2022-23 After-School Registration Packet

Drop-Off Only (no transportation)

4S Ranch Branch
16118 4s Ranch Pkwy
San Diego, CA 92127
## 2022-23 After-School Program Fee Schedule (no transportation)

<table>
<thead>
<tr>
<th>Month</th>
<th>Full Price</th>
<th>20% Sibling Discount</th>
<th>30% Scholarship</th>
<th>50% Scholarship</th>
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<tbody>
<tr>
<td>August</td>
<td>$132</td>
<td>$106</td>
<td>$92</td>
<td>$66</td>
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<tr>
<td>September</td>
<td>$240</td>
<td>$192</td>
<td>$168</td>
<td>$120</td>
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<tr>
<td>October</td>
<td>$252</td>
<td>$202</td>
<td>$176</td>
<td>$126</td>
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<tr>
<td>November</td>
<td>$192</td>
<td>$154</td>
<td>$134</td>
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<td>December</td>
<td>$144</td>
<td>$115</td>
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<td>January</td>
<td>$228</td>
<td>$182</td>
<td>$160</td>
<td>$114</td>
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<td>February</td>
<td>$180</td>
<td>$144</td>
<td>$126</td>
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<td>March</td>
<td>$276</td>
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<td>$193</td>
<td>$138</td>
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<td>May</td>
<td>$264</td>
<td>$211</td>
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<td>$132</td>
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<tr>
<td>June</td>
<td>$72</td>
<td>$58</td>
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*Scholarships & Sibling Discounts available for those who qualify*
Boys & Girls Clubs of Greater San Diego (BGCSD) is pleased to be resuming a more traditional school year program. Space limitations due to staffing availability and transportation capacities may still exist. Priority registration will take place for 2021-22 after-school participants and summer camp participants.

**Annual Membership:** $60 Membership for July 1, 2022 through June 30, 2023

**After School and/or Transportation Fees:** See attached fee schedule

Due to COVID, the following precautions and expectations remain in effect.

**Safety Precautions:**
- Routine hand washing
- Staff will be cleaning and disinfecting throughout the day

**Parent Expectations:**
Parents are asked to support the Club in providing a safe space for our members and staff by informing the Club of any changes to their child’s health or community exposure. If a child exhibits any symptoms of fever, runny nose, coughing, or shortness of breath, parents are asked to keep them home until their symptoms have subsided for 72 hours without the assistance of medication.

If members begin exhibiting symptoms of fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash staff will notify parents immediately. Parents are expected to pick up their child as soon as possible.

**Member Expectations:**
Members participating in the program are expected to follow Club policies surrounding behavior, hygiene, health practices, social distancing, and any recommendations outlined by the CDC. Members who show disregard for Club policies or exhibit intentional disruptive behavior may be asked to leave the program. Parents should talk with their children and reinforce the importance of compliance and safety.

I, the parent of, understand and agree to abide by the following:
- I have read and understand the information outlined above
- I will not bring my child to the Club if they have had a fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash in the last 72 hours
- I will quickly come pick up my child if I get a call from staff indicating my child is showing symptoms of a fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash
- I will reinforce the expectations with my child
- I have received and read the Parent Handbook.

__________________________________________  ________________________
Parent’s Printed Name  Parent’s Signature

___________________  ________________________
Date
Child Information:

Last Name: ___________________________ First Name __________________________________________

I authorize the Boys & Girls Clubs of Greater San Diego to make recurring charges to my credit/debit card listed below and if necessary to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until the Boys & Girls Clubs of Greater San Diego has received written notification to cancel. Notice must be received by the Boys & Girls Clubs of Greater San Diego at least seven days prior to the recurring charge date in order to cancel the next payment. I understand that fees will be charged to my card automatically on the 24th day of the month for the following month. Service to a member may be terminated after 3 late payments.

Name as it appears on card: ________________________________________________________________

Type of Card: □ Visa □ MC □ Discover □ AMEX

Account Number: ___________________________________________________________ Expiration: _________________

Billing Address: _________________________________________________________________

City, State/ZIP: _________________________________________________________________

Contact Phone Number: __________________________________________________________

Cardholder Signature: ________________________ Date: ______________________

<table>
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<tr>
<th>Month</th>
<th>Fees</th>
<th>Fees for Additional Children</th>
<th>Check each month to enroll</th>
<th>Receipt # (for office use)</th>
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**CLub Closed** (*No after school program*)

**Dates:**
Labor Day (Sept.5), Veterans Day (Nov 11), Thanksgiving Day, Day After Thanksgiving (11/24-11/27), Winter Break (12/23-12/26, 1/2), Martin Luther King Day (1/16), Midwinter Break (2/20-2/24), Spring Break (4/10-4/14), Memorial Day (5/29), & Non-School Days: 10/19, 1/30, and last day of school 6/9

*Note: 4s Ranch will tentatively be offering day camps 11/21-11/23, 12/19-12/22, 12/27-12/30, 2/20-2/24, 4/10-4/14

Every child in your family exceeding the first automatically receives a 20% discount on monthly fees. **All fees are due by the 24 of each month for the following month.** Service to a member may be terminated after 3 late payments. **No** refunds or credit will be given after the 3rd business day of that month.
MEMBERSHIP APPLICATION
Boys & Girls Clubs of Greater San Diego

First Name: ___________________ Middle: ___________________ Last: ___________________

Gender: □ M □ F School: ___________________ Grade: _______ Birth Date: _______ Age: _______

Address: ___________________________________________________________

City: ___________________ State: _______ Zip: ___________________ Phone: ___________________

Ethnic Background: □ Caucasian □ African Am □ Hispanic □ Asian □ Am Indian □ Other ______

Membership Status: □ New □ Renewal □ Transfer from another location: _____

How did you hear about the Club? □ School Flyer □ Drive By □ BGC Website □ Friend ___________________

Please Print Name

Medical Information:

Special Information: Allergies, etc. _____ Does your child take any medications? ______

This information is for statistical purposes only and is used to help secure funding for the Club. Answers are confidential. Please answer all questions.

Member lives with: □ Mom & Dad □ Mom Only □ Dad Only □ Grandparent □ Other: ______

Annual Household Income: ____________

Do you qualify for: _______ FREE Lunch _______ Reduced Lunch

_____ Neither Number of Individuals Living in Household: _________________________

Is parent/guardian a member of the military? □ Yes □ No If yes, which branch: ______

Emergency Contacts:

Mother/Guardian: ___________________ Home #: ___________________ Cell #: ___________________

Company: ___________________ Phone #: ___________________ Extension: ___________________

E-mail address: ___________________

Father/Guardian: ___________________ Home #: ___________________ Cell #: ___________________

Company: ___________________ Phone #: ___________________ Extension: ___________________

E-mail address: ___________________

Additional contacts if parents/guardians cannot be reached: (Please indicate relationship to child.)

Name: ___________________ Phone #: ___________________ Phone #: ___________________

Name: ___________________ Phone #: ___________________ Phone #: ___________________

Authorized to pick up members from the Club:

Please note: Parents/guardians and additional contacts are automatically authorized to pick up children from the Club. Only list other people who may be picking up members.

Name: ___________________ Phone #: ___________________

Name: ___________________ Phone #: ___________________

Name: ___________________ Phone #: ___________________
Authorization to Leave Premises Unescorted:

☐ My child is 12 years or older and has my permission to check him/herself out of the Club.

☐ My child is 12 years or older but does not have my permission to check him/herself out of the Club.

Children younger than 12 years old may leave the Club with a relative so long as the relative is 12 years or older.

☐ My child is younger than 12 years old, but has my permission to leave the club with Age: __________ Relationship:  □ Brother  □ Sister  □ Cousin  □ Aunt/Uncle

I give consent for photographs in which my child may appear, to be used in any way the Club may care to use them.

I understand the Club has adopted a Safe Passage Policy that prohibits members from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized adult arrives to retrieve them. I understand that the Club is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent permission.

I have read and agree to abide by the policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from Club programs.

I give permission for my child to participate in all Boys & Girls Clubs Programs. In consideration of said minor being permitted to enter any branch of the Boys & Girls Clubs of Greater San Diego (the "Club") for observation, use of facilities and/or equipment or participation in any program, I hereby:

Acknowledge that (i) I have read this document, (ii) I have inspected the facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

Release the Clubs, it directors, officers, employees, volunteers, governing board, agents, representatives (collectively “Releasees”) from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or by any person associated directly or indirectly with the Club, its officers, directors, employees or volunteers or otherwise while my child is in or near any Club branch or participating in any Club activity.

Agree not to sue Releasees for any loss, damage, injury or death described above and indemnify and hold harmless Releasees and each of them from any injury to persons or property sustained by any person caused by any act, neglect, default, or omission of the undersigned or of any person associated directly or indirectly by him upon or in connection with this activity or whether caused by the negligence of the Releasees or otherwise, whether the said injury or damage occurs upon or adjacent to the property. The undersigned at his own cost, expense and risk shall defend any and all actions, suits or other legal proceedings that may be brought or instituted against the Club on any such claim or demand, and pay or satisfy any judgment that may be rendered against the Club in any such action, suit or legal proceedings or result thereof.

I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I do hereby authorize the Clubs as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Club is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the state of California; if any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Parent/Guardian: ______________________________ Date: __________________

FOR OFFICE USE ONLY

Membership #: ______
Membership paid:______ Receipt #:__________ New/Renewal Member: ___ Visions Entry Date:_______
Expiration Date:_______ Processed by: _____