



NON REFUNDABLE Registration Fee \$20.00 _____
 EDO Y _____ N _____ Total Weekly Fee _____
 CCR _____ EEC _____
 Fall KK Member: Yes _____ No _____
Summer Only: Yes _____ No _____
 Immunization Records _____
 Individual Med form (if applicable) _____
 Processed by _____
 Received by KJB _____ CO/CBB _____
OFFICE USE ONLY

SUMMER 2024 Registration

Name: _____ Age: _____

Current Grade K 1st 2nd 3rd 4th 5th 6th & up

CHILD MUST HAVE COMPLETED KINDERGARTEN IN JUNE 2024 TO ATTEND

Applications WILL NOT be accepted without registration fee & Copy of Immunization record

Weeks attending: (please circle) **1** 2 **3** 4 5 6 7 8 9 10

Summer Program starts THURSDAY June 20TH

(Week 1 is a 2-day week.)

(Week 3 is a 3-day week. CLOSED Thursday July 4th and Friday July 5th)

****** Also closed Monday, Tuesday & Wednesday August 26, 27 & 28 & Monday September 2nd ******

Early Drop off 7:30 am - 8:30 am \$20.00 per child per week _____ Yes _____ No

I understand weekly payments must be made by Thursday or Friday or my child **CANNOT ATTEND** the following week. **NO exceptions** unless permission is given by **Kellie Brown**. _____

I understand that I **CANNOT** bring my child on a Monday morning unless I have pre-paid. I can call for availability. _____

Picking up your child later than 5:30pm could result in losing privileges and late fees apply. _____

I give permission to use my child in positive publicity in video, print, and photos. YES _____ NO _____

I give permission for my child to use computers YES _____ NO _____

I understand that there are **no refunds or make up days** for missed days during weekly sessions. _____

I must send my child with sneakers. _____

I have read the program rules (along with my child) and we agree with all of them. _____

I will send sunscreen with my child and give permission for it to be applied. _____

I must provide copy of current immunization record _____



FIELD TRIP PERMISSION FORM 102 CMR 7.34(5)(c)

CHILD'S NAME: _____

I, _____, give permission for my child to attend ALL field trips by **Bus or Van** . I understand that trips are subject to change but if they do, I will be notified of the changes. I also understand that times are approximate, and my child could return later than scheduled due to traffic and conditions. I further understand if I do not want my child to participate in field trips I must keep them home for the day as all staff are out on the trips.

Parent Signature

Date

Trip dates and times are TBD and are subject to change.



Registration Fee \$20.00 _____
Total Weekly Fee _____
1 Full Day Fee _____
Full Week _____
CCR _____ EEC _____
Parent fee _____
Processed by _____
Received by CBB _____
OFFICE USE ONLY

2024-2025 Registration

Name: _____ Age: _____

Current School: _____ Grade: _____

Fall 2024 School: _____ Grade: _____

Please initial below

Children registered for KIDZ KLUB remain in KIDZ KLUB for the school year _____

I understand weekly payments must be made by Friday or I will pay a \$10.00 late fee _____

I understand that there are no refunds or make up days for missed days. _____

Weekly fees are paid even if your child does not attend. _____

Picking up your child past 5:30 pm could result in late fees. _____

I have read the Club rules (along with my child) and we understand them. _____

I give permission to use member in positive publicity in video, print, and photos. YES _____ NO _____

Copy of Immunization Records. YES _____ NO _____

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____ Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Additional information to help us better serve your child's needs:

Does Your Child have an IEP / 504 Plan that you would like to share with us?

Does Your Child have a specialized Behavioral Plan that you would like us to follow while they are in our care?

Does your child have any physical, social, or emotional concerns we should be aware of while in the program?

Is your child coming to us from another program, if so why are you choosing to come to us.

Any other special limitations or concerns? _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?

If yes, please attach. _____

School Age Only

Current School: _____ **Grade:** _____

School Address: _____ School Phone Number: _____

Fall 2024 School: _____ **Grade:** _____

School Address: _____ School Phone Number: _____

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:** _____

Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the childcare program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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 to secure necessary medical treatment for my child.

Additional Information

Child's Physician Name: _____ Phone Number: _____

Insurance Company: _____

Child's Allergies or Special Diets: _____

Individual Health Plan for child with a chronic health condition?

If yes, please attach. _____ No my child has no chronic health condition _____

Please Describe condition: _____

Does the child's condition require: INHALER EIPEN INSULIN OTHER
(please circle all that apply)

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes ___ No ___

(Parent/Guardian Signature)

(Date)

TRANSPORTATION PLAN AND AUTHORIZATION [7.09 (3) and 7.12 (1)]

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- ____ UNSUPERVISED WALK
- ____ SUPERVISED WALK (WHO _____)
- ____ SCHOOL BUS DROP OFF
- ____ PROGRAM BUS
- ____ PARENT DROP OFF
- ____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- ____ PARENT PICK UP
- ____ UNSUPERVISED WALK
- ____ SUPERVISED WALK (WHO _____)
- ____ OTHER (DESCRIBE _____)

I give 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. **YOU MUST LIST AT LEAST ONE OTHER AUTHORIZED PERSON FOR US TO RELEASE YOUR CHILD TO.**

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

4. NAME _____ RELATIONSHIP _____

ADDRESS _____ 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.

SUMMER PROGRAMMING ONLY

I understand that during the summer months because I am responsible for providing transportation to/from the program I am also responsible for letting the program know if my child will not be attending daily. The program will not call to see if my child is attending, and no refunds will be given if my child does not attend.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

NOTE: This information is strictly confidential and is collected for grant writing purposes only

Name: _____ Birth date _____

Ethnicity: African American, Asian, Caucasian, Hispanic, Multi-Racial, Native American, Pacific Islander

Member lives with: ___ Mom & Dad ___ Mom ___ Dad ___ Mom & Mom ___ Dad & Dad ___ Step Mom ___ Step Dad
___ Grandparent(s) ___ Foster Parent(s) ___ Aunt ___ Uncle Other: _____

Head of Household: _____ M _____ F _____ Both Single Parent: _____ Y _____ N

Household Size: _____ Number under 18 in Household: _____

Member of the Household 65 years old or older: _____ Y _____ N

Member of the Household Handicapped: _____ Y _____ N

School Lunch: _____ Free ___ Reduced ___ Not applicable

Parent or Guardian in the Military:

_____ Y _____ N Branch _____ Base _____ Rank _____

Status: Guard Reserve Active

If active or reserve ask for additional form to receive a military discount.

Publicity permission

I _____ give permission to use my child
Parent's/Guardian's Name

_____ in positive publicity in video, print, photos
Childs Name

Parent's/Guardian's signature

date

Surveys & Questionnaires: for ages 9 & UP

I give permission for my child above to participate in the NYOI (National Youth Outcome Initiative) survey for The Boys & Girls Club of Greater Westfield. Ages 9 & Up, this survey allows children to give their honest opinions regarding programming and staffing. This survey is completely anonymous as no names are used but is a yearly requirement of Boys & Girls Clubs of America. **ALL SURVEY INFORMATION HELPS US MAKE A BETTER CLUB FOR YOUR CHILD.**

Parent's/Guardian's signature

date

CITY OF WESTFIELD- OFFICE OF COMMUNITY DEVELOPMENT
SELF-DECLARATION OF INCOME REPORT / FY2023-23 (CDBG)
FY2023-2024 (CITY)

(Effective June 15, 2023)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS: FAMILY INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

2. ETHNICITY (please select only one):

Hispanic or Latino Not Hispanic or Latino

3. RACE (please select only one):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian <i>and</i> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American <i>and</i> White |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial: _____ |

4. HOUSEHOLD INFORMATION

1) Choose the row with the number of family and non-family members living in your household below.

2) Circle the corresponding income level. (FY2023 Median Family Income) – Effective June 15, 2023

Household Size	#1 (0%-30%)	#2 (31%-50%)	#3 (51%-80%)	#4 (81% and above)
1	\$0-\$20,950	\$20,951-\$34,900	\$34,901-\$55,800	\$55,801+
2	\$0-\$23,950	\$23,951-\$39,850	\$39,851-\$63,800	\$63,800+
3	\$0-\$26,950	\$26,951-\$44,850	\$44,851-\$71,750	\$71,750+
4	\$0-\$29,990	\$29,991-\$49,800	\$49,801-\$79,700	\$79,700+
5	\$0-\$32,300	\$32,300-\$53,800	\$53,801-\$86,100	\$86,100+
6	\$0-\$34,700	\$34,701-\$57,800	\$57,801-\$92,500	\$92,500+
7	\$0-\$37,100	\$37,101-\$61,800	\$61,801-\$98,850	\$98,850+
8	\$0-\$39,500	\$39,501-\$65,750	\$56,751-\$105,250	\$105,250+

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____
(Original signature is required)

Date: _____



PROGRAM RULES

By initialing beside each bullet point and signing at the bottom I am agreeing that I understand and have explained to my child the rules and regulations of the Club and the consequences that accompany them.

- The B&G Club of Greater Westfield is a privilege, not a necessity. As such the Chief Operating Officer has the authority to revoke your child's membership for ongoing issues with your child at any time with no refunds given. It is your child's responsibility to uphold and adhere to the club's rules and regulations. Especially when it comes to their behavior. Any form of negative behavior will not be tolerated in any way (including play fighting). _____
- Parents **MUST** check their child's backpack daily for any inappropriate items. _____
- Members will abide by the core values of the WBGC including respect, integrity, good character & teamwork. _____
- **ANY** type of physical contact directed at a member or staff is an immediate suspension from the club (including play fighting). More than one offense could result in loss of membership with no refund. _____
- Any symbols, insignias, pictures, or clothing deemed inappropriate by the Staff will not be allowed. _____
- Appropriate language and behavior are expected. _____
- No picture or video taking with cell phones, or any other electronics are allowed. ANY electronic device is the responsibility of the members. The Club will NOT be responsible for any lost, damaged, or stolen equipment. **Use of equipment including cell phones is subject to staff discretion.** _____
- If a child is suspended from school, they are not allowed at the Club. A member must be attending school to attend the Club. All suspension and revocation of Club privileges must be determined by the Chief Operating Officer. _____

- NO Kidz Klub child is allowed to leave the building once they have entered. If you would like your child to walk from the program you **MUST** put it in writing. Phone calls will be accepted on an emergency basis only. _____
- You cannot take your child from the bus line. They must check in and then you may check them out. _____
- All payments must be paid on time when due, or your child will not be able to attend the Club. _____
- You must park in the appropriate parking areas otherwise your vehicle could be ticketed or towed, and the Club has no recourse to this. _____
- **Drop Off & Pick Up:** Children in 4th grade and up will arrive and depart at the main entrance. Children in K - 3rd grade will arrive and depart at the Kidz Klub entrance. _____
- **Lost & Found:** Parents are encouraged to print their child's name on all their belongings. Lost and found items are kept for a period of one week and any items not claimed will be put in the Boys & Girls Club donation bin. Staff members cannot hold anything for a member of the Club. _____

Rules are subject to change without notice.

SUMMER PROGRAMMING ONLY

I understand that during the summer months because I am responsible for providing transportation to/from the program I am also responsible for letting the program know if my child will not be attending daily. The program will not call to see if my child is attending, and no refunds will be given if my child does not attend.

Parent/Guardian Signature _____

Date _____



Dear Families,

Here at the Boys & Girls Club of Greater Westfield, we are always striving to improve ways of communicating with our families, especially for safety concerns, announcements, and closures... Recently we have contracted with Lillio to allow us to communicate with you through text/email in real time. Please take the time to fill out the lower portion of this form to receive all the information.

If you have any questions feel free to reach out to me directly at kbrown@bgcwestfield.org.

Many Thanks,

Kellie Brown, Chief Operating Officer/Licensee

PLEASE PRINT

My child's name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

PLEASE CIRCLE ONE: My child attends:

Before School ONLY

After school Only

Before & After School

My child is summer ONLY



Dear Family & Staff,

Please let this letter serve as verification that you agree to visit www.bgcwestfield.org and review the following documents:

- 2024-2025 Parent/Staff Handbook
- Safety Policy
- Technology Policy
- Video Surveillance Policy

Should you have any questions regarding any of the above documents please bring your questions/concerns to our Childcare Director, Pre-School Director or Program Director.

By signing below, you agree to abide by the policies/documents set forth by the Boys and Girls Club of Greater Westfield and further agree that your child(ren) must adhere to the requirements listed in all policies/documents listed above to participate in the Kidz Klub/General Membership Programs.

Please print each of your Child(rens) Names:

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Staff Name Printed: _____

Staff Signature: _____

Date of Agreement: _____

Staff taking in form: _____

Permission for Use of On-Site Swimming Pool

I hereby give The Boys & Girls Club of Greater Westfield Inc. permission to allow my child

_____ who is _____ years old
Childs Name Age

to use the on site swimming pool at the program. I understand that my child must be directly supervised by the Lifeguard at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Parent's/Guardian's Signature Date

Swimming Abilities

- | | | |
|--|---|---|
| 1. Always needs a swimming device in the water | Y | N |
| 2. Can swim, but not very well | Y | N |
| 3. Can swim with no assistance needed, but in shallow end only | Y | N |
| 4. Can swim in any depth of water safely | Y | N |



CLOSURES

Monday May 27, 2024

Club Closed

GENERAL MEMBERSHIP ENDS THURSDAY JUNE 13TH

**Monday June 17, 2024
children**

Staff Professional Dev./Club Closed no

**Tuesday June 18, 2024
children**

Staff Professional Dev./Club Closed no

Wednesday June 19, 2024

Club Closed

**SUMMER PROGRAM BEGINS THURSDAY JUNE 20TH
MUST BE REGISTERED TO ATTEND**

Thursday July 4th & Friday July 5th.

Club Closed

**Monday August 26, 2024
children**

Staff Professional Dev./Club Closed no

**Tuesday August 27, 2024
children**

Staff Professional Dev./Club Closed no

**Wednesday August 28, 2024
children**

Staff Professional Dev./Club Closed no

CLUB REOPENS THURSDAY AUGUST 29TH FOR SCHOOL YEAR

There will be no charge to families on the above dates.

ALL STAFF ARE REQUIRED TO WORK PROFESSIONAL DEVELOPMENT DATES

**ANY QUESTIONS PLEASE FEEL FREE TO CONTACT KELLIE BROWN, CHIEF
OPERATING OFFICER**

kbrown@bgcwestfield.org