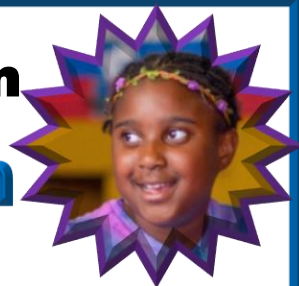




Boys & Girls Club of Mount Vernon After School Program

September 5, 2018 – June 7, 2019



Registration is now open! Register early!



General Information



350 South Sixth Avenue, Mount Vernon NY


Ages: 6 – 13

Cost: \$60 per school year

Mondays – Fridays, 3:00 pm – 6:30 pm

 **914-668-9580**

 **bghmvny.org**

 **914-668-1902**

 **mcampos@bghmvny.org**

Specialty Programs

Cheerleading, Dance, Karate,

Night Flight Basketball

Must be a registered Club Member

Additional Days & Fees May Apply



Registrations Requirements Checklist



- ☐ #1: General Information
- ☐ #2: Code of Conduct
- ☐ #3: Club Policies
- ☐ #4: Consent Form

- ☐ #5: Medical Information
- ☐ #6: Physician's Form
- ☐ Immunization Record & Birth Certificate
- ☐ \$60 Registration Fee (Non-refundable)



After School Program Membership Application

Wednesday, September 5, 2018 – Friday, June 7, 2019

Member Information

Name _____ Male _____ Female _____
Last First MI (circle one)
 Date of Birth _____ Age _____ Grade _____ School _____
 Address _____ Apt# _____
 City _____ State _____ Zip _____ Home Phone () _____

Parent/Guardian Information

Female Guardian (circle one) **Mother** **Stepmother** **Other** _____
 Name _____ Place of Employment _____
 Cell# () _____ Work# () _____ Email _____
Male Guardian (circle one) **Father** **Stepfather** **Other** _____
 Name _____ Place of Employment _____
 Cell# () _____ Work# () _____ Email _____

Family Information

- Gross Household Income (please circle one)
 Under \$15,000 \$15,000-\$25,000 \$25,000-\$45,000 \$45,000-\$65,000 Over \$65,000
- Does your child qualify for free or reduced lunches at school? No Yes
- Does your child live in a single parent household? No Yes
- Is your family a military family not living on a base? No Yes
- Who does your child live with? (Circle all that apply.)
 Mother Stepmother Father Stepfather Grandparent Other _____
- How many brothers does your child have? _____ What are the ages? _____
- How many sisters does your child have? _____ What are the ages? _____

Who is authorized to pick up your child from the Club? (Please Print)

Any person picking up your child from the Club must have a picture ID.

()
 Name _____ Relationship to Child _____ Phone _____
 ()
 Name _____ Relationship to Child _____ Phone _____

My child can leave the Club and go home alone. ☐ Yes ☐ No

T Shirt Size (please select one size child or adult)

Child XS S M L XL

Adult XS S M L XL

Office Use Only

☐ Cash ☐ Check ☐ CC ☐ Money Order Staff Initials _____ Amount Paid \$ _____ Receipt# _____ Date Received _____

#2: Code of Conduct

This form must be read and signed by each Club member and Parent/Guardian.

The Boys & Girls Club of Mount Vernon encourages youth to engage in positive recreation, education, and social & character development activities. It serves as a positive arena where young people can socialize, learn, have fun, and participate in activities especially designed for them. For these reasons – and for the safe secure management of the Club, the following Code of Conduct exists and will be enforced.

1. Remove hats, headgear, and poor attitudes upon entering the Club.
2. Keep the Club clean; eat only in approved areas.
3. Respect others. Be kind with your words and actions.
4. Refrain from hanging out or roaming the hallways, bathrooms, stairwell, and offices.
5. Do not bring weapons of any kind into the Club.
6. Participate in gymnasium floor activities with sneakers, pants, or shorts and a top.
7. Refrain from disrupting or interfering in the management of the Club activities and events.
8. Refrain from engaging in destructive behavior such as activating the fire alarm.
9. Refrain from encouraging or participating in vandalism.
10. Refrain from possessing or using illegal drugs or alcohol.
11. Fighting will not be tolerated.
12. Leaving the Club unauthorized will not be tolerated.

Membership Card

All members are given a membership card when they join the Club. Members must bring their card each day to the Club. If the membership card is lost, members can request a replacement. A fee of \$5 is charged for the replacement card. Allowing non-members to use the card may result in suspension.

Suspension & Expulsion

At the discretion of onsite supervisory staff, members can and will be suspended (depending on the infraction) for a variety of days, weeks, months, or the entire program season if they knowingly and repeatedly violate the above mentioned rules. Members who knowingly violate the rules will be warned several times before they are considered for suspension. Fighting will result in suspension and may lead to immediate expulsion.

If a member is expelled for any infraction, **no previous funds will be refunded.**

When a suspended member returns to the Club, he/she is given a fresh start. No mention is made of the suspension to avoid pressure on the youth. The more serious and destructive actions can and will result in suspension for an entire program season or permanent expulsion altogether. The Chief Professional Officer or Executive Director can suspend a member for more than 30 days. Our policies are not designed to be punitive, but to encourage and reward positive behavior and hold youth members accountable for negative behavior. Permitting a program to function without rules presents risks to our members and staff, sets a poor example for our youth, and stands contrary to our mission of providing youth with a safe, clean, and positive environment where they come to learn, have fun, and meet people.

We hope both members and parents understand and support our effort to run a productive Club with quality programs by people who genuinely care about the youth and community.

Member's Pledge

I hereby apply for membership at the Boys & Girls Club of Mount Vernon. I agree to obey the rules of the Club and be respectful of the staff and officers. I promise to be loyal to the Club, to allow no one to use my membership card, and to be careful to prevent damage to the building and equipment. I agree that my membership may be suspended or canceled at any time.

Signatures

Member: _____ Date: _____

Parent/Guardian: _____ Date: _____

#3: Club Policies

This form must be read and signed by each Club member and Parent/Guardian.

Application Process

Each child who wants to become a member of the Boys & Girls Club of Mount Vernon submits an application form. Each section of the form must be complete, and we require a current physical, immunization record, and birth certificate. The Registration Fee must be paid at the time the complete application is submitted. We will not accept an incomplete application or an application without registration payment in full. The Registration Fee is non-refundable.

- **After School Program** – The age requirement for the After School Program is 6 – 13 years. The cost of membership in the After School Program is \$60 for the program year.
- **Teen Program** – The age requirement for the Teen Program is 14 – 20 years. The cost of membership in the Teen Program is \$25 for the program year.
- **Specialty Programs** – The age requirements for the Specialty Programs is 6 – 20 years. Members in the Specialty Programs must first become Club members. (\$60 for 6 – 13 year olds and \$25 for 14 – 20 year olds) In addition, members must contact the Directors of these programs to get information about meeting times and locations. The Club has the following Specialty Programs: Night Flight Basketball, Karate, Cheerleading, and Dance.

Mandatory Late Fee

Hours for the After School Program are 3:00 pm – 6:30 pm. All After School members must leave the Club by 6:30 pm or a mandatory late fee will be charged. We will enforce a late fee of \$1/minute with a maximum of \$50. Continued lateness in picking up your child/children may result in expulsion. **The fee must be paid when you pick up your child/children or the child/children cannot return the following day.**

NSF Charges

There is a \$35 fee for returned checks. If a check is returned, you will need to find another method of payment.

Sign-in/Sign-out

All members sign in when they arrive and sign out when they leave. Members are not allowed to leave the Club grounds on their own once they arrive and sign-in. If a different person other than the one listed on the application must pick up your child, you are required to give advance notice to the Club in writing with the name of the person. The person must have a photo ID when they come to pick up your child.

Personal Information Regarding Members

The Boys & Girls Club of Mount Vernon will only give information about Club Members to the Parent/Guardian who registered the child. If the parent or guardian wants the information to be released to others, the request must be submitted in writing or via court order.

Signature

Parent/Guardian: _____ Date: _____

Print Name: _____

#4: Consent Form

This form must be read and signed by Parent/Guardian.

Member Participation

- My child is allowed to engage in all activities and trips that form part of the Boys & Girls Club of Mount Vernon unless I notify the Club in writing.
- My child is allowed to participate in the National Youth Outcome Initiative survey program unless I notify the Club in writing.
- I consent to the transportation of my child to and from all activities deemed necessary by authorized members of the Boys & Girls Club of Mount Vernon in conjunction with the program for which my child is enrolled.
- I understand and agree that if my child is transported to and from the Club, he/she must be picked up by closing time or a mandatory late fee will be charged for waiting staff.
- I give permission for my child's likeness to be used in any Boys & Girls Club publication/video.
- I hereby release and discharge the Boys & Girls Club of Mount Vernon, staff members, volunteers, and Board of Directors from any liability in the event of an injury, accident, and/or negligence that may involve my child while participating in programs conducted by the Boys & Girls Club of Mount Vernon.

Extra Charges

- I understand that all After School Program members must leave the Club by 6:30 pm. I understand that a mandatory late fee of \$1/minute will be enforced (with a maximum of \$50) if my child remains at the Club beyond the time of 6:30 pm that he/she should leave. **I consent to paying the fee before my child can return to the Club.**
- I understand that there is a \$35 fee for returned checks. If I submit a check for payment that is returned, I consent to paying the NSF charges and I will pay future fees in cash.
- I understand that all Club members must bring their membership cards with them each day to the Club. If a membership card is lost or stolen, I understand that there is a \$5 charge for a replacement card.

Sign-in/Sign-out Procedures & Personal Information

- I understand that all members must sign in when they arrive and sign out when they leave the Club. I understand that members are not allowed to leave the Club grounds on their own once they arrive and sign-in unless I have notified the Club in writing or on this application.
- I have indicated in this application how my child is allowed to leave the Club. I understand that if a different person other than the one listed on this application must pick up my child; I must notify the Club in advance with the name of the person. The person must have a photo ID when they come to pick up my child.
- I understand that the Boys & Girls Club of Mount Vernon will only give information about my child to the person who signs this form. If I want the information to be released to others, the request must be submitted in writing or via court order to the Club in advance.

Signature

Parent/Guardian: _____ Date: _____

Print Name: _____

#5: Medical Information for Parent/Guardian

This form is to be completed by a parent or guardian. Please answer these questions about your child.

Is your child Hispanic/Latino? (please check one)

☐

Yes

☐

No

Race (Check ALL that apply)

☐

American Indian

☐

Asian

☐

Black

☐

White

☐

Native Hawaiian/Other Pacific Islander

Other _____

Medical History

Ear Infections	No	Yes	If yes, last known date	____/____/____
Rheumatic Fever	No	Yes	If yes, last known date	____/____/____
Convulsion	No	Yes	If yes, last known date	____/____/____
Diabetes	No	Yes	If yes, last known date	____/____/____
Behavior	No	Yes	If yes, last known date	____/____/____

Allergies

Hay Fever	No	Yes	If yes, last known date	____/____/____
Ivy Poisoning, etc.	No	Yes	If yes, last known date	____/____/____
Insect Stings	No	Yes	If yes, last known date	____/____/____
Penicillin	No	Yes	If yes, last known date	____/____/____
Other Drugs	No	Yes	If yes, last known date	____/____/____

Diseases

Chicken Pox	No	Yes	If yes, last known date	____/____/____
Measles	No	Yes	If yes, last known date	____/____/____
German Measles	No	Yes	If yes, last known date	____/____/____
Mumps	No	Yes	If yes, last known date	____/____/____
Asthma	No	Yes	If yes, last known date	____/____/____

Significant Health Info/Current Conditions

Does your child have chronic or recurring illnesses? Please print.

No

Yes

If so, please list them here. _____

Has your child had any contagious illnesses? Please print.

No

Yes

If so, please list them here. _____

Has your child had serious injuries? Please print.

No

Yes

If so, please list them here. _____

Has your child had any surgeries? Please print.

No

Yes

If so, please list them here. _____

Has your child been hospitalized? Please print.

No

Yes

If so, please list them here. _____

#5: Medical Information for Parent/Guardian, (cont'd)**Does your child take medications?** *Please print.***No****Yes**

If so, please list them here. _____

Does your child wear glasses, contact lens, or any other medical equipment?**No****Yes**If so, please list them here. *Please print* _____**Does your child have any conditions that would modify his/her activity at the Club?****No****Yes**If yes, please list them here. *Please print.* _____**Does your child have allergies?** *Please print.***No****Yes**

If yes, please list them here. _____

Are there any foods that your child should not eat? *Please print.***No****Yes**

If yes, please list them here. _____

Does your child have any other medical conditions of which we should be aware?**No****Yes**If yes, please list them here. *Please print.* _____**Consent for Emergency Treatment**

I give authority to the Boys & Girls Club of Mount Vernon to obtain necessary emergency medical treatment for my child with the understanding the family will be notified as soon as possible.

()

Signature

Date

Phone

Print Name

Relationship to Child

Emergency Contacts

Give the names of at least two individuals who are available to come to the Club in case of emergency if the parents or guardians are not available. *Please Print.*

()

Name

Relationship to Child

Phone

()

Name

Relationship to Child

Phone

Member Name _____
Member Address _____

Page 1

#6: Medical Information/Immunization for Physician

To be completed by Health Care Provider. If "yes" to any item, please explain (attach addendum, if needed).

General Appearance/Physical Examination

Height _____ ins (_____ %ile)

Weight _____ lbs (_____ %ile)

Does the child/adolescent have a past or present medical history of the following?

- | | |
|--|--|
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Speech, hearing, or visual impairment |
| <input type="checkbox"/> Chronic or recurrent otitis media | <input type="checkbox"/> Diabetes (<i>attach MAF</i>) |
| <input type="checkbox"/> Congenital or acquired heart disorder | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Developmental/learning problem | <input type="checkbox"/> Other (<i>specify</i>) _____ |
| <input type="checkbox"/> Orthopedic injury/disability | _____ |
| <input type="checkbox"/> Asthma (<i>check severity and attach MAF/Asthma Action Plan</i>): | |
| <input type="checkbox"/> Intermittent | <input type="checkbox"/> Mild Persistent |
| <input type="checkbox"/> Moderate Persistent | <input type="checkbox"/> Severe Persistent |

If persistent, check all current medication(s)

- | | | | | |
|---|---|---|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Inhaled corticosteroid | <input type="checkbox"/> Other controller | <input type="checkbox"/> Quick relief med | <input type="checkbox"/> Oral steroid | <input type="checkbox"/> None |
|---|---|---|---------------------------------------|-------------------------------|

Explain all checked items above on an addendum

ALLERGIES

☐ None☐ Epi Pen Prescribed

- | | |
|---------------------------------------|-------|
| <input type="checkbox"/> Drugs (list) | _____ |
| <input type="checkbox"/> Foods (list) | _____ |
| <input type="checkbox"/> Other (list) | _____ |

RECOMMENDATIONS

☐ Full physical activity ☐ Full diet☐ Restrictions (*specify*) _____Follow-up Needed ☐ No ☐ Yes, for _____ Appt. date: ____/____/____☐ Other _____

MEDICATIONS (*attach MAF if medication needed during Club hours*)

☐ None☐ Yes (list below)

(Over)



DIETARY RESTRICTIONS

☐ None☐ Yes (list below)

IMMUNIZATIONS – DATES

CIR Number of Child

--	--	--	--	--	--	--	--	--

Hep B	__/__/__	__/__/__	__/__/__	__/__/__
Rotavirus	-	__/__/__	__/__/__	__/__/__
DTP/DTaP/DT	-	__/__/__	__/__/__	__/__/__
DTP/DTaP/DT	-	__/__/__	__/__/__	__/__/__
Hib	__/__/__	__/__/__	__/__/__	__/__/__
PCV	__/__/__	__/__/__	__/__/__	__/__/__
Polio	__/__/__	__/__/__	__/__/__	__/__/__
Influenza	-	__/__/__	__/__/__	__/__/__
MMR	-	__/__/__	__/__/__	__/__/__
Varicella	-	__/__/__	__/__/__	__/__/__
Td	-	__/__/__	__/__/__	__/__/__
Tdap	__/__/__	Hep A	__/__/__	__/__/__
Meningococcal	-	__/__/__	__/__/__	-
HPV	__/__/__	__/__/__	__/__/__	__/__/__
Other, specify:	_____	__/__/__	_____	__/__/__

ASSESSMENT

☐ Well Child (V20.2)☐ Diagnoses/Problems (list)

_____ICD-9 Code

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in the activities of the Boys & Girls Club of Mount Vernon except as noted above.

Please be sure this form has been stamped and dated.

Signature, Examining Physician_____
Print Name_____
Date of Examination_____
Address_____
City_____
State_____
Zip_____
Phone