

2017



BOYS & GIRLS CLUBS OF PROVIDENCE

# SUMMER CHILDCARE APPLICATION

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

### EMERGENCY CONTACT (Other than Parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENTAL PERMISSION

I give my child permission to participate in activities, including trips that may occur as part of the program.

**NOTE: A completed and signed Health & Physical Exam Form required to complete registration.**

### MEDICAL INFORMATION

Medical Insurance Coverage Plan: \_\_\_\_\_ #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication Currently Being Taken: \_\_\_\_\_

Special Conditions: \_\_\_\_\_ Restrictions: \_\_\_\_\_

IN CASE OF EMERGENCY, I authorize the Boys & Girls Clubs of Providence to arrange for medical examination and/or treatment for my child. I would prefer to have my child, if the need arises, taken to \_\_\_\_\_ hospital.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

YOU **MUST** CHECK THE WEEKS YOU WISH YOUR CHILD TO ATTEND. Program hours: 8:00am-5:00pm

Extended AM \_\_\_\_\_ 7:00-8:00am Extended PM \_\_\_\_\_ 5:00-6:00pm

\_\_\_\_ Week 1: Monday, June 26

\_\_\_\_ Week 6: Monday, July 31st

\_\_\_\_ Week 2: Wednesday July 5th

\_\_\_\_ Week 7: Monday, August 7th

\_\_\_\_ Week 3: Monday July 10th

\_\_\_\_ Week 8: Tuesday, August 15th

\_\_\_\_ Week 4: Monday, July 17th

\_\_\_\_ Week 9: Monday, August 21st

\_\_\_\_ Week 5: Monday, July 24th

\_\_\_\_ Week 10: Monday, August 28th

*Week 2 club closed on Monday July 3rd and Tuesday July 4th*

*\*Childcare Closed Monday, August 11th 8/14 Victory Day*

Please inform staff of changes to your child's schedule. You are responsible for payment for all weeks selected.

### OFFICE USE ONLY

PARENT PAY: \_\_\_\_\_ DHS: \_\_\_\_\_ CERTIFICATE #: \_\_\_\_\_

PARENT PAY AMOUNT: \_\_\_\_\_ DHS CO-PAY AMOUNT: \_\_\_\_\_

NON-REFUNDABLE DEPOSIT: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_ MEAL FORM: \_\_\_\_\_

DATE: \_\_\_\_\_



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?

\_\_\_\_\_



**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.

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

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

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

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

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THANK YOU!



**BOYS & GIRLS CLUBS**  
OF PROVIDENCE

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: \_\_\_\_\_