



Dear Parent/Guardian,

Enclosed you will find the **2018-2019** Waltham Boys & Girls Club's After School Program application. Please review the packet making sure all forms have been completed and signed before submitting. **Parents MUST attend a mandatory orientation, in order to complete member registration.** Orientation dates will be determined by the After School Program Director on a case to case basis.

Your application will NOT be accepted until all forms are complete and an orientation date has been scheduled.

- Child's Enrollment Form
- First Aid & Emergency Medical Care Consent Form
- Current Physical and Immunization History
- Medication Consent Form (*Dr. Consent form is required if applicable*)
- Individual Health Care Form (*if applicable*)
- Small Group and Large Group Transportation Plan and Authorization Form
- Swim Consent form
- Tuition Policies
- 6pm Waiver Form (optional)
- Library Release (optional)
- School Information Release (optional)

Note: All after school program members MUST have a current membership. If a child does not have or needs to renew an expired membership, please see the Membership Coordinator. A \$20.00 annual membership fee is required for all new/renewed memberships.

If you may have any questions or concerns, please contact me at (781) 893-6620 ext. 14.

Thank you for choosing the Waltham Boys & Girls Club's After School Program.

Sincerely,
Sarah Hebert
After School Program Director
shebert@walthambgc.org

**2018-2019 AFTER SCHOOL PROGRAM SACC
CHILD ENROLLMENT FORM**

Days of attendance: __Monday __Tuesday __Wednesday __Thursday __Friday
Orientation date (office use only): _____

Child Information

Child's Name: _____ Date of Birth: _____
Age at Admission: _____ Date of Admission: _____
Child's Home Address: _____
Primary Phone Number: _____ Alternate 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: _____
Primary Phone Number: _____ Alternate Phone Number: _____

Email Address: _____
Business Name: _____ Business Phone Number: _____
Business Address: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Child: _____
Home Address: _____
Primary Phone Number: _____ Alternate Phone Number: _____

Email Address: _____
Business Name: _____ Business Phone Number: _____
Business Address: _____

Additional Information

Child's special interest/hobby: _____
Current School: _____
School Address: _____ School Phone Number: _____
Teachers Name: _____ Grade: _____

I certify that documentation of physical examination and immunizations is in accordance with public school health and public health requirements and lead poisoning screening. These documents are on file at my child's school. Parent/Guardian initials: _____

Please attach the most recent physical and immunization record along with this completed application.

Parent/Guardian Signature Date (valid for one year)

**2018-2019 AFTER SCHOOL PROGRAM
FIRST AID & 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 Waltham Boys & Girls Club's After School Program to contact emergency medical personnel to transport my child to the nearest medical care facility.

Child's Physician Name: _____
Address: _____ Phone Number: _____
Child's Allergies: _____
Chronic Health Conditions: _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____
Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. Copies of documentation is required.

Special limitations or concerns? _____

Emergency Contacts (In order to be contacted)

Primary Contact Name: _____ **Relationship to child:** _____
Address: _____
Primary Phone Number: _____ Alternate Phone Number: _____

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

Secondary Contact Name: _____ **Relationship to child:** _____
Address: _____
Primary Phone Number: _____ Alternate Phone Number: _____

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

Alternate Contact Name: _____ **Relationship to child:** _____
Address: _____
Primary Phone Number: _____ Alternate Phone Number: _____

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

Parent/Guardian Signature

Date (valid for one year)

**2018-2019 AFTER SCHOOL PROGRAM
MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)**

Name of child: _____

Name of medication: _____

Please check one of the following:

Prescription: ____ Oral/Non Prescription: ____

Unanticipated Non Prescription for mild symptoms _____

Topical Non Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication (Yes or No)

My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ Date _____

I, _____, (parent or guardian) gives permission to authorize educator(s)
(print name)

to administer medication to my child as indicated above.

Parent/Guardian Signature: _____ Date: _____
(valid for one year)

For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)

2018-2019 AFTER SCHOOL PROGRAM 6:00PM RELEASE FORM (Optional)
For members 6 years old and older ONLY

I, _____, agree to have the Waltham Boys & Girls Club's After School Program

Parent Name

release my child _____ into the General Club program at 6:00pm,

Child Name

Tuesday through Friday, if I do not pick my child up from the After School Program by 6:00pm. I fully understand that the General Club Program has an open door policy, meaning they can come and go as they please, for members 10 years old and up. Our open door policy does not apply to members 9 years old and under. *I understand that Club staff cannot enforce any child in the general Club to stay within the Club premises.*

I further understand that I am responsible for picking up my child no later than 7:00pm and speaking with my child about staying in the Club, once they are released into the General Club program.

By signing this agreement, I understand that once my child is released into the General Club Program, the Waltham Boys & Girls Club's After School Program and its educators and volunteers are no longer responsible for keeping my child within the Waltham Boys & Girls Club building.

Lastly, I also understand that the After School Program will NOT RELEASE my child into the general Club program on Mondays, snow days, holidays and vacation days.

This agreement is valid for one year.

Parent/Guardian Signature

Date (valid for one year)

After School Program Director

Date

2018-2019 AFTER SCHOOL PROGRAM POLICIES

(Please initial the following statements after you read them.)

TUITION COLLECTION AND PROCEDURES

_____ Full and part time tuition is due on a weekly basis for your child. Payment is due the Thursday prior of the next week service. If your payment is not received by Friday, service may be suspended. If service is suspended and action is not taken to rectify the financial situation, the Waltham Boys & Girls Club reserves the right to terminate your child's enrollment and fill the slot with a waiting list candidate.

_____ *Parents are required to pay the weekly tuition rate, which includes any full day rates for both part and full time members. **If the child/ren are absent from the program, parents will still be charged for missed days.** Parents will also be charged for any approval closures authorized by EEC.

_____ The After School Program requires a two-week notice in writing, for all terminations from the program. Parents are also responsible for payments during those two weeks.

CHECK-OUT/LATE PICK-UP FEES AND POLICIES

_____ During school days, the After School Program closes as 6:00pm. If your child has not been picked up by closing time, a telephone call will be made to the parent/guardian. If the parent/guardian cannot be reached at utilizing all known contact numbers, emergency contacts will be called. If contact is made, then we will ask the emergency contact to come to the program to pick up your child/ren. If there is no response, steps #1 and #2 will be repeated at 6:15pm and again at 6:30pm. If contact has not been made with the parent/guardian or emergency person, the designated Waltham Boys & Girls Club's staff will call the Department of Children and Family (DCF) Emergency Unit or the police station. Report of the action will be placed in the child's file.

_____ Parents who pick up their children after 6:00pm, will be charged \$1.00 per minute per child. Payment of late fees are due the Thursday prior of the next week of service. If your payment is not received by Friday, service may be suspended.

_____ I have received, reviewed, and agreed to the ASP Parent Handbook.

I have read the above and agree with the policies and procedures as stated above:

Parent/Guardian Signature

Date (valid for one year)