



**BOYS & GIRLS CLUBS
OF PROVIDENCE**

SCHOOL AGE CHILD CARE APPLICATION

Please Indicate:

Before School _____

After School _____

Vacation Only _____

Office Use Only:

Before School: _____ Membership Card # _____ Expiration Date: _____

After School: _____ Medical Form: _____

Vacation Only: _____

Bus: _____ Walker: _____ Van: _____ Time of Daily Pick Up: _____

PP _____ DHS _____ CoPay _____ Certificate # _____ DHS Expiration _____

Deposit Received: _____ Receipt #: _____ Group #: _____

Child's Name: _____ Male: _____ Female: _____

Age: _____ Birth Date: _____

Address: (Street and Number): _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Teacher's Name: _____

Previous Childcare Program: Yes: _____ No: _____

Name of Program: _____ Last Attended: _____

Mother/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Home Phone: _____ Cell: _____

Father/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Home Phone: _____ Cell: _____

Emergency Contact (*other than parent*):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

*****Phone Numbers are required to complete your child's application**

Other person(s) you permit to pick up your child:

Name: _____ Name: _____

Name: _____ Name: _____

Medical Insurance Coverage Plan: _____ # _____

Allergies: _____ Medication Currently Taking: _____

Special Conditions: _____ Restrictions: _____

Please Note: A completed health and physical exam record form is required to complete registration.

PARENTAL PERMISSION: I give my child permission to participate in Child Care activities including field trips that may occur as part of the program. The Boys & Girls Club is also authorized to pick my child up from school.

X _____
Parent/Guardian's Signature

Date



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School Age Child Care Service
Medical History-Health Record

Child's Name: _____

Age: _____ Birth Date: _____

Address: (Street and Number): _____

City: _____ State: _____ Zip: _____

Please note: In order for your child to attend any day care center in Rhode Island, you must provide an immunization record and evidence of a pre-admission physical examination by a licensed physician.

Please complete the information below and attach the physical examination and immunization record.

Health History: (Check if this is an issue and explain so that staff is aware)

Frequent Colds? _____

Frequent Sore Throats? _____

Stomach Upsets? _____

Ivy, Oak, Sumac Poisoning? _____

Allergies (Bee sting, etc.)? _____

Has your child had a tuberculin skin test? (Check one) Yes No

If yes, indicate: Date: _____ Positive: Negative:

Medications currently being taken: _____

Are there any conditions which should be brought to the attention of the staff?



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Emergency Treatment Release/ Medical Information Form:

I, _____, hereby Boys and Girls Clubs of Providence to arrange for medical examination and/or emergency treatment of my child, _____, should an emergency arise. It is understood that a conscientious effort will be made by Boys and Girls Club staff to contact me at the numbers listed below before any medical action is taken.

Contact #1) _____

Contact #2) _____

Are all immunizations up to date? (circle one) YES NO
**If no, please call the office to explain.

Child's Doctor: _____ Phone: _____

Please complete the following:

Does your child—

*Have any allergies (peanuts, medications, etc)? _____

*Have asthma, heart murmur or any other medical conditions? _____

*Take any medications? _____

*Have any fears (masks, puppets, immediate access to bathrooms)? _____

Do you have any goals for your child (make friends, overcoming shyness, building confidence)? _____

Is there anything else we should be aware of concerning your child? _____

I, the undersigned do further agree to indemnify and hold harmless Traveling Theatre, it's staff and board members of any claims, suits, or rights for damages, personal property damage or physical injury which may occur during the Childcare Porogram for which my child _____(Name) is registered.

Parent/Guardian Signature: _____ Date: _____



Medical Consent Form

To be completed by a parent or legal guardian

Child's Name: _____ Date: _____

Name of Medication: _____ Date Prescribed: _____

Exact dosage to be given: _____

Time of day to be given: _____

Dates and days dosage to be given: _____

Reason for medication: _____

Possible side effects: _____

Name and telephone number of doctor who prescribed the medication:

Name: _____

Telephone number: _____

I give permission for my child _____ to be given the medication described above.

Name: _____

Signature: _____ Date: _____

____ Parent ____ Guardian



Child Information Sheet.

Name of child: _____

Please tell us about your child so we can insure that we understand his/her needs. We believe a parent knows their child best.

1. Please describe how your child interacts in social situations.

2. What kinds of activities does your child enjoy doing at home: playing with puzzles, reading books, sports, having friends over to play?

3. How does your child get along with other children?

4. Does your child have any special needs, interests, or habits that we should know about?

5. What other information would you like to share that will help us understand your child?

THANK YOU!



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Name of Child: _____

Mother/Guardian: _____

Father/Guardian: _____

Persons Authorized for Release of Child

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Parent/Guardian: _____ Date: _____



Parent Pay Policy

- Payments need to be made by Friday one week in advance. Please have exact change when making payment. Payment may be made in check, money order, debit card, Master Card/Visa or American Express.
- Parents must pay tuition in full including DHS payments no later than closing on Monday or closing on Tuesday during a holiday week. If payment is not made by the close of our program on those days, your child will not be able to attend the Child Care program the following day.
- A childcare balance must be current or the child cannot register for a new session.
- A childcare balance must be current or the child cannot participate in club programs including sports and educational programs.
- Once a child is registered, tuition remains the same regardless of periodic illness, holidays, snow days, etc. Your child is entitled to 2 weeks of vacation without payment during the school year. Please submit request for vacation in advance.
- For Summer Funtastic, you are responsible to pay tuition for those weeks you have selected even if the child does not attend. As long as staff is given a two week notice of any changes, fees will not be charged.
- During the school year, there will be a \$5.00 fee charged if a parent doesn't call the club by 1:00 pm stating their child does not need to be picked up from their school.
- There is a late fee for children who are not picked up by 6:00 pm. A \$10.00 fee will be charged for every 15 minutes you are late. Late fee has to be paid on arrival.
- There is a \$10.00 fee for any returned checks. If two checks are returned, all future payments must be made by money order.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Childcare Director's Signature: _____



**BOYS & GIRLS CLUBS
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Parental Permission Slip-School Dismissal for Child Care

I hereby give permission for my child(ren) _____
Name(s) of Child(ren)

To be dismissed from _____ for the After School
(Name of School)

Childcare Program at the _____ Branch of Boys & Girls Clubs of
(Name of Club)

Providence, I understand that the regular time of dismissal for my child(ren) is _____
(Time)

**Boys & Girls Clubs of Providence Copy

(Parent/Guardian Signature)

(Telephone Number)

Parental Permission Slip-School Dismissal for Child Care

I hereby give permission for my child(ren) _____
Name(s) of Child(ren)

To be dismissed from _____ for the After School
(Name of School)

Childcare Program at the _____ Branch of Boys & Girls Clubs of
(Name of Club)

Providence, I understand that the regular time of dismissal for my child(ren) is _____
(Time)

**School Copy

(Parent/Guardian Signature)

(Telephone Number)



BOYS & GIRLS CLUBS OF PROVIDENCE

MEAL BENEFIT FORM for Child Care

Discharge Date: _____

PART 1. CHILDREN IN DAY CARE

Table with 3 columns: Names of all children in care, Foster Child status, Homeless/Migrant/Runaway status, and SNAP/RIWorks benefits information.

PART 2. TOTAL HOUSEHOLD GROSS INCOME YOU MUST TELL US HOW MUCH AND HOW OFTEN

Table with 3 main sections: 1. Name, 2. Gross income and how often it was received, and 3. Check if NO income. Includes sub-columns for income sources like Earnings from work, Welfare, Alimony, etc.

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.

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. “In accordance with Federal Law and U.S Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866)632-9992 (Voice). Individuals who are hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

In addition, the RI Department of Education does not discriminate on the basis of sexual orientation or religion. To file a complaint of discrimination with the RI Department of Education, write to the Rhode Island Department of Education, Director, Office of Equity and Access, 255 Westminster Street, Providence, RI or call (401) 222-4600.

Need low or no cost health insurance for your children? Call RiteCare at 462-5300(462-3363 TTY) or www.dhs.ri.gov



Winter Weather Policy

If the Providence Public Schools are closed, the Boys & Girls Clubs of Providence are closed.

If the Providence Public Schools are delayed, the Boys & Girls Clubs of Providence open at the regular time.

If the Providence Public Schools have early release, the Boys & Girls Clubs of Providence will pick up from the schools and transport to the clubs; however, we reserve the right to require an early pick-up & close early if experiencing inclement weather.