

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUB
OF GREATER HOLYOKE, INC.

Sites	ASD (After School) Membership (Night Program) Lyman Unit Toepfert Unit Beaudoin Unit Churchill Unit Hi Set Program	New or Renewal Membership New Renewal
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ASD & EEC CLUB APPLICATION

70 Nick Cosmos Way, PO Box 6256 , Holyoke, MA 01041-6256 Phone(413) 534-7366

First Name	Middle Initial	Last Name	
Nickname	Ethnicity		
Gender	Birth Date	Age	
Address	City	St	Zip
Phone			

School Information:	Current School	Current grade
Current Teacher	Other School	Preferred Activity
IEP Record Release	Yes No	Free or Reduce Lunch Yes No

Emergency contacts/Authorized to pick up child:

I give my consent to the Boys & Girls Club of Greater Holyoke Inc. to release my child to the following persons (other than parent/guardian)authorized to take my child from program or received child at the end of the day:

Contact Name	Emergency Pickup Yes No	Relationship	Phone
Contact Name	Emergency Pickup Yes No	Relationship	Phone
Contact Name	Emergency Pickup Yes No	Relationship	Phone

Medical Information:	Doctor Name	Doctor Phone
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Address

Child's Insurance Carrier

Policy Number

Group Number

Serious Health Problems

Yes No

If yes, explain

Comments

Member lives with

If Other,
explain

Current Housing Area

Number in Household

Number Under 18

Single Parent:

Member of Household older than 65

Yes No

Yes No

Member of Household Handicapped

Current Head of Household

Yes No

Military Branch

Live On Military Base?

Yes No

Annual Income Level

If Other, explain

\$0 - \$5000	\$5001 - \$15000	\$15001 - \$25000
\$25001 - \$35000	\$35001 - \$45000	\$45001 - \$55000
\$55001 - \$65000	\$65001 - \$75000	Other Amount

Physical:

Eye Color

Hair Color

Skin Color

T Shirt Size Check Mark One

Small Medium Large X-Large

Parent/Guardian:

Name

Relationship

Home Address

Home Phone Number

Cell Phone Number

E-mail

Employer

Work Address

Work Phone

Transportation Policy:

The Boys and Girls Club of Greater Holyoke, Inc. does not provide transportation to or from school to the Boys and Girls Club. However the parents of the School Age Childcare Program have the option to contact the Holyoke Public Schools for transportation from School to the Boys and Girls Club.

Parents Signature

Date

Program Release Consent Form:

The Boys and Girls Club's School Age Child Care Program offers swimming lessons, crafts, and other activities on a scheduled basis in conjunction with the Club's regular activities. To ensure that the SACC participants are offered age and skill level appropriate placements these activities, we will, with your permission, sign your child out of the SACC program and into the specific classes. At the completion of the class, your child will return to the SACC program.

At all times your child will be under the supervision of Boys and Girls Club staff, however, the swim lessons, crafts, and gymnasium activities are not EEC licensed.

I hereby give my consent to the SACC program to sign my child out to the appropriate Boys and Girls Club programs.

Parent Signature

Date

My child may participate in all Boys & Girls Club activities in or adjacent to the club building.

My child has permission to be used in public relation materials.

Yes

No

Yes

No

I give my permission to the Boys & Girls Club of Holyoke staff to talk to my child's teachers about his/her performance in school.

Yes

NO

BOYS & GIRLS CLUB RULES:

We encourage positive attitudes, education, good sportsmanship, and friendship. As A Member You Are Expected To:

- Be Respectful- of other members, staff, and their property.
- Be Kind- bullying will not be tolerated. Say only good things about others.
- Use appropriate language- No swearing
- Take care of your Boys & Girls Club- clean up. Destroying property will result in a suspension.
- Play fair and be honest- No fighting or stealing. Resolve disagreements in a positive way.
- Be a good sport- share games, applaud efforts of others.

If you break the rules, here is what will happen:

- Strike One- We will explain what you have done wrong, warning.
- Strike two- You will be removed from current activity, time out.
- Strike three- Suspension.

Dress appropriately at all times. Remove hats before entering the building.

Disclaimer:

_____ I hereby authorize the Director or his/her representative to act on my behalf in case my child/ward is a victim of a major accident, injury, or illness wherein immediate medical or surgical care is needed, providing a member of the Boys and Girls Club Staff shall make diligent effort to FIRST notify me of the situation and obtain my preferences. I hereby authorize duly licensed medical personnel to take such action as his/her judgement dictates: I further agree that neither Boys and Girls Club of America, nor any person associated with any Boys and Girls Club has any responsibility of any kind to me or my child/ward from any claims arising from any accident, injury or illness that my child/ward may suffer as the result of any such health care or medical treatment.

OFFICE USE ONLY

Reg. Fee: \$ _____

Weekly Fee: \$ _____

Program: _____ (Voucher, DSS, private, contract, other)

Monthly Gross Income: \$ _____

Household Size: _____

Week(s) Attending Program: _____

Accepted: _____ Date Accepted: _____

Decline: _____ Date Decline: _____

Parent understood signed insurance disclaimer and permission Statement:

Yes _____ No _____

Date: _____

Approved By: _____

THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

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PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

MEDIA RELEASE

I hereby give my permission to Boys & Girls Club of Greater Holyoke, Inc, to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements for educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that the aforementioned institutions consider appropriate for release to magazines, newspapers, the World Wide Web sites of these institutions, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of these institutions and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release these institutions from all liability with respect to the matters covered by this release.

Child's Name:

Signature of Parent or Guardian

Date

COMUNICADO DE PRENSA

Yo doy mi permiso para que el Boys & Girls Club of Greater Holyoke, Inc., tome fotos, video y l o. realizar grabaciones de sonido de mi hijo, para citar o publicar las declaraciones de mi hijo y utilizar fotografías, películas, cintas de video, grabaciones de sonido y lo declaraciones de otros materiales educativos y de promociones l publicidad y para otros fines que se especifican a continuación. Entiendo que mi hijo puede ser identificado en las fotografías as, noticias o publicaciones que las instituciones antes mencionadas consideran apropiado para el lanzamiento de revistas, periódicos, sitios de World Wide Web de estas instituciones, y l u otras publicaciones. También entiendo que cualesquiera fotografías, películas, videos, grabaciones de sonido y l o trabajos escritos son propiedad de estas instituciones y que ni mi hijo ni yo tengo derecho a ninguna compensación o derechos en estas materias.

Libero a estas instituciones de toda responsabilidad con respecto a los asuntos tratados en este comunicado.

Nombre del Niño

Firma del Padre o Tutor

Fecha

ORAL HEALTH NON-PARTICIPATION FORM

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to child care programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. However, parents may choose that their child (ren) not participate in tooth brushing while present at the childcare program.

You do not need to fill out this form to have your child {ren} participate in tooth brushing while they are in childcare. However, if you do not want your child to brush his or her teeth while s/he is attending the childcare program, please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child's file. Thank you.

I do not wish to have my child participate in tooth brushing while in care at

Name of Program

Child's Name

Parent/Guardian's Name

Signature: _____

Date: _____

If you have any questions or concerns, please call:

Contact Person at Program

Phone Number

THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name

Date of Birth

Child's Allergies

Child's Chronic Health Conditions

Physician Name

Physician Address

Physician Phone Number

Emergency Contacts (In order to be contacted:

Contact Name

Address

Relationship to child

Do you give permission for child to be released to this person?

Yes

No

Contact Name

Address

Relationship to child

Do you give permission for child to be released to this person?

Yes

No

Contact Name

Address

Relationship to child

Do you give permission for child to be released to this person?

Yes

No

Health Insurance Coverage

Policy Number

Parent/Guardian Name

Phone

Cell

Parent/Guardian Name

Phone

Cell

Parent /Guardian Signature

Date (valid for one year)

This form is provided to comply with the U.S. Family Educational Rights and Privacy Act (FERPA), regarding the release of student records.
A summary of FERPA is available upon request.

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

To the School Official:

You are authorized to release school records requested for the student named below:

Student Name

Birth Date

School

Grades as of

Send:

Attendance records

Test records

Academic grades and requirements met

Discipline records

Credits accrued and current GPA

Records to be released to:

Date of
request

Maria Baez, Program Coordinator
Boys & Girls Club of Greater Holyoke, Inc.
P.O. Box 6256
70 Nick Cosmos Way
Holyoke, MA 01041
Phone: 413-534-7366 ext. 114
Fax: 413-534-7369
mbaez@hbgc.org

Parent/Guardian Name

Parent/Guardian Signature: _____

Check one

Parent

Guardian (provide legal documentation)

Student 18 years or older

IMMUNIZATION AND PHYSICAL EXAMINATION RECORDS

By signing this statement, I confirm that my child's Immunization and physical examination records are at his or her school.

Parent signature: _____

Child's name (s)

Parent's Phone Number

OFF-SITE ACTIVITIES PERMISSION FORM SECTION 7 34(5) (C)

SACC Program: Holyoke Boys and Girls Club

Address: 70 Nick Cosmos Way

Child's name

Enter your name here, give permission for my child to participate in all of the regularly scheduled on-going Activities located at the following off-site facilities:

- All State Parks
- All State Pools
- Holyoke Public library
- Holyoke Fire & Police Stations
- Holyoke Children Museum • Holyoke Area Parks
- Five Area Colleges
- Local Area Museums
- Holyoke City Hall

The Program will provide in writing a list of scheduled activities.

Parent or Guardian Signature

Date

SACCOoffSiteActivitiesPermission20130901

If you have any questions Please speak with Maria Baez (534-7366 Ext. 114)

Thank You,