



Dear Caregiver,

Enclosed you will find the 2022-2023 Waltham Boys & Girls Club's Elementary Out of School Time application. Please review the packet making sure all forms have been completed and signed before submitting.

**All Caregivers MUST attend a mandatory orientation, in order to complete enrollment.**  
Orientation dates will be determined by the 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
- Demographic Information Form
- First Aid & Emergency Medical Care Consent Form
- Current Physical and Immunization History \*attached\*
- Authorized Transportation and Pick up list
- Policies
- Oral Health Non-Participation Waiver *optional but please read*
- Over the counter topical creams and sanitizer consent
- Local Offsite Consent
- WBGC Code *read and signed by the youth*
- Scholarship Request Form *optional*
- Medication Consent Form (if applicable)
- Individual Health Care Form (if applicable)

Thank you,  
The OST Team

Our Program Administer can be contacted at:  
Molly Parrott      Mparrott@walthambgc.org

Our Director of Program Operations can be contacted at:  
Ashleigh St. Peter    Astpeter@walthambgc.org

Our Assistant ProgramDirector can be contacted at:  
Caitlyn Garcia      Cgarcia@walthambgc.org

**2022-2023 Elementary Out of School Time  
Enrollment Form**

Days of Attendance: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Tuition Type: Voucher ☐ Private Pay ☒ Scholarship ☐

**Child Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname/preferred Name: \_\_\_\_\_ Gender/Pronouns: \_\_\_\_\_

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

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

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Guardian Information**

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

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

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

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

**Guardian Information**

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

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

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

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

**Additional Information**

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

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date (valid for one year)

**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.**

**Guardian initials:** \_\_\_\_\_

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

## 2022-2023 Elementary Out of School Time

### Demographic Information

Our responses below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.

#### Member Information

**Ethnicity:** American Indian or Alaska Native Asian: ☐ Black or African American: ☐  
White Hispanic or Latino: ☐ Native Hawaiian or Pacific Islander: ☐ Multi-Racial /Other: ☐  
**Child lives with:** Both parents: ☐ One parent: ☐ Other/Guardian: ☐

#### Caregiver Information

<b>Name:</b> _____	<b>Name:</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____
<b>Occupation:</b> _____	<b>Occupation:</b> _____
<b>Employer:</b> _____	<b>Employer:</b> _____

**Total number of people living in household:** \_\_\_\_\_

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

**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 ☐

**Does your child receive:** Reduced Price Lunch: ☐ Free Lunch: ☐ Neither: ☐

**2022-2023 Elementary Out of School Time  
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: \_\_\_\_\_

**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 the Program Administrator and requires Doctor's signature.

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

Please contact the Director of Program Operations 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.

**Emergency Contact(s)**

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

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

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

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

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

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

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date (valid for one year)

**2022-2023 Elementary Out of School Time  
Authorized Transportation and Pick Up List**

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

My child is allowed to leave the program by:

☐ Caregiver Authorized Pick up Person's

☐ Sign Self Out of Program to:

Take Public Transportation

Take Private Transportation

Walk Home

Another Guardian Approved Method

My child is allowed to arrive at the program by :

\_\_\_\_ Program Provided Transportation

\_\_\_\_ Caregiver Arranged Transportation:

Take Public Transportation

Take Private Transportation

Walk

Another Guardian Approved Method

Please know that the program must confirm your child has program provided transportation. This form is a request and consent for program provided transportation. If the program provides transportation for your child, the program is responsible for your child once they enter the vehicle and until they are signed out of the program. If caregiver arranged transportation is chosen for arrival, the program is not responsible for your child until they sign into the program.

Please list all authorized adults your child can be released to. To secure your child's safety, staff may ask to see valid photo ID. Please inform all authorized adults to have a valid photo ID when picking up.

1. Name: \_\_\_\_\_ Contact (if not previously listed): \_\_\_\_\_

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

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

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

5. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

6. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

7. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

**I agree these individuals have permission to pick up my child and have the program release my child into their care.**

If this information changes I will contact the Director of Program Operations immediately to add or remove people from this list. I also agree to the transportation arrival plan listed above and understand the program must confirm program provided transportation is available after submitting this form.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date (valid for one year)

## **2022-2023 Elementary Out of School Time 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 and 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 Out of School Time 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 Out of School Time Program closes as 6:00pm. If your child has not been picked up by closing time, a telephone call will be made to the guardian. If the guardian cannot be reached 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 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.

\_\_\_\_\_ Contact needs to be made with The Out of School Time Program if the child will be absent on their usual day of attendance.

\_\_\_\_\_ I have received, reviewed, and agreed to the OST Caregiver Handbook.

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

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date (valid for one year)

**2022-2023 Elementary Out of School Time  
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 child care program.

You do NOT need to fill out this form to have your child(ren) participate in tooth brushing while they are in child care. However, if you do not want your child to brush his or her teeth while s/he is attending the child care 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,  
The Waltham Boys and Girls Club

**I do not wish to have my child participate in tooth brushing while in care at the  
Waltham Boys & Girls Club Out of School Time Program**

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

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date (valid for one year)

If you have any questions or concerns, please contact the Director of Program Operations listed on page one

**2022-2023 Elementary Out of School Time  
Hand Sanitizer and Over the Counter Topical Creams Consent**

The Waltham Boys & Girls Club provides hand sanitizer and a consistent hygienic practice. The staff request all members to use hand sanitizer and/or wash their hands after sneezing, coughing, or other common forms of spreading viral sicknesses. Please sign below if you agree to allow the Waltham Boys and Girls Club staff to ask your child to use hand sanitizer when they find necessary. If you have any questions please contact the Director of Program Operations listed on page one.

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Caregiver Signature

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Date (valid for one year)

The Waltham Boys & Girls Club provides sunscreen to all members when needed. The staff request all members to use sunscreen and will explain the importance of healthy UV light protection. Please sign below if you agree to allow the Waltham Boys and Girls Club staff to ask your child to use sunscreen when they find necessary and aid in application if the child requests. If you have any questions please contact the Director of Program Operations listed on page one.

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Caregiver Signature

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Date (valid for one year)

The Waltham Boys & Girls Club provides antibacterial cream, burn gel, and itch cream as part of our first aid training. Please sign below if you agree to allow the Waltham Boys and Girls Club staff to apply these creams to your child when necessary and aid in application if the child requests. If you have any questions please contact the Director of Program Operations listed on page one.

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Caregiver Signature

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Date (valid for one year)



## 2022-2023 Elementary Out of School Time

### Local Offsite Consent

The Elementary Out of School Time program on occasion takes small groups of children to the Waltham Public Library, the Waltham Commons, the River Walk along the Charles in Waltham, and Plympton Elementary's playground. 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 & Girls Club with an Out of School Time program staff chaperon, to partake in trips to:

Waltham Public Library: ☐ Waltham Commons: ☐

River Walk along the Charles: ☐ Plympton Elementary's playground: ☐

and return to the club once finished. In accordance with EEC, 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 the Director of Program Operations listed on the front page of this application.

**Any specific requests can be written below:**

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Caregiver Signature

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Date (valid for one year)

## WALTHAM BOYS & GIRLS CLUB CODE

### At the Waltham Boys & Girls 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 choices

Members must be in 1st-12th grade.

Members must wear appropriate swim attire when in the pool.

Members must wear appropriate attire when in the Club (nothing revealing).

I have read and understand the Code of the 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: \_\_\_\_\_

### 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.

Caregiver Signature

Date (valid for one year)

Please fill out one  
form for each  
family



Contact: Molly Parrott  
Mparrott@walthambgc.org

## **WALTHAM BOYS & GIRLS CLUB**

### **2022-2023 Out of School Time Scholarship Request Form**

The Waltham Boys and Girls Club is honored and excited to support, develop, and build positive relationships with our youth and families in the Waltham community as a 21st Century Community Learning Center (CCLC). This program is funded by the Massachusetts Department of Education, and we must adhere to all implementation and reporting requirements.

We are appreciative of the federal funding support, which allows us to offer and implement enrichment and STEM programs through Out-of-School Time (OST) learning. The goal for students participating in this program is to develop tools and strategies that will strengthen and support their social and emotional growth and engagement with learning.

To maintain this grant we must complete quarterly documentation of each child's development. This document is filled out by the child's teacher at school which requires consent for the child's caregiver. Please sign below consenting to the Waltham Boys and Girls Club to speak to your child's school and teacher about your child's progress at school and to document it when necessary. Children are required by state to be here %80 of their scheduled attendance to keep their scholarship.

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

*Please fill out all of the following information and submit this form along with a completed application. Once all required information is submitted, you will be contacted with the results and the amount of the allocation. You are responsible for the balance of any fees above the scholarship amount.*

*Caregivers who obtain childcare vouchers do not qualify for the scholarship.*

### **Contact Information** (All information must be completed)

Caregiver Name: \_\_\_\_\_

### **Household Information**

Number of children requesting for scholarship:

1) Name: \_\_\_\_\_ Grade 2022-2023: \_\_\_\_\_ Days Attending in a Week: \_\_\_\_\_

2) Name: \_\_\_\_\_ Grade 2022-2023: \_\_\_\_\_ Days Attending in a Week: \_\_\_\_\_

3) Name: \_\_\_\_\_ Grade 2022-2023: \_\_\_\_\_ Days Attending in a Week: \_\_\_\_\_

List total yearly household income: salaries, wages, alimony, child support, social security, disability, etc.

\$ \_\_\_\_\_

Number of people being supported by this income? Adults \_\_\_\_\_ Children (18 and under) \_\_\_\_\_

Does your child(ren) receive: Reduced Price Lunch \_\_\_\_\_ Free Lunch \_\_\_\_\_ Neither \_\_\_\_\_