



BOYS & GIRLS CLUBS
OF DELAWARE

Staff Use Only

- SFC Registration
- School Year Registration
- Allergy
- POC GP

Registration Packet

Capitol Area Boys & Girls Clubs

Before & After Care/Summer Fun Club

Member Name: _____ Date of Birth: ____/____/____

Choose the club that you will be attending: (You will need to ensure you notify POC of site ID)

- Greater Dover: 1683 New Burton Rd, Dover DE (302) 678-5182
 - Purchase of Care (POC) Site ID # 1710466400
- W.B. Simpson: (School Based) 5 Old North Rd, Wyoming DE (302) 757-5296
 - Purchase of Care (POC) Site ID # 1710390300
- Nellie Stokes: (School Based) 3874 Upper King Rd, Dover DE (302) 757-5414
 - Purchase of Care (POC) Site ID # 1710403300
- Robinson: (School Based) 1038 Briarbush Rd, Magnolia DE (302) 757-5948
 - Purchase of Care (POC) Site ID # 1720009900
- Allen Frear: (School Based) 238 Sorghum Mill Rd, Camden DE (302) 824-4832
 - Purchase of Care (POC) Site ID # 1710403400
- McIlvaine: (School Based) 11 E Walnut Street, Magnolia DE (302) 270-5820
 - Purchase of Care (POC) Site ID # 1710428300
- **Star Hill: (School Based) 594 Voshells Mill Star Hill Rd, Dover DE
 - Purchase of Care (POC) Site ID # 1710405600

Hours of Operation:

- Before Care: 6:30am until start of school day (bus schedule posted at Club)
- After Care: Bus arrival 2:30 pm or Dismissal from school until 6:00 p.m.
- No School Days: 6:30 a.m. – 6:00 p.m.(unless otherwise posted) Parents need to provide lunch

General Pricing Information *\$25 annual membership fee required (POC Exempt)

Please check the box that coincides with your registration preference

<input type="checkbox"/> Before Care: \$122.00 (under 4 hours)	<input type="checkbox"/> No School Days/Summer Fun Club \$170.00
<input type="checkbox"/> After Care: \$122.00 (under 4 hours)	<input type="checkbox"/> Pre-School/Pre-K: \$176.00 only offered at Greater Dover
<input type="checkbox"/> Before & After Care: \$122.00 (under 4 hours)	

**** No refunds are granted** **We do NOT pro-rate weeks or days** (Does NOT apply to POC)**

Office Use Only

Person accepting application initials: _____
 Admin. Supervisor Initials: _____
 Childcare Director Initials: _____

Date: _____
 Date: _____
 Date: _____

__ MCH Completed __ PHYSICAL/SHOTS __ 1ST PAID WEEK __ P.O.C. PAPERWORK __ IEP/504 Plan



**BOYS & GIRLS CLUBS
OF DELAWARE**

Instructions for Parents to Create an MCH Account

1. Go to bgclubs.org
2. In the upper right corner select MYCLUBHUB
3. Select "Need a login" (**create an account**)
4. Enter Parent/Guardian information (**NOT member's Information**)
5. Click "Submit"
 - a. You should get a notification that says you have successfully created a user account.
6. An e-mail will be sent to the email address entered. Follow the link in that e-mail to set your account password.
 - a. **Please be sure to check your junk and spam folders.**
 - b. **If you do not see the e-mail – "DO NOT" try to create an account using a different e-mail address. This will create numerous errors and delay registration. Please contact the club @ 302 678-5182.**
7. Return to log-in page and log-in using your e-mail & new password.
8. Once Logged-In click on the BLUE button on the right side labeled "browse membership".
9. Select which Club to attend.
10. Complete Membership Application in its entirety and then hit Save.
11. You will be directed back to the home page – where you would select the **Blue Button** on the right labeled **Browse Program Registration**.
 - a. Under "current location" hit "change" and select your club location then select save.
 - b. Under Categories select Childcare OR Summer Fun Club.
 - c. Choose the program you are enrolling your child into and select "enroll".

NOTE: If you are selecting the Summer Fun Club Category, you must click and enroll on each week your child plans to attend.

12. On the top progress bar hit next and follow the prompts until all steps are completed and then hit save.

If when you enter your information and you get an error message, please contact the Club @ 302 678-5182 and tell them your first name, last name, child's name and exactly the error that you received in the system.



**BOYS & GIRLS CLUBS
OF DELAWARE**

Instructions for Returning Parents to Register for a Program

1. Go to bgclubs.org
 2. In the upper right corner select **MYCLUBHUB**
 3. Log-in using your e-mail & password.
Note: If you are having issues logging-in" DO NOT" set-up another account using a different e-mail address. This will create numerous accounts and delay your registration.
 4. Once Logged-in click on the BLUE button on the right side labeled "Browse Program Registration".
 5. Select which Club to attend.
 6. Complete Membership Application in its entirety and then hit Save.
 7. You will then be directed back to the home page – where you would select the Blue Button on the right labeled Browse Program Registration.
 - a. Under "current location" hit "change" and select the club location your child will attend then select save.
 - b. Under Categories select Childcare OR Summer Fun Club.
 - c. Choose the program you are enrolling your child into and select "enroll".
- NOTE: If you are selecting the Summer Fun Club Category, you must click and enroll on each week your child plans to attend.**
8. On the top right of the page hit next and follow the prompts until all steps are completed and then hit save.

If when you enter your information and you get an error message, please contact the Club @ 302 678-5182 and tell them your first name, last name, child's name and exactly the error that you received in the system.

Membership Information Form

Office Use Only

How did you hear about the Club?

- News Journal
- School
- Radio
- Mailer
- Flyer/Poster
- Friend/Family
- Staff/Club Member
- Attended a Club Event



BOYS & GIRLS CLUBS
OF DELAWARE

Capitol Area

MCH ID []	Member ID []	Data Entry Rec'd: []
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Entered: [] ID Issued: []
Comment: [] [] []		Membership Dates Service: [] Termination: [] Initial: [] Renewal: []

Member Information (Please Print) ALL INFORMATION MUST BE COMPLETED (EVEN NON-HIGHLIGHTED FIELDS)

First Name: []	Middle Name: []	Last Name: []
Name of Adult(s) or Guardian(s) Member Lives With: []	Home Phone Number: []	Emergency Contact Name: []
Home Address: []	City: []	Emergency Phone & Extension: []
State: []	Postal Code: []	Email Address: []

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date: []	Age: []	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other
School/District: []	Grade: []	Family Totals- Sisters: []	Brothers: []
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: []	Name of Unit: []	

Father's First Name: []	Father's Last Name: []	Father's Work Phone & Ext: []
Father's Employer: []	Father's Occupation: []	Military Branch: [] Status: [] Start Date: [] End Date: []
Mother's First Name: []	Mother's Last Name: []	Mother's Work Phone & Ext: []
Mother's Employer: []	Mother's Occupation: []	Military Branch: [] Status: [] Start Date: [] End Date: []
Guardian's First Name: []	Guardian's Last Name: []	Guardian's Work Phone & Ext: []
Guardian's Employer: []	Guardian's Occupation: []	

Medical/Emergency:

Medical Problems/Allergies: <input type="text"/>		Medications: <input type="text"/>	
Physician: <input type="text"/>	Physician Phone: <input type="text"/>	Hospital Phone: <input type="text"/>	Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Hospital or Clinic: <input type="text"/>	Insurance Company: <input type="text"/>	Insurance Policy Number: <input type="text"/>	
Pick up information: (Licensed child care only)			

Names of two Persons Authorized to pick up Member.

1.) First Name: <input type="text"/>	Last Name: <input type="text"/>
2.) First Name: <input type="text"/>	Last Name: <input type="text"/>
Authorized Password: <input type="text"/>	Persons Not Authorized: <input type="text"/>

Notes:

Participation in other Youth Programs: <input type="text"/>	Hobbies: <input type="text"/>
Nickname: <input type="text"/>	Mother's Maiden <input type="text"/>

Confidential The following information is necessary for our records and the funding of our Organization. Your cooperation is appreciated and necessary.

Annual Family Income: circumstances: <input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$15,001-25,000 <input type="checkbox"/> \$25,001-35,000 <input type="checkbox"/> \$35,001-45,000 <input type="checkbox"/> \$45,001 and up <input type="checkbox"/> Decline to submit	Check all that Apply: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation	Disabilities or other special <input type="checkbox"/> Individual Education Plan (IEP) <input type="text"/>
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I have read the completed application, understand the rules of the Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club will not be responsible for any accident/incident to the boy/girl while on the Boys & Girls Club premises or while engaged in any of its activities away from the Boys & Girls Club. I give my consent for photographs, interviews, and press releases, in which my son/daughter may appear, to be used at the Boys and Girls Club discretion. I hereby grant the Club permission to admit to the hospital for emergency care the above named child. I grant permission to any hospital or medical facility selected by adult leaders, to carry out whatever treatment, surgery, or anesthesia that is deemed necessary by the physicians or the staff. I also give permission for the school district to release reports cards and educational, behavioral, and attendance data to the the Boys & Girls Club of Delaware for the purpose of data collection and analysis

Parent Name (printed): _____

Date : ____ / ____ / ____

Parent Signature : _____

Before & After Care Information:

The Boys & Girls Club's Before & After Care Program runs throughout the school year. Doors open at 6:30 a.m. and close at 6:00 p.m.

- Each child will be assigned to a group of children the same age
- All counselors are screened and trained. All have received a background check conducted by the State of Delaware.
- Homework time along with high yield learning activities and gross motor play are incorporated into the program daily.
- Snack will be provided daily. On No School Days please have your children eat breakfast before coming to the club. Parents/Guardians will be responsible to provide lunch on those days unless otherwise notified. Please remember that on no school days we follow the local School district schedule so the club will only be open for childcare all day during those times only.

Purchase of Care Information:

The Boys & Girls Club accepts Purchase of Care, however, the proper steps must be taken before and throughout enrollment to ensure program placement

1. To see if you qualify under the new limits set by Delaware Division of Social Services, please contact your local DSS office or applying online: <https://assist.dhss.delaware.gov>
2. . The Boys & Girls Club does not approve or oversee the Purchase of Care Program.
3. Purchase of Care approval forms **must be present and submitted or showing in the POC portal at the time of registration**. We will only accept official forms from Delaware Division of Social Services.
4. Purchase of Care approval **does not** automatically ensure a spot in the program. Registration is still necessary and all registration rules and deadlines apply.
5. Please be sure your Purchase of Care approval sheet has the following information:
6. Location of the Boys & Girls Club must be named as the care provider
7. Dates must coincide with the school year program
8. **If you plan on sending your child(ren) on no-school days, "Extended Care" must be marked yes**

The following items are required at the time of enrollment for our Child Care Program:

- The first week of Before & After Care payment (including POC co-payments) must be paid
- All Purchase of Care documentation must be on file
- Read and sign the parent and member Code of Conduct
- Completed and signed registration packet & MyClubHub registration completed
- Membership Form must be completed and signed each time your child is signed up for a program (i.e. childcare, summer camp, etc).
- Membership must be paid in full or current at the time of enrollment
- Current physical form and shot records (physicals must be within the year and have the lead testing completion dates on the official form)
- Receipt of Parent Handbook signed

**** No refunds are granted for any child care payments ****

PARENTS RIGHT TO KNOW NOTICE

**Please read each item carefully and place initials in the space below the statement.
Signature confirms that parent/guardian has read, understands and agrees to each policy
and procedure.**

Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Office of Child Care Licensing, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19810-4803

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent Initials: _____

I understand the hours of operation are 6:30am– 6pm and late fees will apply to those members picked up after 6pm. Fees will start promptly at 6:01pm. The late fee is \$5 per child for the first 15 minutes you are late and \$1 per minute for each additional minute per child payable at the of pick up. I understand that I am responsible for paying the late fee BEFORE my child can return to the program. (Fee not applicable to POC clients) Repeat offenses will result in removal of program.

Parent Initials: _____

I further understand that payments (including POC co-payments) are due by 6pm the Friday prior to the start of the next session and failure to make a payment on time will result in my child no longer being able to attend the child care program. We do not pro-rate weeks. (No pro-rate does not apply to POC)

Parent Initials: _____

I, the parent/guardian, hereby give permission for my child to be transported by or travel with the Boys & Girls Clubs of DE for special events, trips or by bus to and from school (if applicable).

Parent Initials: _____

I acknowledge that cell phones may not be used, must be turned off while at the Boys & Girls Club, and must be out of sight. In addition, I understand that electronics and other computer devices that are not for virtual are not permitted at the Boys & Girls Club. I understand that staff will confiscate any device that my child brings to the Club and will be returned at dismissal.

Parent Initials: _____

I acknowledge that my child is responsible for any personal belongings that are brought into the Boys & Girls Club. In addition, I understand and agree that Boys & Girls Club is not responsible for any personal items regardless of the value that may be lost, stolen, or destroyed even if item is confiscated while a member is attending the club.

Parent Initials: _____

I acknowledge that bullying and harassment are not permitted at Boys & Girls Club. I understand that bullying can entail verbal abuse, physical abuse and technological abuse (i.e. Facebook, etc.). I understand that Boys & Girls Club has **zero tolerance** when it comes to bullying and harassment.

Parent Initials: _____

I understand that members will spend a portion of the day outdoors; weather permitted, and understands that appropriate attire and enclosed toe shoe must be worn and that sunscreen is my responsibility.

Parent Initials: _____

Screen Time Permission

Children over the age of two may have an educational video, movie (G or PG), or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent Initials: _____

I, the parent/guardian, hereby give permission for my child to swim while attending the Boys & Girls Club

Parent Initials: _____

I understand that snack will be offered daily by the club and that if my child does not plan to eat what is being offered I will pack him/her a nutritious bag snack. I understand there will NOT be access to a microwave for food which needs to be heated. I also understand that no members will be able to order or receive "take out" or fast food at the club.

Parent Initials: _____

I understand that the failure of my child to comply with the member code of conduct may result in suspension or removal from the program. **No refunds are granted should this occur.**

Parent Initials: _____

I understand that all parents, guardians and person who enter the club with me must follow the Visitor Code of Conduct. If any of the above named act disrespectful or aggressive towards any staff member, they will be asked to leave the premises and the child's membership privileges may be **revoked. No refunds are granted should this occur.**

Parent Initials: _____

I understand that I or whomever is dropping off or picking up my child/ren must enter the building at drop off and pick up to sign members in/out. In addition, I understand that whomever is picking up may be asked for ID on any given day. (This is an Office of Childcare Licensing Regulation)

Parent Initials: _____

I understand that pictures may be taken while at the Boys & Girls Club or on a field trip to use in the program or in promotional materials for the club.

Parent Initials: _____

I have received and understand it is my responsibility to read the Boys & Girls Club Parent Handbook.

Parent Initials: _____

I understand that it is my responsibility to contact both school district transportation and my child's school to have his/her bus stop changed to the Boys & Girls Club stop or to let the school know my child will be getting on the Boys & Girls Club bus. (If applicable)

Parent Initials: _____

I understand that if my child is going to be absent from Boys & Girls Club, I must contact someone by 2:00pm.

Parent Initials: _____

I understand that the Boys & Girls Club needs a copy of my child's report card for reporting and funding purposes. I give permission for them to make copies of all report cards.

Parent Initials: _____

I understand that prior to my child starting I must provide a copy of his/her IEP or 504 accommodation to the Boys & Girls Club in order to ensure academic and behavioral consistency and success.

Parent Initials: _____

My initials above indicate that I have read, understand and agree to the policies and procedures listed:

Parent/Guardian Signature:

Date: _____

Positive Behavior Management Approach

The Boys & Girls Club approaches behavior management in a serious, but positive manner. Appropriate behavior will be rewarded with positive reinforcement. In the event that the child exhibits inappropriate or negative behavior, the staff will use positive redirection. Staff shall use positive age-appropriate methods of guidance of children which encourage self-control, self-discipline, self-esteem, & cooperation. The following behavior policy will be reinforced by staff throughout the school year. PARENTS please make sure that you discuss the behavior policy with your child.

Behavior Policy

Minor Violations: Those violations that relate to behavior and do not endanger the safety of themselves or others.

Examples: Using profanity around children or staff, not obeying counselors, etc.

- Verbal Warning
- Write up in file and phone call to parents
- Write up in file and parents conference
- Write up in file and sent home
- Write up in file and 1 day suspension

Major Violations: Those violations that endanger the safety or well-being of the child, other children or staff.

Examples: Pushing, shoving, kicking, hitting, throwing objects at others, theft, bullying, etc.

- Write up in file, conference with parents and one day suspension
- Write up in file, conference with parents and three day suspension
- Child removed from the program

All behavior incidents are handled on an individual basis. Accommodations will be made for students with 504/IEP's. Some violations will require immediate action which may include dismissal from the program. They will be up to the discretion of the club's Directors.

Note: Giving your child permission to hit someone back is a major violation and will be handled accordingly. The Boys & Girls Clubs reserves the right to immediately suspend or dis-enroll a Club member for major or repeat offenses.

My signature below indicates that I have read and understand Boys & Girls Club's Positive Behavior Management Approach:

Parent/Guardian Signature _____

Print Name _____

Date _____

Member Code of Conduct

As a member of the Boys & Girls Club, I am fully committed to:

- Treating all staff, adults, and other youth with Respect
- Lending a helping hand when needed
- Valuing all cultures and individual differences equally
- Doing my part to keep the building, property, and equipment clean, neat and working properly
- Being friendly to all and demonstrating a positive attitude
- Striving to do my best in everything I do
- Representing the Club's values, both in the Club and when I am outside the building
- Taking responsibility for my choices and the results from making those choices
- Using appropriate language and good manners at all times
- Participating in Club events and activities and following all the Club rules

I understand that my membership privileges may be suspended or revoked if I do not honor this Code of Conduct:

Member Signature _____ Date _____

Parent and Visitor Code of Conduct

As a visitor or parent of a member of Boys & Girls Club, I am fully committed to:

- Treating all staff, adults, and other youth with Respect
- Valuing all cultures and individual differences equally
- Doing my part to keep the building, property, and equipment clean, neat and working properly
- Being friendly to all and demonstrating a positive attitude
- Respecting and reinforcing the Club's values while in the Club
- Modeling appropriate language and behavior at all times
- Following Club policies and procedures at all times
- Supporting Club activities and events whenever possible
- Voicing concerns and ideas for improvement to staff
- Reading all posted materials and asking questions if they are unclear
- Having a Supportive & Cooperative Partnership with staff

I understand that my child's membership privileges and my access to the Club may be suspended or revoked if I do not honor this Code of Conduct:

Parent/Visitor Signature _____ Date _____

“Getting to Know Your Child” Form

(For YOUR CHILD to fill out)

My name is: _____
My nickname is: _____
My favorite activity is: _____
My favorite food is: _____
My least favorite food is: _____
My favorite person is: _____
I am afraid of: _____

(For YOU to fill out)

Please list all the adults living in your child’s household:

	NAME	RELATIONSHIP
1		
2		
3		
4		

Please list all the children in the family along with ages and gender:

	NAME	AGE	GENDER
1			
2			
3			
4			

Does your child have a special diet? Yes No If yes, please explain: _____

Due to tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child? Yes No If yes, please list: _____

Please list any personal habits, thumb sucking, nail-biting, etc. _____

What are your main expectations of this program or things your child needs additional help with? _____

Please list anything else that you feel is important for us to know about your child, or any recommendations you have for us, that will help ensure your child is successful in this program:

MEDICATION ADMINISTRATION RECORD (MAR)
(FOR MEDICATIONS GIVEN AS NEEDED OR FOR EMERGENCY USE)

CHILD'S NAME: _____ DOB: _____ ALLERGIES: _____ TELEPHONE: _____
 PARENT'S/GUARDIAN'S NAME: _____ DOCTOR: _____

MEDICATION INFO	TIME:	DATE:	NAME OF PERSON ADMINISTERING:	ROUTE OF ADMINISTRATION; SELECT ONE
MEDICATION NAME:				ORAL (BY MOUTH)
DOSAGE:				EYE DROPS (OPTIC)
ROUTE:				NOSE DROPS/SPRAY (NASAL)
REASON:				EAR DROPS (OTIC)
START DATE:				TOPICAL (ON SKIN)
SPECIAL INSTRUCTIONS:				INHALATION (NEBULIZER)
				INJECTION (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)
				RECTAL

Dates and times of sunscreen, diaper cream, and insect repellent applications do not need to be documented. However, all other information and parent permission for these medications are required on the MAR.

I, _____, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Signature _____ Date _____

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS

CHILD INFORMATION CARD
State of Delaware
Department of Education

Child's Information		Date of enrollment:	Date of discharge:
Child's name:	Date of birth:	Hours and days child is scheduled to attend:	
Child's address:		Parent/Guardian Information (2)	
Parent/Guardian Information (1)		Emergency Contact/Authorized to Pick-up Child	
Emergency Contact/Authorized to Pick-up Child		Name:	
Name:		Address, if different from child's:	
Address, if different from child's:		Home phone:	Cell phone:
Home phone:	Cell phone:	Work phone:	Hours of employment:
Work phone:	Hours of employment:	Employer name and address:	
Employer name and address:		Employer name and address:	
Additional Emergency Contacts and People Authorized to Pick-up Child			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

Emergency Medical Care

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the licensee/staff/substitute.

 Signature of parent/guardian

 Date

Medical Information	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Check all that apply				
			Foster/Child	Migrant	Runaway	Homeless	Head Start
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIAP?

CASE NUMBER: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "yes" to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income \$ _____

How often?
 Weekly Bi-Weekly Monthly Bi-Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often?			Welfare/Child Support/Alimony	How often?			Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often?			Check if no SSN <input type="checkbox"/>
		Weekly	Bi-Weekly	Monthly		Bi-Monthly	Weekly	Bi-Weekly		Monthly	Bi-Monthly		
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Child support payments Rental income Regular cash payments from outside household

OPTIONAL - Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

- Ethnicity (check one):** Hispanic or Latino Not Hispanic or Latino
- Race (check one or more):** American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.
This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT - For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income How often? Weekly Bi-Weekly Monthly 2x/Month

Household size Categorical Eligibility Eligibility Free Reduced Denied

Determining Official's Signature Date Confirming Official's Signature Date Follow-up Official's Signature Date

**STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)**

Family Child Care Home
Large Family Child Care Home
Day Care Center
Youth Camp

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
Other _____	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates): _____

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

Scalp, Skin	Heart	Vision	Ear, Nose	Lungs
Hearing	Throat	Abdomen	Blood Pressure	Eyes
Genitalia	Teeth	Extremities	Neck, Glands	Nervous System
Height	Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	Lead Screening 24 mo / /

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____



*Greater Dover Boys & Girls Club
2024 - 2025 Transportation Request*

Member Name *(Print)* _____

Parent/Guardian Name *(Print)* _____

Contact Number _____

School Name _____ Age _____ Grade _____

Transportation Needed

Before Care Only	After Care Only	Before & After Care
()	()	()

Please place an (X) in appropriate Box

Signature Parent/Guardian _____ Date _____

Please Note: For all members participating in Before Care services - you MUST be at the Club 15 minutes prior to Bus/Van Departure.