



**BOYS & GIRLS CLUB**  
OF GREATER SALEM  
Established 1869

# KIDS CLUB!

Department of Early Education & Care  
**LICENSED AFTER SCHOOL CHILD CARE**  
**September 2017- June 2018**

## **ENROLLMENT APPLICATION** **AGES 5 – 8 (up to age 12)**

**Witchcraft Heights Elementary School**  
**Saltonstall Elementary School**  
**Tabernacle Kids Club**

Phone: 978-744-0915

Fax: 978-744-6203

[WWW.BGCGS.ORG](http://WWW.BGCGS.ORG)

The Boys & Girls Club of Salem is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, gender or gender identify, familial status, disability, ancestry, age, marital status, public assistance status, sexual orientation, veteran history/military status or genetic information.

# KIDS CLUB RATES

\$25 Non-Refundable Enrollment Fee

**After School Rates:**

5 Days \$375 per month

4 Days \$345 per month

3 Days \$300 per month

2 Days \$240 per month

**For Financial Assistance please contact:**

Child Care Circuit  
190 Hampshire St  
Lawrence, MA 01840  
978-686-4288 or 877-823-2273

**PAYMENT INFORMATION**

- Fees are calculated according to the number of days per year our program is open and divided evenly across the school year.
- The Boys & Girls Club will not be offering a sibling discount to our members! We will be offering families a free week of Summer Camp for the 2nd child enrolled in Kids Club during the school year. This free week of camp can be used for the first week of Camp ONLY and is non-transferable to any other week of camp!
- **Payments are due on the last day of each month! Services will be suspended if payments are not made by the last day of the month. \*Please note: Your account will continue to be charged for days missed due to suspension.**
- **Parents registering for a 2, 3, or 4 day schedule must do so with the understanding that all schedule change requests must be approved by the Site Coordinator of the Site or the Director of After School Child Care.**
- Parents using a Child Care Circuit voucher must be responsible for maintaining a current voucher and paying parent fees by the last day of each month.
- **Parents who register their child and choose NOT to send their child due to illness and/or personal vacation; please note that payments are still due in the amount of days the child is registered for.**
- Early Release Days from school are included in your monthly fee. We are open immediately after school until 6 p.m.
- SCHOOL VACATION WEEKS & PROFESSIONAL DEVELOPMENT DAYS! Registration is required. We are open at our Witchcraft Site ONLY, 1 Frederick St., from 7:30am – 6 p.m. Four hours are included in your monthly fee. There is a \$25 per day fee if care is needed longer than four hours. **Registration for School Vacation & Professional Development Days is absolutely required.**

**Please note that the Boys & Girls Club, will not pro-rate Snow days, February and April monthly fees because of school vacation week. Monthly fees include 4 hours of child care during those weeks; if parents choose not to utilize our child care, payments are still due in the amount of days your child is regularly registered for.**

**KIDS CLUB ENROLLMENT FORM**  
**PLEASE FILL OUT IN ALL THE AREAS OF THIS FORM!**

(Office Use) Date of Admission: _____ Payment Date: _____ Payment Amount: _____ Membership Number: _____
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**Please Circle Program Name:      WITCHCRAFT - SALTONSTALL - TABERNACLE**

**Please circle # of days attending 2 3 4 5      Please circle days of the week: M T W TH F**

Child's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Identifying Marks \_\_\_\_\_ Ethnicity \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

**PICK UP PROCEDURE**

Children will not be released to anyone unfamiliar to Kids Club staff or to anyone not listed on the attached contact sheet unless authorized by the parent. Parents must send a note or phone the Program Director to authorize another individual to pick up their child. Proper identification will be asked by the Site Coordinator before the child is released to any unfamiliar individual.

**LATE PICK UP POLICY**

The Kids Club program ends at 6:00 p.m. Parents must pick-up their child by 6:00 p.m. Parents who anticipate being late for any reason must call the program as early as possible. If a parent or other authorized individual has not picked up a child by 6:15, an attempt will be made to reach a parent. By 6:30, if no one has arrived for the child, an attempt will be made to reach an emergency contact. If no one is reached and the child has not been picked up by 7:00, the police will be notified.

Parents who are chronically late will be charged \$1.00 for every minute they are late. The late fee must be paid by the end of the following day. Continued late pick up can result in the child's termination from the program.

**Our Kids Club Program is licensed by:**

The Department of Early Education & Care  
360 Merrimack Street Building 9, 3<sup>rd</sup> Floor  
Lawrence, MA 01843

Phone: 978-681-9684 Extension 334

Fax: 978-689-7618

Web: [www.eec.state.ma.us](http://www.eec.state.ma.us)

**PARENT/GUARDIAN CONTACT INFORMATION**

(For Contacting & Releasing Purposes only)

Name _____	Name _____
Relationship to Child _____	Relationship to Child _____
Home Address _____	Home Address _____
Home Telephone _____	Home Telephone _____
Cell Phone Number _____	Cell Phone Number _____
Employer _____	Employer _____
Hours at Work _____	Hours at Work _____
Work Telephone _____	Work Telephone _____
Email Address _____	Email Address _____

*Please provide a valid e-mail address for newsletters, our handbook, and better communication!*

**If Parents cannot be contacted please notify:**  
*Please provide at least one emergency contact.*

<b>1. Name</b> _____	<b>2. Name</b> _____
Relationship to Child _____	Relationship to Child _____
Cell Phone Number _____	Cell Phone Number _____
Home Phone Number _____	Home Phone Number _____
Work Phone Number _____	Work Phone Number _____
<b>3. Name</b> _____	<b>4. Name</b> _____
Relationship to Child _____	Relationship to Child _____
Cell Phone Number _____	Cell Phone Number _____
Home Phone Number _____	Home Phone Number _____
Work Phone Number _____	Work Phone Number _____

**I give my permission for my child to be released from the program to the people listed above.  
They may also be contacted in case of emergency.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FIRST AID AND EMERGENCY MEDICAL FORM CONSENT FORM**  
**606CMR 7.04(4)**

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

I authorize staff of the Licensed After School Child Care program of the Boys & Girls Club of Greater Salem that are trained & certified in the basics to give my child first aid and/or 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 program to transport my child to the Massachusetts General Hospital for Children at North Shore Medical Center or nearest hospital to secure necessary medical treatment for my child.

Special Diet \_\_\_\_\_

Allergies \_\_\_\_\_

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

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

**\*\*\*It is required by the Department of Early Education & Care that any child with a Chronic Health Condition, complete the attached Action Plan and supply the program with any emergency or lifesaving medication within 30 days of enrollment.**

**Copies of custody agreements, court orders, and restraining orders pertaining to child? Y/N**  
***If yes, please attach. This information will be kept in your child's confidential file.***

Child's Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Insurance Information**

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**Topical Ointments**

I give permission to have the following topical ointments applied by the staff as needed:

\_\_\_\_\_ Sunscreen \_\_\_\_\_ Insect Repellent \_\_\_\_\_ Skin Lotion \_\_\_\_\_ Lip Balm

Please list any special instructions for any topical ointment

---

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physical & Immunization Records**

I hereby state that current documentation of physical examination, immunizations, and lead screening in accordance with school health requirements are currently on file at my child's school.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TRANSPORTATION PLAN AND AUTHORIZATION**  
**606 CMR 7.09(3) AND 7.12(1)**

**(This section must completed even if your child is attending an On-Site Program)**

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

**Circle One:**  
**WITCHCRAFT      SALTONSTALL**

**TRANSPORTATION PLAN**

All children participating in the Kids Club Program at the Witchcraft Heights, Saltonstall & Horace Mann, will be walking unsupervised, from their classrooms to our program area where they will check-in with our Site Coordinator. If the child does not arrive to the program we will check in with the school office to see if the child attended school that day.

When a child does not arrive to the Boys & Girls Club within thirty minutes of their scheduled arrival time and the parent/guardian has not notified the Boys & Girls Club of absence or late arrival, the Site Coordinator and/or Program Director will contact the Transportation Department. If the Transportation Department cannot be reached, the parent will be contacted immediately. If for any reason we cannot reach the parent, the child's emergency contact person will be contacted.

**My Child will arrive to the program by:**

\_\_\_\_\_ Unsupervised Walk from classroom

\_\_\_\_\_ Supervised Walk by \_\_\_\_\_

\_\_\_\_\_ Boys and Girls Club Van

\_\_\_\_\_ Parent Drop Off

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of the signature. Please note that the parents are responsible for their child until the time they arrive to the program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Education Information about Your Child**

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

Current School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Learning Disabilities, if any \_\_\_\_\_

Is your child on an IEP or has a 504 plan? \_\_\_\_\_

*If your child is on an IEP or 504 plan please consider providing us with a copy within the first 30 days of your child enrollment to the program. If you would like to request special accommodations for your child please meet with the Director before your child starts the program.*

**Attention Parents/Guardians: It is **very important that you complete the Membership Background Data information below.** This information is used to apply for funds through grants and private donors to fund programs and daily operations at the Club.**

Is there a single parent in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child receive free or reduced-price lunch at school? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARTICIPANT DATA**  
*(Must be updated annually)*  
**Household Income Limits as of April, 2017**

**Subgrantee Agency:** \_\_\_\_\_

All information provided will be kept confidential. This program is funded by the U.S. Dept. of Housing & Urban Development (HUD) through the City of Salem Dept. of Planning & Community Development (DPCD). The DPCD is required to ask the following questions annually in order to comply with federal regulations imposed by HUD. If you have any questions regarding this form, please contact the DPCD at 978-619-5685.

**Participant Name or Assigned#:** \_\_\_\_\_

**The following information is required to determine your eligibility for this program:**

**Household Size:** \_\_\_\_\_

**Household Gross Income (include the total of all income for household members 18+):** *(Check One)*

- |                       |                       |                        |
|-----------------------|-----------------------|------------------------|
| ___ \$21,700 or less  | ___ \$41,321 – 41,400 | ___ \$68,251 – 70,350  |
| ___ \$21,701 – 24,800 | ___ \$41,401 – 46,550 | ___ \$70,351 – 78,150  |
| ___ \$24,801 – 27,900 | ___ \$46,551 – 51,700 | ___ \$78,151 – 84,450  |
| ___ \$27,901 – 31,000 | ___ \$51,701 – 54,750 | ___ \$84,451 – 90,700  |
| ___ \$31,001 – 33,500 | ___ \$54,751 – 55,850 | ___ \$90,701 – 96,950  |
| ___ \$33,501 – 36,000 | ___ \$55,851 – 60,000 | ___ \$96,951 – 103,200 |
| ___ \$36,001 – 36,200 | ___ \$60,001 – 62,550 | ___ \$103,201 or over  |
| ___ \$36,201 – 38,450 | ___ \$62,551 – 64,150 |                        |
| ___ \$38,451 – 41,320 | ___ \$64,151 – 68,250 |                        |

In signing this form, I/we certify that all of the information provided above is true and correct to the best of my/our knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility. I/we authorize the funding agency and/or the City of Salem to obtain verification from any source I/we provide.

*Name (printed)* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

**The following information will not affect your eligibility for this program. If you prefer not to answer, the agency representative accepting this form may complete this portion via observation.**

**Ethnicity:** Hispanic or Latino\*: Yes \_\_\_\_\_ No: \_\_\_\_\_  
*\*Whether yes or no, please check one race category below!*

- Race:**  
*(Check one)*
- White
  - Black/African American
  - Asian
  - Native Hawaiian/Other Pacific Islander
  - American Indian or Alaskan Native
- Multi Race:
- American Indian/Alaskan Native & White
  - Asian & White
  - Black/African American & White
  - Am. Indian/Alaskan Native & Black/African Am.
  - Other Multi-Racial

*For agency use:* \_\_\_\_\_ *Intake Date:* \_\_\_\_\_

*Based on household size and income, indicate income category:*

- Very Low Income     Low Income     Moderate Income     High

## FOR PARENTS /GUARDIANS

I, \_\_\_\_\_, allow my child, \_\_\_\_\_, to participate in Boys & Girls Club of Greater Salem daily program activities, and special events, including outdoor activities within walking distance of our site. Any trip that is using transportation from either the Boys & Girls Club or Private Bus Company a separate permission slip will be issued.

I allow my child to be photographed, and for those photos to appear on bulletin boards within the Club, in newspapers, social media and/or in PR materials for the Club.

I will allow my child to join the Boys & Girls Club of Greater Salem and participate in the activities allowed by our family physician. I understand that failure to comply with the rules and regulations of the Boys & Girls Club of Greater Salem may result in the cancellation of my child's membership with no refund of dues.

I understand that I will assume full responsibility for any accidents incurred, thereby releasing the Boys & Girls Club of Greater Salem and its staff and its directors, of all liabilities. 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 staff of the Boys & Girls Club of Greater Salem to transport my child to a hospital or medical facility nearby, and to secure for my child the necessary medical treatment.

I give my permission to the Boys & Girls Club of Greater Salem to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Greater Salem, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Current research indicates that after-school programs not only keep children safe and out of trouble, but they also significantly improve academic achievement. The Boys & Girls Club programming is "fun with a purpose." Your child may participate in a program called, "Project Learn" or other programs that assist members in becoming proficient in basic academic skills, in having the ability to make good decisions about what to do after high-school graduation, and in becoming a lifelong learner.

Please sign if you agree that Club staff may speak with your child's educators about his or her academic record, grades and behaviors in school so that the Club may better assist your child in doing well in school.

Parents/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_