date)

K-3 AFTER SCHOOL 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 \$10.00 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 1st 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 is required. First month's tuition will be billed in August. 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