



LUDLOW COMMUNITY CENTER
RANDALL BOYS & GIRLS CLUB

School-Age Childcare Program Enrollment Form

Child Information

Child's Name: _____ D.O.B. ____/____/____

Home Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Date of Admission (start date): ____/____/____

Physical description of child and/or current picture: (required by Department of Early Education and Care)

Eye Color: _____ Hair Color: _____ Sex: M F

Height: _____ Weight: _____ Skin Color: _____

Please Circle One:

African-American Asian Hispanic/Latino Multi-Racial Native American Caucasian Other

Identifying Marks: _____

Child's Physician: _____ Phone: () _____

Address: _____ City: _____ State: _____

Health Insurance Coverage: _____

Policy Number: _____

Special Limitations or Concerns: Individual Health Care Plans and Medication Consent forms ***MUST*** be filled out by parent and signed by licensed healthcare practitioner for any child with a chronic medical condition. Some examples would include: asthmatic, allergies, ADHD or diabetic. See attached forms.

Dietary Restrictions: _____

Allergies: _____

Special Needs: _____

Chronic Health Conditions: _____

Please place a check if your child has an: Epi-Pen _____ or Inhaler _____

Does your Child have an IEP Yes _____ or NO _____ If yes, please supply us with a copy.

School Information

Name of School: _____ Grade as of Aug/19: _____

Current Teacher: _____

Primary Language (if other than English): _____

☐ Free Lunch

☐ Reduced Lunch

☐ Neither

Is there documentation of physical exam, immunization, and lead screening on file at Child's School?
Yes _____ No _____ (if no, then we must have a copy)

Parent/Guardian Information

Parent/Guardian Name: _____

Email address: _____ Relationship to Child: _____

Home Address: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer's Name & Address: _____

Employer's Phone #: () _____ Hours at Work: _____ to _____

Parent/Guardian Name: _____

Email address: _____ Relationship to Child: _____

Home Address: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer's Name & Address: _____

Employer's Phone #: () _____ Hours at Work: _____ to _____

Child Pick-Up/Emergency Contact Information (other than parent listed above)

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Children will only be released to those listed above on this list

Parent/Guardian Signature

_____/_____/_____
Date

******Please note that all information is kept confidential******

Consent Form

Please circle one:

I understand that the Staff at The Randall Boys & Girls Club are trained in the basics of First-Aid and CPR and I authorize them to give my child First-Aid and CPR when appropriate.

yes or no

In the case of emergency, I give The Randall Boys & Girls Club permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached.

yes or no

I give The Randall Boys & Girls Club permission to take my child on neighborhood outings with proper supervision and weather permitting.

yes or no

I give The Randall Boys & Girls Club permission to take my child to the adjacent playground and fields with proper supervision and weather permitting.

yes or no

I give The Randall Boys & Girls Club permission to photograph my child to be used in displays and promotional materials.

yes or no

I give my child permission to access the internet while at The Randall Boys and Girls Club with the understanding that proper supervision and safeguards are in place.

yes or no

I give my child permission to use the pool located in The Randall Boys and Girls Club.

yes or no

School Information Release

The Randall Boys and Girls Club is committed to working closely with The Ludlow Public School. At times it is beneficial to a child for the administration of The School-Age childcare program to exchange information with The Ludlow Public Schools. If you wish to allow this exchange of information please sign the below release form. All release of information will be used in the best interest of the child and will be kept confidential.

I hereby give permission to The Randall Boys and Girls Club School-Age Childcare Program to release and exchange any information, both written and verbal, with the Ludlow Public School.

yes or no

Data Sharing

I understand that the Randall Boys & Girls Club may share information about my child with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this application, information provided by your child's school or school district, and other information collected by the Randall Boys & Girls Club, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. Data shared with BGCA will only include membership number and not name.

Parent/Guardian's Signature

____/____/____
Date

******Please note that all information is kept confidential******

I, _____ parent/guardian of _____,

have read The Randall Boys & Girls Club parent handbook and understand the policies and procedures. The parent handbook is downloadable at

<http://ludlowbgc.org/programinfo/schoolagechildcare/> or you can request a physical copy.

Parent/Guardian signature

____/____/____
Date

Confidential Information

The following information is necessary for our records and the funding our organization receives. The answers you provided are confidential. Your cooperation is both appreciated and necessary.

Annual Household Income: ☐ under \$25,000 ☐ over \$25,000 ☐ over \$50,000
☐ over \$75,000 ☐ over \$100,000 or Amount \$ _____

Number of Family Members in the Household: _____

Child's Family Setting:

☐ Mother Only ☐ Father Only ☐ 2 Parent Family ☐ 1 Parent/1Step ☐ Grandparents
☐ Foster Care ☐ Other _____

Is parent active military? yes or no If yes which branch? _____

Transportation Plan

Please check the program(s) that apply to your child

Before-School

My child will arrive at the program by:

___ Unsupervised walk*
___ Supervised walk (who _____)
___ School bus drop-off
___ Parent/guardian drop-off
___ other (describe _____)

My child will depart from the program by:

___ Unsupervised walk*
___ Supervised walk (who _____)
___ School bus pick-up
___ Parent/guardian pick-up
___ other (describe _____)

Estimated Time of Arrival: _____

*Please note that any child who will be walking to school must have written consent on file from the parent/guardian. Only children who attend Baird Middle School will be able to walk to school.

After-School

My child will arrive at the program by:

:
___ Unsupervised walk*
___ Supervised walk (who _____)
___ School bus drop-off
___ Parent/guardian drop-off
___ other (describe _____)

My child will depart from the program by

___ Supervised walk (who _____)
___ School bus pick-up
___ Parent/guardian pick-up
___ other (describe _____)

Estimated Time of Departure: _____

*Please note that only children who attend Baird Middle School will be able to walk to the Club.

Vacation Days

My child will arrive at the program by:

___ Unsupervised walk*
___ Supervised walk (who _____)
___ School bus drop-off
___ Parent/guardian drop-off
___ other (describe _____)

My child will depart from the program by:

___ Supervised walk (who _____)
___ School bus pick-up
___ Parent/guardian pick-up
___ other (describe _____)

Estimated Time of Arrival: _____ Estimated Time of Departure: _____

*Please note that **NO** child may walk home from the program.

Children will only be released to those listed on the child pick-up/emergency consent form.

Parent/guardian signature

____/____/____
Date

****Please note that all information is kept confidential****



School-Age Childcare Program Important Reminders

1. Parents **must** call and notify The Club if their child is not attending on a given day.
2. Transportation arrangements must be made through the Ludlow Public Schools before children start the program. Deadline: August 23, 2019.
3. Before School parents must walk their children into the building and sign them in at the front desk.

4. **Individual Health Care Plans**

The Ludlow Boys & Girls Club must maintain as part of a child's record, an Individual Health Care Plan (IHCP) for each child with a chronic medical condition which has been diagnosed by a licensed health care provider. An IHCP ensures that a child with a chronic medical condition receives health care services he or she may need while attending the program. The IHCP must include the following:

1. Description of the chronic condition which has been diagnosed by a licensed health care practitioner
2. Description of the symptoms of the condition
3. Outline of any medical treatment that may be necessary while the child is in care
4. Description of the potential side effects of the treatment
5. Outline of the potential consequences to the child's health if the treatment is not administered.

An educator must have successfully completed training relative to a child's IHCP. This training must be given by the child's health care practitioner or by the parent or the programs health care consultant. The training must specifically address the child's medical condition, medication and other treatment needs. Some examples of an IHCP would include children with asthmatic conditions, allergic reactions, ADHD or diabetic conditions.

Any child needing an IHCP cannot attend the school age programs without it.

Please see attached forms.

Registration Dates and Times

Before School and After School registration will be taken at the following times:

- Saturday, July 20th 9:00am -Noon
- Thursday, August 1st 6:00pm-7:00pm
- Or by appointment after August 2nd if spots are available.

New student orientation on August 26th from 6:00pm - 7:00pm.

Any questions please contact Sheri Santos, School Age Child Care Director or Mikayla Weigel, Site Coordinator at 413-583-2072.



School-Age Child Care Program 2019-2020

Administrative Responsibilities

The Randall Boys and Girls Club is the operating agency for The School Age Childcare Program. The Board of Directors has appointed Mechilia Salazar as the President/CEO. She has appointed Sheri Santos as the School Age Director of the Club to act as the program's administrator and is responsible for the overall operation of the program and shall act as the Club's agent. Sheri is also the Site Coordinator for the After-School and Vacation Day Programs. She will be responsible for directly overseeing the After-School and Vacation Day portion of the program.

The School Age Director has appointed Amy Konicki as The Before-School Site Coordinator and Mikayla Weigel as the After-School Site Coordinator. They will be responsible for directly overseeing The Before-School and After-School portion of the programs.

Sheri has appointed additional staff persons to share responsibilities in the programs. Group Leaders and Assistant Group Leaders have been hired to provide direct supervision in all programs. The Aquatic Director, Vivian Wells will provide direct instruction and guidance while the children are in the pool.

From time to time additional staff may be hired or replaced in the organization and this staff may play a role in the School-Age Childcare Program. The program is very sensitive to the input of parents and welcomes their involvement. Program staff and administrators will be available for parental conferences.

Table of Organization

President/CEO	Mechilia Salazar
Administrator	Sheri Santos, School Age Director
Site Coordinator	Mikayla Weigel, After School
Site Coordinator	Amy Konicki, Before School