



Registration Fee \$20.00 _____

Total Weekly Fee _____

1 Full Day Fee _____

Full Week _____

CCR _____ EEC _____

Parent fee _____

Processed by _____

Received by CBB _____

Photo: _____ **OFFICE USE ONLY**

2025-2026 Registration

Name: _____ Age: _____

Current School: _____ Grade: _____

Fall 2025 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 _____

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 2025 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.

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
Child's 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

Updated June 2025



CITY OF WESTFIELD- OFFICE OF COMMUNITY DEVELOPMENT
SELF-DECLARATION OF INCOME REPORT / PY2025 (CDBG)
FY2026 (CITY)

(Effective June 1, 2025)

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 and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> American Indian/Alaskan Native and 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. (Median Family Income) – Effective June 1, 2025

Household Size	#1 (0%-30%)	#2 (31%-50%)	#3 (51%-80%)	#4 (81% and above)
1	\$0-\$25,150	\$25,151-\$41,850	\$41,851-\$67,000	\$67,001+
2	\$0-\$28,750	\$28,751-\$47,800	\$47,801-\$76,550	\$76,551+
3	\$0-\$32,350	\$32,351-\$53,850	\$53,851-\$86,100	\$86,101+
4	\$0-\$35,900	\$35,901-\$59,800	\$59,801-\$95,650	\$95,651+
5	\$0-\$38,800	\$38,801-\$64,600	\$64,601-\$103,350	\$103,351+
6	\$0-\$41,650	\$41,651-\$69,400	\$69,401-\$111,000	\$111,001
7	\$0-\$44,550	\$44,551-\$74,150	\$74,151-\$118,650	\$118,651+
8	\$0-\$47,400	\$47,401-\$78,950	\$78,951-\$126,300	\$126,301+

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

Participant/Guardian: _____ Date: _____
(Original signature is required)



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 in any area of the club, 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. **ALL before school children enter 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 located on site. Staff members cannot hold anything for a member of the Club. _____

Rules are subject to change without notice.

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:

- Current 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.

***Disclosure:** Before being allowed in the pool, your child will need to complete a swim test. There are two swim tests: one for the shallow end and one for the deep end. To pass the shallow end test, your child must swim across the width of the pool without touching the wall or the bottom. If they wish to go into the deep end, they must wear a life jacket. To pass the deep end test, your child must swim the full length of the pool without touching the wall or the bottom. You will be notified once your child successfully completes their swim test.

Parent's/Guardian's Signature

Date

Swimming Abilities

Always needs a swimming device in the water Y N



CACFP & SFSP Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.

By signing below, I acknowledge that I have received information regarding the school year and summer food programs provided by the Boys & Girls Club of Greater Westfield.

Parent Signature

Date



CLOSURES 2025-2026

Holiday/Flexible Day	Month/Day/Year
July 4th	Friday, July 4, 2025
Professional Development Day	Monday August 25, 2025
Professional Development Day	Tuesday August 26, 2025
Staff Development	Wednesday August 27, 2025
Labor Day	Monday, September 1, 2025
Indigenous Peoples' Day	Monday, October 13, 2025
Thanksgiving	Thursday, November 27, 2025
Day After Thanksgiving	Friday November 28, 2025
Christmas Eve	Wednesday December 24, 2025
Christmas Day	Thursday, December 25, 2025
Day After Christmas	Friday December 26, 2025
New Years Eve Day	Wednesday December 31, 2025
New Year's Day	Thursday, January 1, 2026
Day After New Years	Friday January 2, 2026
Professional Development Day	Monday January 19, 2026
Friday Before Memorial Day	Friday May 22, 2026
Memorial Day	Monday, May 25, 2026
Professional Development Day	Wednesday June 17, 2026
Professional Development Day	Thursday June 18, 2026
Juneteenth Day	Friday, June 19, 2026

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

KBROWN@BGCWESTFIELD.ORG

(Updated 7/24/25)