



**SCHOOL AGE PROGRAM 2009-2010**  
**MEMBERSHIP APPLICATION**  
**BLACKSTONE VALLEY BOYS AND GIRLS CLUB**



First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mailing address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Age upon Admission \_\_\_\_\_ Grade upon Admission: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Physical:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_ (optional) Male \_\_\_\_\_ Female \_\_\_\_\_  
 Race: Caucasian \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian \_\_\_ African American \_\_\_ Other \_\_\_  
 Household Income: \$12k - \$25k \_\_\_ \$26k - \$40k \_\_\_ \$40k - \$60k \_\_\_ \$60k & Higher \_\_\_

**Guardian/Parent 1**

**Guardian/Parent 2**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Hours at Work: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Hours at Work: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**Is the child allowed to be released to this person? Yes No**

**Is the child allowed to be released to this person? Yes No**

**Medical Information:**

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.

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

Child's Physician/Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_ Physician/Clinic Phone: \_\_\_\_\_

Does your family have health and/or accident insurance: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Health Insurance Coverage: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Chronic Health Conditions, Allergies or Restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 Special Limitations or concerns: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid to give my child these non-prescription medications, if needed: Antibiotic ointment, lip ointment, antiseptic wipes, calamine lotion, antiseptic spray and Vaseline.

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

**Emergency Contacts (In order to be contacted)**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Do you give permission for the child to be released to this person? Yes No
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Do you give permission for the child to be released to this person? Yes No
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Do you give permission for the child to be released to this person? Yes No

**Transportation**

**My child will arrive at the Before School Program by:**  
 \_\_\_ Parent Drop Off  
 \_\_\_ Unsupervised Walk  
**Time:** \_\_\_\_\_ **Days:** \_\_\_\_\_  
**Parent/Guardian Initials:** \_\_\_\_\_  
 \_\_\_ Supervised Walk  
 \_\_\_ Other Describe: \_\_\_\_\_

**My child will depart the Before School Program by:**  
 \_\_\_ School Bus Pick Up

**My child will arrive at the After School Program by:**  
 \_\_\_ School Bus Drop Off  
 \_\_\_ Parent Drop Off  
 \_\_\_ Unsupervised Walk  
**Time:** \_\_\_\_\_ **Days:** \_\_\_\_\_  
**Parent/Guardian Initials:** \_\_\_\_\_  
 \_\_\_ Supervised Walk  
 \_\_\_ Other Describe: \_\_\_\_\_

**My child will depart the After School Program by:**  
 \_\_\_ Parent Pick Up  
 \_\_\_ Unsupervised Walk  
**Time:** \_\_\_\_\_ **Days:** \_\_\_\_\_  
**Parent/Guardian Initials:** \_\_\_\_\_  
 \_\_\_ Supervised Walk  
 \_\_\_ Other Describe: \_\_\_\_\_

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day:

Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____
Name: _____	Address: _____
Relationship to Child: _____	Phone #: _____

**Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.**

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

Current School: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.  
**\*\*Parent/Guardian Initials:** \_\_\_\_\_

I, being the parent/guardian of the above understand and accept the policy manual that was given to me upon registration of my child into the 2009-2010 School Age Program. I understand that the below rules are strictly enforced by staff and repeated disciplinary actions may result in expulsion from the park.

1. No video games, CD players, radios, two way radios, cell phones, (anything electronic) or trading cards are allowed and will be confiscated by staff with disciplinary action taken.
2. No sandals of any kind will be permitted in the park except for the pool area. Children must have appropriate athletic shoes.
3. I understand that it is my responsibility to review with my child all aspects of the policies and procedures for their safety and protection.

I hereby give permission to my son/daughter to become a member of the Blackstone Valley Boys & Girls Club and participate in the School Age Program at Tupper Park. I understand that the town of Blackstone, the BVBGC, and the club personnel are not responsible for personal injury or loss of property. I hereby give permission to have my child examined by a doctor, if program staff deems it necessary. I give my consent for any photographs in which my child may appear to be used by the club in their literature or publicity. I also understand that there will be no refunds under any circumstances after the start of the program and that transferring of memberships is also not allowed.

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

BEFORE SCHOOL PROGRAM  
BUS PERMISSION SLIP

I give my son/daughter permission to be walked by a Boys and Girls Club Crew member to the bus stop at the corner of Main and Old Mendon Street at approximately 8:15 a.m.

Child's Name \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Child's Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Please dress your child accordingly to the weather.  
If it rains, your child will need an umbrella and raincoat.  
If it snows, your child will need gloves, a hat, a scarf and a warm jacket.  
In the winter months, your child will need to dress appropriately  
as the wait for the bus can be quite cold.

AFTER SCHOOL PROGRAM  
BUS PERMISSION SLIP

I give my son/daughter permission to be dropped off at the Blackstone Valley Boys and Girls Club by Tellstone Bussing. I understand that my child will be met by a Boys and Girls Club crew member upon arrival to the park.

Child's Name \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Child's Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Please be advised that the parent/guardian has to write a note to the school office and the teacher telling them that the child will be taking the Boys and Girls Club Bus after school.

# SCHOOL AGE PERMISSION SLIPS

I give my child, \_\_\_\_\_, permission to participate in the following activities:

  X  

**Homework Hour**

**Parent/Guardian Initials:** \_\_\_\_\_

It is mandatory that all children participate in the Homework Hour. If a child does not have homework or the parent requests that the child complete homework at home and not at the Club, the child must have busy work while others can complete their homework.

*Special Instructions:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Computer participation**

**Parent/Guardian Initials:** \_\_\_\_\_

**\*\*** \_\_\_\_\_

**Blackstone Public Library**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_ to attend a field trip with the BVBGC to the Library by walking with a staff member on a 1:5 ratio on Tuesdays from 3:30pm to 4:15pm.

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

**\*\*** Weather permitting, staff will be walking with the students to the Blackstone Library once a week. Spaces are limited to 5 children per week. Your child must have a library card. The after school program is not responsible for the returning of books checked out by your child.