



Elementary Out of School Time Program  
2023-2024 School Year

Administrator: Molly Parrott  
mparrott@walthambgc.org

*Every page must be signed and dated  
All Caregivers who are not returning from the previous school year must attend an orientation*

Days Attending: Monday Tuesday Wednesday Thursday Friday

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

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

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

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

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

*the below information is mandated in case of an emergence, to provide a description to authorities*

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

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### Transportation

*Please know that the program must **confirm** your child has program provided transportation. This form is a request and consent. 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*

#### Transportation Arrival Routes

Child will arrive to the Club by Caregiver Arranged Transportation:

I am requesting my child arrive to the Club through Program Provided Transportation:

*Transportation is provided from the following schools Plympton, Whittemore Dual Language, Stanley, MacArthur, Fitzgerald, and Northeast*

My child is allowed to leave the program by:

Authorized Pick up Person, meaning child will only be released to caregivers on page 2

Self Sign Out, meaning my child is 9 years or older and can leave the Club without a Caregiver

**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.**

*Feel free to write in any additional restrictions for our staff to accommodate*

## 2023-2024 Elementary Out of School Time

### Caregiver Information

#### Primary Caregiver(s)

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

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

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

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

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

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

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

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

#### Additional Caregivers for Emergencies and Authorized for Child to be Released to

*please inform all caregivers your child can be released to bring a photo ID, every time they come to pick up, for our staff to confirm their identity. Contact Administration to add or remove people at anytime. Children will only be released with those who have written permission from their primary caregiver(s)*

1. Name as seen on photo ID: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name as seen on photo ID: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name as seen on photo ID: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. Name as seen on photo ID: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

5. Name as seen on photo ID: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Caregiver Signature

Date (valid for one year)

**2023-2024 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.

*Please attach the most recent physical and immunization record*

*Application can be submitted without but enrollment cannot be completed without these forms*

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:** \_\_\_\_\_

**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.*

**Legal Information**

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*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.*

**Over the Counter Topical Creams Consent**

The Waltham Boys & Girls Club provides hand sanitizer as 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.

Initial to Confirm Consent: \_\_\_\_\_

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.

Initial to Confirm Consent: \_\_\_\_\_

The Waltham Boys & Girls Club provides antibacterial cream and burn gel 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.

Initial to Confirm Consent: \_\_\_\_\_

*please contact the Director of Program Operations for any questions or additional information*

Caregiver Signature

Date (valid for one year)

## 2023-2024 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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Signature

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Date (valid for one year)



### Resource Development Information

This information will only be shared with full time Resource Development staff who require this information to qualify for grants and funding as well as plan for special events which will provide youth with t-shirts or winter clothing.

Please check off the correct sizes for your child:

#### Shirts and Pants

**Youth** XSmall (6):      Small (7/8):      Medium (10/12):      Large (14/16):      XLarge (16):

**Juniors/Adult** XSmall (0-2):      Small (3-6):      Medium (7/8):      Large (12/14):      XLarge (13/14):

#### Shoes

**Youth** 11C:      12C:      13C:      1:      2:      3:

**Womens** 4:      5:      5.5:      6:      6.5:      7:      7.5:8:      8:      8.5:      9:      9.5:      10:

**Mens** 4:      5:      5.5:      6:      6.5:      7:      7.5:      8:      8.5:      9:      9.5:      10:      11:      12:

Please Write Any Additional Information Below

### Demographic Information

Responses below are kept CONFIDENTIAL and are crucial for securing donations and grants Child's

Ethnicity: Indigenous or Alaska Native:      Asian:      Black or African American:

White:      Hispanic or Latino:      Native Hawaiian or Pacific Islander:      Multi-Racial /Other:\_\_\_\_\_

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

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

Relationship:\_\_\_\_\_ Child lives with:\_\_\_\_\_

Relationship:\_\_\_\_\_ Child lives with:\_\_\_\_\_

Occupation:\_\_\_\_\_

Occupation:\_\_\_\_\_

Employer:\_\_\_\_\_

Employer:\_\_\_\_\_

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:

Caregiver Signature

Date (valid for one year)

**2023-2024 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 Program Administrator listed on page one*

# 2023-2024 Elementary Out of School Time

## Policies

*please initial the following statements after you read them*

### Check Out & Late Pick Up Fees & Absences

\_\_\_\_\_ 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 Friday 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 by 1:00pm or 11:00 on early release days if the child will be absent on their usual day of attendance. If not, and your child takes program provided transportation all contacts will be called until child's location is confirmed

### Content Release Consent Form

\_\_\_\_\_ 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 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.

### Surveys and Evaluations

\_\_\_\_\_ I give permission for the Club to survey my child about their 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 give permission for the Club to evaluate my child's social and emotional development in accordance to the 21st Century grant funded by the Department of Early and Secondary Education. Only children in the Waltham Public School System will be included

\_\_\_\_\_ I give permission for my child's school teacher to evaluate my child's social and emotional, and academic development in accordance to the 21st Century grant funded by the Department of Early and Secondary Education. Only children in the Waltham Public School System will be included

### Additional Agreements

\_\_\_\_\_ 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, I have read the above and agree with the policies and procedures as stated above: relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof

\_\_\_\_\_ I agree to review the OST Caregiver Handbook which will be provided after submitting this application.

\_\_\_\_\_ I understand that all members are given a card with a barcode to scan in and out of the building. This is critical for tracking attendance and used in emergencies. Members must pay \$1 to replace lost cards. If members repeatedly do not bring their card a conversation with the member, caregivers, and Director of Program Operations will be scheduled to discuss responsibility and how to instill effective habits.

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Caregiver Signature

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Date (valid for one year)

## 2023-2024 Elementary Out of School Time Finances

*please initial the following statements after you read them*

\_\_\_\_\_ Full and part time tuition is due on a weekly basis for your child. Payment is due the Friday 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

\_\_\_\_\_ Families 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, families will still be charged for missed days. Families 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. Families are also responsible for payments during those two weeks

Please check here if you will be paying out of pocket for the weekly fee

An After School Day, including early releases, is \$36.01 with program provided transportation from school to the Club. Please refer to page 1 for information about transportation. Without transportation is \$24.01

A Full Day, when school is closed, is \$44.79. Families will be charged for Full Days that fall on their normally weekly scheduled days. For instance a no school day on Monday will be a Full Day rate for any children who normally attend on Mondays. February and April Break weeks are a sign up bases which fees will be based on.

Please check here if you have a Childcare Voucher

The Child Care Resource & Referral Center (CCR&R) that connects WBGC is Community Care for Kids in Region 4 - Metro. After submitting this application and being accepted to enroll the Administrator will contact you and provide you with a Confirmation of Provider form to submit to your voucher agency.

Please check here if you are applying for a Waltham Boys & Girls Club scholarship

Children must attend 80% of the days they are enrolled to maintain a scholarship status.

How much can you pay weekly?

Please use the space below to share information you are comfortable with for us to know more about your family and life. We will do our best to accommodate based on the total of requests that come in from families. All responses will remain confidential within our administrative team.

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Caregiver Signature

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Date (valid for one year)