



**BOYS & GIRLS CLUBS
OF DELAWARE**

Milton & Love Creek Membership Packet

Members Name: _____

Current Grade: _____

Emergency Contact Information

Name: _____

Number: _____

Membership Information Form

How did you hear about the Club?

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

Club: Milton/HOB
Address: 400 Mulberry St
Milton, DE 19969
Phone: 302-551-9458



BOYS & GIRLS CLUBS
OF DELAWARE

Member Information (Please Print)

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

Demographic

Gender:	Birth date:	Age:	Race (Please Circle):	Household Setting (Please Circle One):
☐ Female ☐ Male			Caucasian African-American Hispanic/Latino Two or More Races Native Hawaiian/Pacific Islander Asian American Indian or Alaska Native	Apartment Rental Home Owner Group Home Rental Home Section 8 Housing
School/District:	Grade:			
Family Totals- Sisters:	Brothers:	Household:	Family Setting (Please Circle):	
			Single Parent Family Foster Care Primarily Mother Relative	
Member before?	Number of Years:	Both Parents Guardian Primarily Father Other		
☐ Yes ☐ No				

Parent/Guardian

Parent 1 First Name:	Parent 1 Last Name:	Parent 1 Work Phone & Ext:
Parent 1 Employer:	Parent 1 Occupation:	Military Branch:
		Live on Base: Yes No
Parent 2 First Name:	Parent 2 Last Name:	Status:
		Start Date: End Date:
Parent 2 Employer:	Parent 2 Occupation:	Parent 2 Work Phone & Ext:
Guardian's First Name:	Guardian's Last Name:	Military Branch:
		Live on Base: Yes No
Guardian's Employer:	Guardian's Occupation:	Status:
		Start Date: End Date:
		Guardian's Work Phone & Ext:

Medical/Emergency:

Medical Problems/Allergies: 		Medications: 	
Physician: 	Physician Phone: 	Can Member Swim? ☐ Yes ☐ No	
Preferred Hospital or Clinic: 	Hospital Phone: 		
Insurance Company: 	Insurance Policy Number: 		

Pick up Information: (Licensed child care only)

Names of <u>two</u> Persons Authorized to pick up Member.	
1.) First and Last Name: 	Phone Number:
2.) First and Last Name: 	Phone Number:
Authorized Password: 	Persons Not Authorized:

Notes:

Participation in other Youth Programs: Hobbies:	
Nickname: 	Mother's Maiden Name:

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

Annual Family Income: ☐ Under 15,000 ☐ 15,001-20,000 ☐ 20,001-25,000 ☐ 25,001-30,000 ☐ 30,001-35,000 ☐ 35,001-40,000 ☐ 40,001-45,000 ☐ 45,001-50,000 ☐ Over 50,000 ☐ Decline to Submit	Check all that Apply: ☐ SSDI ☐ SSI ☐ TANF ☐ Day Care Voucher ☐ Food Stamps ☐ General Assistance ☐ School Lunch ☐ Vet. Compensation	☐ Individual Education Plan (IEP)
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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 Fairm Boys & Girls Club and the Boys & Girls Club of Delaware for the purpose of data collection and analysis. I also understand that the Club has an open door policy and not be held responsible for my child leaving the premises. General membership hours differentiate between the school year and the summer. During the summer, the club is open for licensed child care participants only.

Parent Signature

Member Signature

Date

CHILD INFORMATION CARD
State of Delaware
Department of Education

Child's Information			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		Parent/Guardian Information (2) 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:	
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.

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: Sunscreen				ORAL (BY MOUTH)
DOSAGE: As Needed				EYE DROPS (OPTIC)
ROUTE: Topical				NOSE DROPS/SPRAY (NASAL)
REASON: Sunburn				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 AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS
DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:

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: Ann Marie Bercy, 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/cccl/>

Parent Initials: _____

I understand the hours of operation are 7:00am– 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. (POC Exempt)

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.** (POC exempt)
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.** (POC exempt)
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. **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:** _____