



Sugar House Boys & Girls Club 2011 Registration Form

Name of Child _____ Enrollment Date __/__/__

School _____ Grade _____ Age _____ Date of Birth __/__/__

Gender: (circle one) Female Male

RACE:

- White Pacific Islander / Native Hawaiian Black / African American
 Asian American Indian / Alaskan Native

ETHNICITY:

- Hispanic / Latino
 Non-Hispanic / Latino

Home Street Address _____ Phone _____
City _____ State _____ Zip _____

Mother/Guardian's Name _____ Phone _____
Employer _____ Work Phone _____

Father/Guardian's Name _____ Phone _____
Employer _____ Work Phone _____

Parent or Guardian's Social Security # _____

E-mail address _____
(Please provide your email. It will only be used for Club purposes.)

HOUSEHOLD TYPE:

- Lives w/ both parents Single Female head of household
 Other Single Male head of household

FAMILY SETTING:

- Parents Non-Relative Guardian
 Group Home Foster Home
 Relative _____ Other _____

How did you hear about the Club?

- Friend Newspaper Flyer Other _____
 School Internet Referred

Check all that apply:

- TANF SSI Day Care Voucher Medicaid
 General Assistance SSDI School Lunch Program Food Stamps

Family Income: (Please circle category representing the number of people in household and household income)

2 persons	under \$14,749	\$14,750-24,549	\$24,550-29,489	\$29,490-39,300	over \$39,300
3 persons	under \$16,599	\$16,600-27,599	\$27,600-33,119	\$33,120-44,200	over \$44,200
4 persons	under \$18,399	\$18,400-30,699	\$30,700-36,839	\$36,840-49,100	over \$49,100
5 persons	under \$19,899	\$19,900-33,149	\$33,150-39,779	\$39,780-53,050	over \$53,050
6 persons	under \$21,349	\$21,350-35,599	\$35,600-42,719	\$42,720-57,000	over \$57,000
7 persons	under \$22,849	\$22,850-38,049	\$38,050-45,659	\$45,660-60,900	over \$60,900
8 persons	under \$24,299	\$24,300-40,499	\$40,500-48,599	\$48,600-64,850	over \$64,850

Please choose only one:

- My child is authorized to check themselves out of the Club.
 My child is to be picked up by a parent or authorized adult only.

Emergency Contacts (Other than Parents) and Persons Authorized to Pick -Up the Child

Name	Relationship to Child	Address	Phone #
Name of an out of area or out of state contact	Relationship to Child	Address	Phone #

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and / or provide emergency medical transportation for my child.

Parent Signature _____ **Date** _____

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

_____ To and From School _____ On Field Trips _____ Other _____

Parent Signature _____ **Date** _____

ILLNESS POLICY

The center shall not care for ill children except when the child shows signs of illness after arrival.

- The center shall ensure that children who develop signs of illness at the center are kept separate from other children,
- The center shall contact the parents of ill children and request that they be removed IMMEDIATELY from the facility.
- The center shall inform parents in writing of communicable illnesses or parasites that are discovered at the facility the same day the illness or parasite is discovered.
- The center shall convey information of illnesses in a manner that protects the confidentiality of caregivers and children.
- Medication: If your child needs to take medication during the hours he/she is at Club, you must complete a medication form (available at the Club) and provide the Club with the medication in its original container.

ANNUAL HEALTH HISTORY/ASSESSMENT

Please check all that apply and list any health information needed to care for your child.

Any known allergies/sensitivities to:	No	Yes	If yes, please list
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any Chronic illnesses	No	Yes	Any disabilities:	No	Yes
Or medical conditions:			Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			Other _____		

Any additional health information not listed above _____

Medications your child takes _____

Any instructions for your child's daily care _____

Date of last physical examination _____ Date of last dental Examination _____

Name of child's Medical Provider _____

Address _____ Phone _____

Name of child's Dentist _____

Address _____ Phone _____

Instructions for child's emergency care _____

Parent Signature _____ **Date** _____

PAYMENT POLICY

It is our policy that all child care fees are paid prior to service! **Anytime your account does not show a credit or balance of \$0, you will be required to make a payment. Without a payment, your account will not be active and your child cannot return until your account shows a \$0 balance or credit.** If a child is mistakenly dropped off at Club or picked up from school and the service has not been paid for, the Club will call the parent immediately. No special arrangements can be made unless approved through the Area Director.

Horizon clients will only be served if they are active Horizon members. We can't provide service until paperwork is approved through the state. **Those waiting for approval must make other payment if they require child care services.**

There will be not alternating of days registered from week to week. No credit will be given for illness or vacation. There will be no credits given for non-attendance due to Club holidays.

You may terminate services at any time by completing a termination form (available at the front desk.) Your account will continue to be billed and you will be responsible for the fees accrued until you complete and turn in a termination form. If you ever wish to re-enroll your child(ren), you will need to verify space availability. Service is not guaranteed without prior approval.

All new clients are required to pay a \$25.00 registration fee.

There are no refunds for any childcare payments.

If you attend 3 days in one week, you will be charged the weekly rate.

The cost is as follows:

Daily Rate \$20 (no daily rates in summer)
Before and Afterschool Care \$70
Half Day (kinder) \$85
Full Day (pre-K, off track and Summer Program) \$95

In addition, the program ends promptly at 6:00pm. Failure to pick up your child(ren) by 6:05pm will result in a dollar per minute charge.

PHOTO RELEASE

The Boys & Girls Clubs often take pictures of the children involved in various activities. Please sign below if you give permission to have your child photographed.

I give the Club permission, waiving all claims for any compensation by reason thereof, for any damage by reason thereof, to use, publish, republish or exhibit any photograph taken while participating in any program or special event or with the Club.

I hereby give consent and agree, individually, and as a parent and legal guardian.

Parent Signature _____ **Date** _____

TRANSPORTATION INFORMATION

1. The schools we transport to and from are:
 - Hawthorne, Highland Park, Emerson, Whittier, Nibley Park and Millcreek Elementary Schools
2. Cost
 - Clients will be charged \$5 each time they fail to report their child's need to be picked up from school (**Club must be notified no later than 1:00pm on regular school days and 10:00am on early out days.**)
3. Participation
 - Wearing your seat belt and following Club rules on the van is mandatory.
 - Club members can lose their van privileges if rules are broken.
4. Procedures
 - Your child may be taken to school 15 minutes early. After school, your child will not wait more than 15 minutes.
 - If your child fails to meet the van after school, the Club will:
 - Call the school and find out if the child is there
 - Immediately go back to the school and get them
 - If they are not at school, we will call the parent
 - If we cannot contact the parent, we will notify the police

OTHER

Computer Use and Internet Safety: At our Clubs your child will have access to computers and the internet. Internet use is a privilege and will be denied to members who misuse it. While all of our computers are equipped with filters and Club members will receive internet safety training, we do have rules about appropriate use of the internet. Club members are not permitted to use the internet for chatting, accessing any sites that we deem offensive, profane or inappropriate for your child's age, or for any illegal activity.

Grievance Process: If you feel that there has been a specific violation, misinterpretation or unfair application of any of the established policies or practices, please follow the problem solving procedure below.

- 1) Clients should express their concern to the supervisor of the Club program with which they have a complaint.
- 2) The client may appeal the decision to the Chief Professional Officer and/or designee.

Summer registration starts April 1 and school year registration starts July 1. You must register for the summer and/or school year program to ensure your spot.

When you need before/after care and your child does not regularly attend, you must call 24 hours in advance to request services. You cannot drop off your child if you have not registered or requested our services.

PARENTAL RELEASE OF LIABILITY

I recognize that there is an element of risk in any out of the home setting including a Child Care Center. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events.

I authorize my child to participate in the educational, athletic and recreational programs of the Child Care Center and in any and all field trips away from the Center. On behalf of my minor child, I assume all risks of my child's participation in these programs. I hereby release and agree to hold harmless the Boys & Girls Clubs of Greater Salt Lake, its employees, agents, officers, directors, Board members and all volunteers from any and all liability, loss or damage, actions, claims and demands which I now have or which may hereafter arise from my child's participation in the routine activities of the Child Care Center, including any field trips away from the Center. This release is intended to be binding upon my heirs, executors or personal representative.

I hereby certify that my child is in normal health and, to the best of my knowledge, is capable of participating safely in the educational, athletic and recreational programs of the Child Care Center.

Should an injury occur to my child during participation in said programs, I authorize the Boys & Girls Club of Greater Salt Lake to arrange for or provide emergency medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I understand that the Boys & Girls Clubs do not carry medical insurance, which covers participating children and or adults.

CLUB RULES

Respect Others

- keep your body and objects to self*
- use good language*
- listen to the staff and participate*

Respect Yourself

- wear clothes that cover your body*
- stay in program areas with staff*

Respect the Club

- keep your Club clean*
- use the supplies and equipment safely*

CONSEQUENCES

Step 1: warning

Step 2: removal from activity

Step 3: written contract and behavior plan; parent notification

Step 4: suspension, parent conference and membership status form

(If problems persist, expulsion may result for one year)

Automatic Suspension for weapons, alcohol, smoking, drugs, fights, threats of violence or anything against the law. In addition, lengthier suspensions may result for re-occurring one-day suspensions at the Director's discretion.

Parent's Signature _____ **Date** _____