



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,

Club Director

Clayton Elementary

510 W Main Street

Clayton, DE 19938

Site Director: Shawn Selby

sselby@bgclubs.org

(302) 893-9317

JBM /CIS

(CIS transported by BGC Van to and from School)

20 W. Frazier Street

Smyrna, DE 19977

Site Director: Jamie Thomas

jthomas@bgclubs.org

(862) 285-0619

North Smyrna

365 North Main Street

Smyrna, DE 19977

Site Director: Lasanna Brew

lbrew@bgclubs.org

(302) 893-9320

Smyrna Elementary

121 S. School Lane

Smyrna, DE 19977

Site Director: Greg Lambert

glambert@bgclubs.org

(862) 285-0650

Sunnyside Elementary

123 Rabbit Chase Road

Smyrna, DE 19977

Site Director: Ronnae Walker

rwalker@bgclubs.org

(302) 551-9458



Boys & Girls Club

Club Information

Youth inspire us. We work to inspire them.

Each child will be assigned to a group of children the same age. Within their group, children may experience programming within the following areas:

- **Arts & Culture:** We encourage young minds to develop knowledge and appreciation of fine arts, cultural awareness, and express their talents for performance, music, and creative writing.
- **Education and Career:** We ensure our youth are equipped to graduate from high school on time and are ready for a post-secondary education and a 21st-century career.
- **Leadership & Character Development:**
- **Health and Life Skills:** We encourage our youth to develop their capacity to engage in positive behaviors to nurture their well-being, set personal goals, and grow into a self-sufficient adult.
- **Sports, Fitness and Recreation:** We encourage our youth to develop physical fitness, reduce stress, and promote a positive use of leisure time.
- **Resources for Teens:** We encourage our youth to continue with BCDGE after they graduate from our school age care into our Teen programming. This programming teaches teens goal setting, job search, and financial literacy skills through fun and interactive activities.

During the school year, breakfast and snack will be provided daily. On No School Days, Parents/guardians will be responsible to provide lunch on those days unless otherwise notified.

Purchase of Care

BGCDE accepts Purchase of Care (POC), as provided by the State of Delaware. Please be sure to take the following proper steps before and during care, to ensure uninterrupted care for your child:

1. To apply for POC benefits, please visit assist.dhss.delaware.gov and click "Apply for Benefits."
 - a. There is also a "Do I Qualify" screening tool on this site to determine if you qualify.
 - b. Use Your Sites ID# when registering. (see next page)
 - c. If you plan to send your child to care on no-school days, please select be sure to request "Extended Care."
2. POC Approval form must be submitted at the time of registration and contact the following information:
 - a. Boys & Girls Clubs must be named as the care provider;
 - b. Dates must coincide with the school year program
 - c. 'Extended Care' is marked yes, if you send your child on No School Days
3. POC approval forms must be submitted at the time of registration.
4. POC approval **does not** automatically ensure a spot in the school age care program. Registration is still necessary and all rules and deadlines apply.

Scholarships may be available for families who do not qualify for POC. Please see your Club Director for more information.

Per Delaware Licensing requirements, the following items must be completed before a child may attend a school age child care program:

- Submit completed Child Information Card (see enclosed form)
- Submit physician completed Child Health Appraisal (see enclosed form)
- Submit first week of care tuition payment
- Submit annual membership payment
- IEP or 504 Plan submitted to Club Director, if applicable
- POC Approval letter is on file, if applicable.

JBM	1710428900	862-285-0619
North Smyrna	1710338300	302-893-9320
Sunnyside	1710419600	302-893-9319
Clayton	1710337800	302-893-9317
Smyrna Elementary	1710363000	862-285-0650



Helpful Tips for Parents

1. **Tuition:** Tuition is divided into weekly payments. There is no tuition adjustment for absences, unscheduled closings or delays, vacations and/or school holidays. Tuition is due in advance.
2. **Annual Membership Fee:** There is a \$15 annual membership fee due with the first week's tuition payment. This membership fee is nonrefundable.
3. **Payment:** Payments are required to be made through the MyClubHub Parent Portal. Auto Pay is available and will eliminate any credit card fees. There will be no refunds issued.
4. **Special Concerns:** Prior to the time of registration, any behavioral concerns, or special physical, emotional, psychological or medical needs of your child should be identified and discussed with the Club Director.
5. **Medical Treatment:** BGCDE does not normally administer any medication and will do so only when directed in writing by the child's parent/guardian for over the counter medications only. All prescribed medications must have a Medication Form (completed by Physician) and an Allergy form is applicable.
6. **No School Days:** In the case when school is closed, BGCDE may be open for full day care. Pre-registration is required. See calendar of important dates for more information.
7. **Absences:** BGCDE is to be notified if your child is not attending the school age care on any given day they are scheduled to attend. Failure to do so will result in a \$5 penalty charge.
8. **Late Pick Up Policy:** BGCDE closed at 6PM each day. In the event that a child is not picked up, BGCDE staff members will remain with the child, but the parent is responsible for paying late fees to cover the cost of the staff's time. See Parent Handbook for Fee Schedule. If you are 45 minutes late, and no contact has been made to BGCDE, we are required by law to call Child Protective Services and the Local Authorities.
9. **Illness:** In case your child becomes ill during the course of the program, parents/guardians will be notified, and arrangements must be made to pick up the child as soon as possible, as BGCDE does not have facilities to care for ill children. If your child or anyone in the child's household develops a communicable disease (as defined by the Department of Health) it is necessary to inform BGCDE within 24 hours or the next business day, except in the case of a life threatening illness, which must be reported immediately.
10. **School Notifications:** Proper arrangements must be made with the child's school to authorize BGCDE to pick up your child from school, where applicable. The school should be aware that BGCDE will pick up your child from school each day. BGCDE staff will be able to present proper identification if necessary.
11. **Parent Handbook:** Parents/Guardians are responsible for reading and understanding all policies as outlined in the handbook.
12. **Emergency & Inclement Weather:** We will make every effort to stay open during inclement weather, but when needed, closings will be announced through our One Call communication system.
13. **One Call:** BGCDE uses One Call as an automated voice, text, and email notification system. Any urgent communications (i.e., inclement weather, emergency notifications) will be issued through this system. Parents are responsible for ensuring updated email addresses and cell phones are on file. Please see Club Director to make any changes.



BOYS & GIRLS CLUBS OF DELAWARE

Registration Packet
Smyrna School Sites Childcare Programs
2023/2024 School Year

Registration is Yearly, new pack needed each year

Member Name: _____ (one packet per child)
Please do not list more than one student on each packet.

Club Contact Information:

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

Hours of Operation:

7:00-8:45 (7:00-8:00 JBM & CIS) AM and 3:00 to 6:00 PM School Days at each location.
Before Care \$90.00 After Care \$90.00 Both Before and After \$110.00

7:00AM to 6:00PM Inservice Days Extra fee, limited spots available those days. Registration for these days prior to each date.

Annual Membership Fee \$15.00 (POC exempt)

Purchase of Care (POC)/POC PLUS Site ID # See next page

Weekly rates apply for all general pay members. Daily rates will apply for POC families and pro rated during weeks non-state holiday closings occur

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

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

Member Information (Please Print)

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Name of Adult(s) or Guardian(s) Member Lives with: <input type="text"/>	Home Phone Number: <input type="text"/>	Emergency Contact Name: <input type="text"/>
Home Address: <input type="text"/>		Emergency Phone & Extension: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Postal Code: <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): Caucasian African-American Hispanic/Latino Two or More Races Native Hawaiian/Pacific Islander Asian American Indian or Alaska Native	Household Setting (Please Circle One): Apartment Rental Home Owner Group Home Rental Home Section 8 Housing
School/District: <input type="text"/>		Grade: <input type="text"/>		
Family Totals- Sisters: <input type="text"/>		Brothers: <input type="text"/>	Household: <input type="text"/>	
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Years: <input type="text"/>	Family Setting (Please Circle): Single Parent Family Foster Care Primarily Mother Relative Both Parents Guardian Primarily Father Other	

Parent/Guardian

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

Medical/Emergency:

Medical Problems/Allergies:

Medications:

Physician:

Physician Phone:

Preferred Hospital or Clinic:

Hospital Phone:

Insurance Company:

Insurance Policy Number:

Can Member Swim?

Yes
 No

Pick up Information: (Licensed child care only)

Names of two 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)

Disabilities or other special circumstances:

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 Frain 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

Please read each item carefully and place initials in the space below the statement. Signature confirms that parents/guardians have read and understand each policy and procedure.

PARENTS RIGHT TO KNOW NOTICE

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, 302-892-5800, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19810-4803 or Dover 302-739-5487, 821 Silver Lake Blvd, #103, Delaware 19904

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 or 7am – 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. POC families can be charged a late pick up fee once hours of authorized care have been exhausted.

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.

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 are not permitted at the Boys & Girls Club. I understand that staff will confiscate any device that my child brings to the Club.

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.** No POC charges would apply.
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. If your child uses our causal care we must be notified by 1:00pm on the day they are attending.
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 indicate that I have read and understand all policies and procedures in the registration packet:

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. A more detailed explanation is in the Parent Handbook.

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

The Boys & Girls Clubs reserves the right to determine suitability with or without a trial period, or at any time during a trial period. Based upon that determination, the Club may decide whether a particular child may continue in the program. If the Boys & Girls Clubs determine that continuing in the program is not a viable option, the Club will make recommendations for programs and services that best meet the needs of that youth.

Parent/Guardian Signature _____

Print Name _____ Date _____

Note: Giving your child permission to hit someone back is a major violation and will be handled accordingly.

CODE OF CONDUCT

Continued membership is contingent upon the ability to abide by the Code of Conduct. All stakeholders (i.e., Club members, parents, guardians, visitors, and groups using Club facilities, and/or participating in any Club activities in and out of the Club) are expected and thus required to abide by the following Code of Conduct. The Code of Conduct's principles are as follows:

1. Treat all Club members and staff with respect.
2. Respect and protect Club property and take pride in keeping it clean.
3. Respect and protect what belongs to others.
4. Participate in the activities offered at the Club and refrain from loitering in and around Club property.
5. Refrain from profanity, obscene gestures, racial, ethnic, religious slurs and disrespectful language or actions.
6. Refrain from bullying and harassment, including physical, sexual, psychological and technological (i.e. social media), fighting and violence of any kind. There is a Zero tolerance policy.
7. Refrain from any use, distribution or possession of cigarettes, alcohol or illegal substances.
8. Refrain from possessing or involving yourself in any way with dangerous weapons or other items that are intended to be used violently.
9. Refrain from leaving your assigned group and or the building without proper authorization and supervision.

The Code of Conduct listed above is not intended to be all-inclusive; each club site may have additional rules and regulations appropriate for that Club. Inability and/or refusal to adhere to the Code of Conduct may result in suspension or removal from the Boys & Girls Clubs program. All stakeholders are subject to this policy.

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

Member Signature

Parent/Visitor Signature

“Getting to Know Your Child”

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	Name	Relationship
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

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

Name	Age	Gender	Name	Age	Gender
1. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	4. _____	_____	_____

Does your child have a special diet? _____

Due to your child’s tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child (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 so that your child is successful:



BOYS & GIRLS CLUBS
OF DELAWARE

Authorization & Release of Information Form

Dear _____:
(Name of school)

My child is participating in programs at the Boys & Girls Club. These Programs may include:

- *Power Hour-daily homework assistance, including help with problems, homework getting checked and weekly incentives.
- *Tutoring Sessions
- *High Yield learning activities including team sports.

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 and Education Director to speak with and get information from my child's teacher(s)/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

Print Parent/Guardian Name

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.

WHY BOYS AND GIRLS CLUBS OF DELAWARE?

Boys & Girls Clubs are a safe place to learn and grow – all while having fun. It is the place where great futures are started each and every day.

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUBS
OF DELAWARE**

BOYS & GIRLS CLUBS OF DELAWARE, INC.
POLICY AND PROCEDURE COMMITMENT

I have read the entire Boys & Girls Clubs of Delaware Child Care Program Policy and Procedure Manual included in this Parent Handbook and understand my commitment to Boys & Girls Club of Delaware Child Care Program. My child/children has read or I have read the Manual to him/her and he/she understands the policies and procedures. We both understand that failure to follow the procedures and policies will result in termination of enrollment. We have agreed to accept the policies detailed on the preceding pages.

(Parent/Guardian Signature)

(Date)

I have received The Boys & Girls Club of Delaware Policy and Procedure Manual included in this Parent Handbook along with other required registration forms. I understand that I must read the handbook then sign and return the last page with the other completed forms in order to have my child registered for care.

(Parent/Guardian Signature)

(Date)

Please sign and return this last page with you registration forms. Thank you.

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: _____

Logging into MyClubHub (MUST BE DONE)

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 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

If when you enter your information you get an error that says to verify your information with Boys and Girls Club/System admin get in touch with your local site and tell them your First Name, Last Name, Child’s name – and exactly the error that you received in the system.
