



Boys & Girls Club of Woonsocket

Teen Center Membership 13-18 years old & Enrolled in school

Date ___/___/___ Monday-Friday 2pm-5:30pm \$12 yearly fee rec# _____

Member Information

Member Name _____ Nickname _____

Gender M F Date of Birth ___/___/___ Age _____

TEEN CELL PHONE _____ RECEIVE TEXT Yes No

****Follow our Facebook Page! *Boys & Girls Club of Woonsocket, RI* for info and updates...**

Address _____ Apt# _____

City _____ State _____ Zip _____ Home Phone () _____

School Attending _____ Teacher _____ Grade _____

Emergency Contact Information

Guardian One _____ Cell _____ Text? Y N

Employer _____ Work _____ Ext _____

Email _____ Relationship _____

Guardian Two _____ Cell _____ Text? Y N

Employer _____ Work _____ Ext _____

Email _____ Relationship _____

Member Lives With _____

NO CONTACT _____

Emergency Contacts

**Have permission to pick up children and will be called when Guardians cannot be reached
MUST BE 18+**

Emergency Contact _____ Cell _____

Work _____ Phone _____ Relationship _____

Emergency Contact _____ Cell _____

Work _____ Phone _____ Relationship _____

Emergency Contact _____ Cell _____

Work _____ Phone _____ Relationship _____

Medical Information

Please list any Medical restrictions, allergies or dietary restrictions:

****All meals and snacks are prepared in a facility that also handles: nuts, dairy, wheat and eggs.
Members with dietary needs are required to supply their own meals and snacks from home.***

Any condition requiring medication? Y N Medication _____

Notes _____

****Please make arrangements to administer, Club staff/members cannot hold or administer medication.***

Health Insurance Name _____ Plan# _____ Group# _____

Physician's Name _____ Phone _____

Permission to be treated by Physician/Hospital Y N

****Members will be transported the closest hospital at discretion of EMS in the event of an emergency.***

ADDITIONAL NOTES _____

Guardian's Signature Date

Director's Signature Date

Meal Service Registration

-Please CHECK OFF each meal that you would like to have your child receive.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch (vacation weeks)					
PM Snack					
Supper					

Household Information

This information is collected for grant purposes only.

Choose an Ethnicity: Hispanic or Latino Not Hispanic or Latino

Choose a Race: American Indian or Alaska Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander Other

In Household _____ **Head of Household:** Male Female **Yearly Income \$** _____

Household Type: 2 Adults Single Adult Male Female Alt Custody
 Other Family Foster Care Group Home

Language spoken at home _____

Military Family: Yes No Branch _____

Benefits received:

SNAP DHS Childcare Voucher SSDI TANF SSI

FOR OFFICE USE ONLY

Entry Date _____/_____/_____ Exp Date _____ AM _____ PM _____

Member Card # _____

Guardian 1 Card # _____

Guardian 1 Card # _____ Release Form _____

Membership NEW RENEWAL

RIDE Meal Form 1 2 3

MEAL BENEFIT FORM for Child Care

Discharge Date: _____

Part 1: Children in Day Care			
Names of all children in care (First, Middle Initial, Last)	√ if Foster Child	√ if Homeless, Migrant or Runaway	If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or RIWorks, provide the name and full case number for the person who receives benefits. NAME: _____ CASE #: _____ - _____ - _____ If no one receives these benefits, skip to Part 2.

Part 2: Total Household Gross Income
You must tell us how much and how often

1. Name (List everyone in household, including foster children)	2. <u>Gross income</u> and how often it was received				3. Check if NO income
	Earnings from work before deductions	Welfare, Alimony, Child Support	Pensions, Retirement, social security	Other	
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>

Part 3: Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list the last four numbers of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this form.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the childcare program will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

Sign here: _____ Date: _____

Social Security Number (last 4 numbers only): * * * - * * - _____ I do not have a Social Security Number

Part 4: Children's racial and ethnic identities (optional)

Choose one ethnicity:
 Hispanic or Latino Not Hispanic or Latino

Choose one or more (regardless of ethnicity):
 Asian Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander White

Don't fill out this part: This is for official use only.

Income Conversion: Weekly X 52, Every 2 Weeks (bi-weekly) X 26, Twice A Month X 24, Monthly X 12

Total Income: _____ Per: Week, Every 2 weeks, Twice a Month, Month, Year

Household size: _____ Categorical Eligibility: SNAP/RIWorks _____ Foster Child: _____ Homeless _____ Migrant _____ Runaway _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining Official's Signature: _____ Approval Date: _____

Instructions for Completing Meal Benefit Form

Foster children are eligible for free meals regardless of household income. If all the children you are applying for are foster children, follow these instructions:

Part 1: List all foster children enrolled in care. Check the box indicating the child is legally recognized as a foster child.

Part 2: Skip this part.

Part 3: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 4: Answer this question if you choose to.

If some of the children in the household are foster children and others are not, follow the instructions for "ALL OTHER HOUSEHOLDS".

If your household gets SNAP OR RIWorks benefits, follow these instructions:

Part 1: List each child's name. Indicate the name and SNAP or RIWorks case number of a household member.

Part 2: Skip this part.

Part 3: Sign the form. A Social Security Number is not necessary.

Part 4: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, follow these instructions (include all foster children in addition to family members):

Part 1: List each child's name attending this day care center. Check off if child is a foster child, homeless, migrant or runaway. If any household member receives SNAP or RIWorks benefits, list name and full case number.

Part 2: Follow these instructions to report total household income from last month.

Column 1- Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, foster children, other relatives, or friends). You must include yourself. Attach another sheet of paper if you need to.

Column 2- Gross income and how often it was received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you.

For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Column 3- Check if no income: If the person does not have any income, check the box.

Part 3: An adult household member must sign the form and list the last four numbers of his/her Social Security Number, or mark the box indicated if he or she doesn't have one.

Part 4: Answer this question if you choose to. We request this information solely for the purpose of determining compliance with Federal civil rights laws, and your response will not affect consideration of your application.

Privacy Statement Act: This explains how we will use the information you give us. The Richard E. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your children for free or reduced price meals (if the daycare program has a separate charge for meals) or the day care center may not receive maximum federal funds for providing a meal program (if the daycare program provides meals at no charge). The Social Security Number is not required when you apply on behalf of a foster child or you list a SNAP or RIWorks case number or if the person signing the form indicates that they do not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. .

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

I, _____ the parent/guardian of the minor child listed on the application, ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Boys & Girls Club of Woonsocket, and Boys & Girls Club of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Data Collection

I give permission to Boys & Girls Club of Woonsocket and Boys & Girls Clubs of America to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential, members are assigned identification numbers for each data collection that is not linked to their individual names. Data gathered through these means will be summarized in the aggregate and will exclude all references to individual responses. The aggregated results of these analysis may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

School Release

I give Boys & Girls Club of Woonsocket and my child's school permission to exchange information, including but not limited to grade average, attendance records, disciplinary actions and enrollment status. The purpose of this exchange is to help both organizations to provide personalized support to ensure your child is successful in reaching their education and behavior goals.

Technology

As a member of Boys & Girls Club of Woonsocket, your child will have access to the internet. While precautions are being taken, it is possible they may access inappropriate sites. Boys & Girls Club of Woonsocket has rules and consequences including loss of access and possible expulsion from the program: however we will not be responsible for the consequences of such access.

Photography & Social Media

I give permission for my child's picture, graphic depiction or likeness and video of my child to be used by Boys & Girls Club of Woonsocket and its activities. Boys & Girls Club of Woonsocket maintains a Webpage (www.BGCWoonsocket.org) and a Facebook page (Boys & Girls Club of Woonsocket, RI).

***Members who are in state custody will not be photographed and/or displayed in anyway. Please see the Director if you do not want your child's likeness to be displayed.**

Guardian's Signature

Date

Member's Name

Policies and Procedures

Drop-Off and Pick-Up

- Required by the Department of Human Services child care licensing regulations: an adult 18 or older must SIGN-IN and SIGN-OUT each child each day.
- Members that walk to the club alone or are dropped off outside will be removed from the program.
- Members must be dropped off by: 8am on School Days 9am during vacation weeks
- The Club closes at 6:30pm **LATE PICK-UP**: \$15 charge, plus \$1/child each minute after.

Weekly Payments

- Accounts are charged for the care days reserved not the days used, please update registration to avoid being charged for days you will not use.
- NO CASH PAYMENTS PLEASE.
- Payments are due each Friday and can be made with a Check or Money Order at the Front Desk.
- Guardians may also log-on to our webpage at www.BGCWoonsocket.org and select “Child Care Payment” from the main menu.
- Please see Candice as soon as possible if you need to make other arrangements for your payment.
- Accounts that are delinquent the Tuesday following the missed payment will be closed and members will not be allowed into AM care and will not be picked up from school.
- Delinquent accounts will be reported to the DHS Childcare Office and will effect your childcare certificate eligibility.
- End of year W-10 forms will be created upon request.

Absences

- If your child will not be attending for any reason, please notify the Club and the School so was can make the proper arrangements for pick-up.
- If you have a DHS Childcare license and your child will be out for a week or more please see Candice as soon as possible to ensure your account stays current.

Meals

- All meals are provided to all members free of charge; made possible by funding from the RIDE CCAFP Meal Program.
- To participate in the meal program please fill out the Meal Benefit Form attached to this application.
- All meals and snacks are prepared in a facility that also handles: nuts, dairy, wheat and eggs.
- Members with special dietary needs are required to supply their own meals and snacks.
- Breakfast is served from 7am until 8am
- Lunch is served between 11-12:30am depending on delivery
- Snack is served from 3-3:30pm
- Dinner Schedule: ages 5-8 4:15pm ages 9-12 5pm ages 13-18 5:15pm

Health and Safety Program Policies

Medical History: We do not require a copy of your child's immunizations or Pediatric Health Form, however, if there is a medical need we should be aware of, please make note of it on the After-School Program Registration Form.

Special Needs: In the case of a child with special needs, a determination shall be made prior to attending the Club as to the extent the program can adequately meet those needs. This review will be done by parents/guardians and Club staff, and may involve appropriate specialists. The Director of Program Development shall decide whether or not to admit the child on a trial basis. If it is determined following enrollment that your child has special needs, which cannot be met in our programs, we will work with you to find an alternative after-school care program.

Child Abuse/Neglect: Suspected cases of child abuse and/or neglect will be reported to DCYF as required by law.

Fire Drills: A fire drill and building evacuation will be conducted monthly during the hours of program services.

Illness at the Club: Should an emergency arise Boys & Girls Club of Woonsocket will make every effort to contact someone at the emergency numbers provided before any medical action is taken. However, in the event an emergency contact cannot be reached, the Club will take your child to the closest hospital at the discretion of the EMS. It is essential that every parent/guardian cooperate fully with the Club's health program policies. When there are symptoms of illness or other indications that a child is not well enough for group activities, arrangements must be made for his/her care at home. Boys & Girls Club of Woonsocket has no provisions for the care of children who are ill. We do not administer any medications. Exposure to communicable diseases and any infectious illnesses of other family members should be promptly reported so that Boys & Girls Club of Woonsocket may be alerted to early symptoms. A child with a temperature of 101.5°F or higher, rashes, diarrhea, and/or vomiting will be sent home.

Returning after illness: The following must be adhered to when returning from an illness:

1. **Simple cold** - When a child is absent for a simple cold, s/he may be readmitted to the Club as long as there is no temperature.
2. **Temperatures over 101.5°F, diarrhea, vomiting** - Following an illness accompanied by a rise in temperature, diarrhea and/or vomiting, a child must be excluded from the Club until 24 hours after the temperature has returned to normal and/or bouts of diarrhea and vomiting have stopped.
3. **Unidentified rashes** – A child may return to the Club when the office has received a doctor's note stating that s/he is not contagious and may return to the Club.
4. **Chicken Pox** - All scabs must be gone before a child returns to the Club.
5. **Head Lice** - After treatment, a child may return but will be checked by the Director or authorized personnel. During this head check, the parent/guardian may remain with their child. A child must be lice/nit free to remain at the Club.
6. **Pink Eye** - After treatment, a child must have a doctor's note stating that they are no longer contagious and may return to the Club on file in the office.

Outside Play: Our policy is that if your child is well enough to attend the Club, s/he is well enough to join other children in the daily outside play. Children may go outside every day, please dress your child accordingly.

Drop Off & Pick Up Policy: Children will be released only to those persons whose names are listed on the Childcare Registration form and this form must be updated annually. Children are only released to individuals, 18 year or older who are not under the influence of drugs or alcohol. Guardian must bring in a copy of any custody or restraining order relating to the child. Guardians are to advise the office in writing or call in advance if a person not listed on the emergency form is to pick up the child; positive identification must be shown at the time of pickup and no child will be released to anyone without Club staff members verifying their identity with a photo id. Any changes to the pick-up list must be verified with the primary contact listed in the system before they are authorized to pick-up.

Drop Off/Sign-In Sheets: All children must be brought into the building and signed in at the front desk daily BY AN ADULT. For safety reasons we need to know where a child is at all times. Children may not be dropped off in the parking lot.

Weather IMPORTANT: During freezing rain, icy road conditions, power outages etc., the Club closes when the Woonsocket School Department closes. *Always phone ahead to see if the Club is open!* Boys & Girls Club of Woonsocket will also announce on all local media program cancellations. Parents/guardians, or a designated representative, must pick up their children upon announcement of program cancellations within one (1) hour of said cancellation.

What to Wear: Clothing that is easy to manage encourages independence and self-help. Many toilet accidents are prevented if children can unbutton or unbuckle their pants and belts without a struggle. All jackets, sweaters, coats, hats, boots, mittens, purses and umbrellas must be clearly marked with the child's name. Many children wear identical clothing and without a name in each garment, it is almost impossible for program staff to identify to whom it belongs. A sweater or jacket at the Club is recommended since the temperature changes throughout the afternoon. Please provide a bathing suit, towel and water shoes (not flip flops) for Splash Park days, children will not be permitted to participate without these items.

What not to bring to the Club:

1. Candy and other goodies (ages 5-12)- We do not recommend sending these items except on special occasions. Please make prior arrangements with the director before bringing special items.
2. No guns, knives, or any other kind of weapon will be allowed.
3. Children may not bring cell phones, MP3 players, handheld electronics etc...to the Club. We are not responsible for any item that may be lost, broken or stolen.
4. No toys, blankets or pillows from home.
5. There will be no contraband materials allowed at Boys & Girls Club of Woonsocket.

Orientation and Staffing Guidelines: All childcare staff is required to comply with the DCYF regulations concerning Employment Background Checks, CANTS clearance, immunizations, and qualifications. These records are kept on permanent file with our personnel records.

Discipline Policy & Procedures: The Club staff use positive methods of discipline, which encourage self-control, self-direction, self-esteem and cooperation. The staff is prohibited from using the following means as punishment.

1. Hitting, shaking, biting, pinching or inflicting any form of corporal punishment.
2. Restricting a child's movement by binding or tying him or her.

3. Mental or emotional punishment such as humiliating, shaming or threatening a child.
4. Depriving a child of meals, snacks, rest or necessary toilet use.
5. Confining a child in an enclosed area such as a closet, locked room, box or similar cubicle.

Non-severe discipline or restraint may be used when reasonably necessary, based on a child's development, to prevent a child from harming themselves, other persons, or property. Please see attached discipline policy form for more information.

All staff members are expected to handle the discipline of the children in their charge.

A child is sent to the Director of Programs when:

1. The staff person has used all resources at his/ her disposal and the member still refuses to cooperate.

Before a child is sent to the Director, it is expected that the staff member has made the following efforts to solve the problem:

- a. Give the child an opportunity to explain their behavior.
 - b. Warn the child to correct his/ her behavior
 - c. Use fair judgment in deciding the consequence, ex. Removal from activity, formal discipline reports to parent or guardian.
2. In the event that a child commits an act, which calls for his/ her immediate removal from the activity, either to maintain control or to protect the safety of the group, the child is taken to or sent to the office of the Director. The Director, after considering the facts will take the appropriate action.
 3. In the event of serious breaches of discipline policy, dismissal from any program or activity will be served with due process, but dismissal by the Director will be enforced where necessary. The Director will, in the final analysis, exercise the authority and assume the responsibility for the proper application of all rules.

The following are several simple rules and consequences to be followed by all children who are involved in any of the programs offered at Boys & Girls Club of Woonsocket:

- Swearing Consequence: 1st time- warning 2nd time- 15 minute separation from activity
- Abuse or misuse of games/ equipment Consequence: 1st time- warning 2nd time- lose privilege of said game or equipment for one day
- Disrespect to Counselor Consequence: 1st time- warning 2nd time- report to the Director
- Fighting Consequence: 1st time- automatic dismissal from the activity, written notice to parent or guardian and automatic suspension from the program for one day 2nd Offense dismissal from program
- Stealing Consequence: 1st time- written notice to parent or guardian / automatic suspension from the program for one day 2nd time- written notice to parent or guardian / automatic dismissal from the program.

Repeated episodes of any of the above will be handled individually, keeping in mind that dismissal from a program will be applied in extreme cases, where all efforts to improve behavior have failed. The Director of Programs will review all suspensions.

If a child is suspended for more than one day, parents or guardians must meet with the Director of Programs.

Discipline Policy & Procedures

I have read the attached Discipline Policy & Procedures and understand they will apply to my child while participating at Boys & Girls Club of Woonsocket. I agree that my child and I will abide by the attached Discipline Policy & Procedures.

Signature: _____ Date: _____

Name of Child: _____