



**BOYS & GIRLS CLUBS
OF DELAWARE**

Dear BGCDE Family,

Thank you for choosing the Boys & Girls Clubs of Delaware for your school age child care needs. We are excited to welcome you and your family to our before and aftercare program!

The Boys & Girls Clubs of Delaware (BGCDE) strives to enable all young people to reach their full potential as productive, caring, responsible citizens. We achieve this through **caring mentors**, such as our trained Club staff, creating a **safe place** within our clubs where all are welcome, and innovative, high-quality **programming** designed to empower youth to excel in school and lead healthy lives.

Our school aged before and after school program follows all state licensing requirements and regulations for child care programs. In addition to meeting the state's expectations, we also collaborate with many local and state organizations to offer the highest quality enrichment experience for your child.

Please review this registration pack carefully. **Complete and accurate** information helps us to provide the best possible care for your child. If you have any questions or need additional information, please feel free to call or email me.

We look forward to welcome you and your family to the **Boys & Girls Club**.

Sincerely,

Boys & Girls Club Directors @ Smyrna School Based Clubs



**BOYS & GIRLS CLUBS
OF DELAWARE**

**Registration Packet
Smyrna School Sites Childcare Programs
2024/25 School Year**

Registration is Yearly, new pack needed each year

Member Name: _____ (one packet per child)

Club Contact Information:

North Smyrna	302-893-9320	hmacfarlane@bgclubs.org
Sunnyside	302-420-2484	rwalker@bgclubs.org
Clayton E	302-893-9317	brameriz @bgclubs.org
JBM & CIS (at JBM)	862-285-0619	Jthomas@bgclubs.org
Smyrna E	862-285-0650	glambert@bgclubs.org

Hours of Operation School Year:

7:00-8:45 AM and 3:00-6:00 PM School Days at each Elementary Location
JBM/CIS 7:00-8:00 AM and 2:55-6:00 PM

Check Box for level of care your family needs:

- \$122.00 Before Care School Year Weekly Rate Under 4 hours total per day**
- \$122.00 After Care School Year Weekly Rate Uner 4 hours total per day**
- \$122.00 Before and After Care Weekly Rate Under 4 hours total per day**
- \$175.00 Break Weeks and Summer Camp Weekly Rate Ages 6 +, Over 4 hours total per day**
- \$175.00 Break Weeks and Summer Camp 2025 Age 5, Over 4 hours per day total**

Annual Membership Fee \$15.00 (POC exempt)

Purchase of Care (POC)/POC PLUS Site ID # See Attached
Weekly rates apply for all general pay members.

**** No refunds are granted for child care fees **We do not pro-rate weeks ** (POC EXCLUDED)**

Office Use Only

Person accepting application initials: _____ Date: _____
 Administrative initials: _____ Date: _____
 Program Director Initials: _____ Date: _____
 Intake Team Initials: _____ Date: _____

__MEMBERSHIP __PHYSICAL/SHOTS __1ST PAID WEEK __P.O.C. PAPERWORK __IEP/504 Plan

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



Club:
Address:
Phone:

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

Member Information (Please Print)

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Adult(s) or Guardian(s) Member Lives with:	Home Phone Number:	Emergency Contact Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:		Emergency Phone & Extension:
<input type="text"/>		<input type="text"/>
City:	State:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Email Address:
		<input type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date: <input type="text"/>	Age: <input type="text"/>	Race (Please Circle):	Household Setting (Please Circle One):
School/District:	Grade: <input type="text"/>		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
Family Totals- Sisters: <input type="text"/>	Brothers: <input type="text"/>	Household: <input type="text"/>	Family Setting (Please Circle):	
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>		Single Parent Family Foster Care Primarily Mother Relative	Both Parents Guardian Primarily Father Other

Parent/Guardian

Father's First Name:	Father's Last Name:	Father's Work Phone & Ext.:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Employer:	Father's Occupation:	Military Branch: Live on Base: Yes No Status: Start Date: End Date: Mother's Work Phone & Ext.:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's First Name:	Mother's Last Name:	Military Branch: Live on Base: Yes No Status: Start Date: End Date: Guardian's Work Phone & Ext.:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Employer:	Mother's Occupation:	
<input type="text"/>	<input type="text"/>	
Guardian's First Name:	Guardian's Last Name:	
<input type="text"/>	<input type="text"/>	
Guardian's Employer:	Guardian's Occupation:	
<input type="text"/>	<input type="text"/>	

Before & After Care Information:

The Boys & Girls Club's Before & After Care Program runs throughout the school year. Doors open at 7:00 AM a.m. and close at 6:00PM

- 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 [call DE helpline at 211 or apply online at https://assist.dhss.delaware.gov](https://assist.dhss.delaware.gov) The Boys & Girls Club does not approve or oversee the Purchase of Care Program.
2. 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.
3. Purchase of Care approval **does not** automatically ensure a spot in the program. Registration is still necessary and all registration rules and deadlines apply.
4. Please be sure your Purchase of Care approval sheet has the following information:
 - a) Location of the Boys & Girls Club must be named as the care provider
 - b) Dates must coincide with the school year program
 - c) **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([poc exempt](#))
- 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 **** ([poc exempt](#))

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/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. (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: _____

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: _____

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 _____

Authorization & Release of Information Form

Dear _____:
(Name of school)

My child is participating in programs at the Boys & Girls Club. These Programs may include but are not limited to:

- ★ Power Hour-daily homework assistance, including help with problems, homework getting checked and weekly incentives
- ★ Tutoring Sessions
- ★ High Yield Learning Activities including team sports
- ★ Additional BGCA approved and locally approved trainings/activities

In an effort to strengthen these programs for my child, I hereby give permission to the Boys & Girls Club Unit Director, Site Director, Program Director, Child Care Director or Education Director to speak with and get information from my child's teacher(s) and/or Guidance Counselor regarding homework, academic reports (report cards, test scores, 504 plans, IEP's, physical & shot records etc.) and any extra assistance which may be helpful to my child's academic and personal success.

If you have any questions or need to reach the Club, please contact them at:

Phone# _____ or Email: _____

Sincerely,

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

(Please Print)

Child's Name: _____ Grade: _____

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

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 center.

 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.

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

Family Child Care
Large Family Child Care Home
Day Care Center

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
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

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 / /	

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

Printed Name: _____ Telephone: _____

Template for Parents getting into MyClubHub

Hello, this template is for assisting Parents of members of Boys and Girls Clubs of Delaware in logging into MyClubHub.

To set up your Parent Portal Account:

1. Go to the parent portal site: <https://bgcdelaware.force.com/portal>
2. Select “Need a login”
3. Enter Parent/Guardian information (NOT member’s information)
 - a. Parents in separate households will have individual Parent Portal Accounts
 - b. Please be sure to verify the information we have on file for you at your local club site – Your First Name, Last Name, Email, Phone number and Address needs to be entered in **Exactly** as it is in our system or you will not be able to create an account
 - c. To verify your information, contact your Club site director or front desk person and ask for the information that the site has for you in MyClubHub
4. Click “Submit”
 - a. You should get a notification that says you have successfully created user account
5. An email will be sent to the address entered. Follow the link in that email to set your account password.
 - a. **Please be sure to check your junk and spam folders**
6. Return to log-in page and log-in using your email & new password.
7. Review that the members and other information in your household is accurate.
 - a. If you see any errors in your contact information, Please contact your local club and inform them