



Dear Caregiver,

Enclosed you will find the **2021-2022** Waltham Boys & Girls Club's Out of School Time Program Enrollment Form. Please review the packet making sure all forms have been completed and signed before submitting.

**Your application will NOT be accepted until all forms are completed and signed.**

- Child's Enrollment Form
- First Aid & Emergency Medical Care Consent Form
- Current Physical and Immunization History
- Medication Consent Form *(if applicable) Please ask for this form*
- Individual Health Care Form *(if applicable) Please ask for this form*
- Identification Form
- Tuition Policies
- Oral Health Waiver
- School Information Release
- Local Offsite Trips
- Member Code

Thank you,  
The Waltham Boys and Girls Club Team

Contact us:  
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**2021-2022 Waltham Boys & Girls Club  
ENROLLMENT FORM Child Information**

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Admission: \_\_\_\_\_ Gender Pronouns: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Languages in Order of Proficiency: \_\_\_\_\_

Who does the child live with: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Do you have a childcare voucher?: Yes No      Applying for a scholarship?: Yes No

**Days Enrolling:** Monday Tuesday Wednesday Thursday Friday    **Application Date:** \_\_\_\_\_

**Caregiver Information**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: Yes      No      Authorized to pick up: Yes      No

**Caregiver Information**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: Yes      No      Authorized to pick up: Yes      No

**Demographic Information**

Number of people in household: \_\_\_\_\_

Housing: Rent    Own    Public Housing    Shelter    Foster Home    Other: \_\_\_\_\_

Does your child receive:      Reduced Price Lunch      Free Lunch      Neither

Annual household income: Below \$15,730 \$15,731-23,850 \$23,851-\$29,450 \$29,451-\$34,200  
\$34,201-\$40,890 \$40,891-\$49,000 \$49,001-\$56,000 \$56,001-\$64,750 \$64,751-\$73,000 \$73,001-\$78,900  
\$78,901-\$84,750 \$84,751-\$90,600 \$90,601-\$100,000 Over \$100,000

## Physical and Immunization Records

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

**I certify that documentation of physical examination and immunizations is in accordance with public school health, public health requirements and lead poisoning screening.**

**Caretaker initials:** \_\_\_\_\_

Are there any custody agreements, court orders, and restraining orders we should know about to best protect your child: \_\_\_\_\_

Please contact a Program Director to inform us on the best way to serve your child in regards to the pertaining legal agreement(s). Contact information can be found on page one

### 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 to contact emergency medical personnel to transport my child to the nearest medical care facility.

#### Physician Information

Child's Physician and Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list preferred hospital in case of emergency: \_\_\_\_\_

#### Medical Information

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Specific Limitations: \_\_\_\_\_

Medications: \_\_\_\_\_

All emergency/rescue medication must be on site with an Individual Health Care Plan and Medication Consent. Documentation can be received from a Program Director and requires a Doctor's signature.

**Emergency Contact(s) (other than caretaker listed above)**

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Authorized to pick up child: Yes          No

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Authorized the pick up child: Yes          No

**SMALL & LARGE GROUP TRANSPORTATION PLAN AUTHORIZATION**

**My child will arrive at the program:**

- Authorized person Drop Off
- Walk
- Club Van\*
- Public Transportation
- Club Contracted Bus\*
- Private Trans. arranged by parent
- Other

**My child will depart from the program:**

- Authorized person Pick Up
- Walk
- Public Transportation
- Private Trans. arranged by parent
- Other

*\*If available from child's school*

Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZED PICK UP LIST**

Please list all authorized adults your child can be released to other than the ones listed above. To ensure your child's safety, staff may ask to see a valid photo Id. Please inform all authorized adults to have a valid photo Id when picking up.

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

If this information changes I will contact a Program Director immediately to add or remove people from this list.

Caretaker Signature Date (valid for one year)

\_\_\_\_\_

## **TUITION COLLECTION AND PROCEDURES**

Tuition is due on a weekly basis. 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.

If child(ren) are absent from the program, fees are still due for missed days. There is also a charge for any approved closures authorized by EEC.

A two-week notice in writing is required to withdraw. Caretakers are also responsible for payments during those two weeks.

## **CHECK-OUT/LATE PICK-UP FEES AND POLICIES**

The Out of School Time Program closes at 6pm. If your child has not been picked up by closing time, a telephone call will be made to the caregivers. If the caregiver cannot be reached by 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, the above steps will be repeated at 6:15pm and again at 6:45pm. If contact has not been made with the caregiver or emergency person by 7pm, 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.

**\*\*Caregivers who pick up their children after 6pm, will be charged \$1.00 per minute. \*\***

Contact needs to be made with the program by 1pm if the child will be absent

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

Caretaker Signature Date (valid for one year)

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## 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, caretakers may choose to not have their child(ren) participate in tooth brushing while present at the Club. If you choose to NOT have your child participate please sign below. Otherwise they will be enrolled. If so, you will be required to bring a labelled bag with a new clean toothbrush with cap and toothpaste.

If you have any questions/concerns, please contact anyone from management listed on page 1

**I do not wish for my child participate in teeth brushing while in care at the Waltham Boys & Girls Club**

Caretaker Signature: \_\_\_\_\_

## School Information Release

I give my permission for the Waltham Boys & Girls Club and my child's school to exchange information regarding my child. Information that will be shared may include information provided on this membership application form, school records involving student progress, behavior, and attendance, and other information collected by Waltham Boys & Girls Club and the School Department, including data collected via survey or tests. The purpose of this exchange is to help students be successful in and out of school. This release is valid for one year and may be revoked by contacting the Club in writing.

Teacher's Name: \_\_\_\_\_

Individual Education Plan (IEP) or 504 Plan      Yes\_\_\_\_\_      No\_\_\_\_\_

## Local Off Site Visitation Consent

The Out of School Time Program on occasion takes small groups of children to the Waltham Commons, the River Walk along the Charles in Waltham, local school fields (Plympton or McDevitt). All of these locations are in close proximity to the club and walkable. Some trips may be impromptu during programming hours.

Child's Name: \_\_\_\_\_, has permission to leave the Waltham Boys and Girls Club with an Out of School Time Program staff chaperon, to take trips to:

Commons: \_\_\_\_\_ River Walk: \_\_\_\_\_ School Fields: \_\_\_\_\_

and return to the club once finished. In accordance with EEC, the child to staff ratio shall never exceed 13:1. This permission slip will be valid for the duration of the current school year listed at the top of the form, and will need to be re-signed with each new school year.

All questions or concerns can be addressed with management listed on the front page of this application.

Caregiver Signature:

\_\_\_\_\_

## Child Identification Form

In case of emergency please complete so we can easily give a description of your child.

### Child Information

Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Skin Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Please attach a recent picture:

## **Acknowledgment of Risks and Waivers**

**Initials required below:**

\_\_\_\_\_ I give consent for photographs, audiotapes, and video recordings of my child to be used by Waltham Boys & Girls Club and affiliated partners for publicity purposes.

\_\_\_\_\_ I give permission for the Club to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA) Outcome Measurement Tool Kit or other survey instruments. I give my permission to WBGC to share information about my child for research purposes and/or to evaluate the program's effectiveness. All information shared will be kept confidential via de-identifying data or sharing information in aggregate.

\_\_\_\_\_ I understand and agree that any creative work developed by participants and members engaging in activities at a WBGC club or program, including without limitation, musical compositions, lyrics, recordings, or other creative works of art or technology by the member individually or collectively with any other staff or members or otherwise, is the sole and exclusive property of WBGC.

\_\_\_\_\_ I understand and acknowledge my child may participate in a variety of activities including; outdoor games, sports, rock climbing, off site field trips and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless the *Waltham Boys & Girls Club* and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

*I have read the above and agree with the policy and procedures as stated above.*

\_\_\_\_\_  
Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Waltham Boys & Girls Club Code**

**At the Club we:**

- Bring our Club cards everyday
- Are respectful to fellow members and staff
- Say only good things about others
- Keep our hands to ourselves at all times
- Try our hardest to participate in programs and activities
- Play fair and are honest
- Avoid improper language
- Walk at all times unless we are in the gym
- Practice good manners
- Are encouraged to ask staff for help
- Keep the hallways clear for everyone's safety
- Always try to do the right thing and make good choice

Members must be aged 6-18 and enrolled in 1-12 grade. Members must wear appropriate attire when in the Club (nothing revealing or graphic).

I have read and understand the Code of Waltham Boys & Girls Club. I understand that if I fail to abide by the code while in the Club, I will face the consequences of my actions.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_