



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:

Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

*\*Please obtain a medication consent form from The CLUB if your child needs to take medication while at The Club.\**

## School Information

Name of School: \_\_\_\_\_ Grade as of Aug/16: \_\_\_\_\_

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\*\*\*\***

**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.
3. Before School parents must walk their children into the building and sign them in at the front desk.

4. ***NEW Policy:*** Consent for Child to Leave the Program

We understand some children may be involved in extra-curricular activities at the Club after the school age program is closed. The three below actions are required for children of the school age programs to sign themselves out of program:

1. They are nine (9) years of age or older.
2. A parent/guardian has signed release form.
3. The activity they are going to is in the Club building.

The School Age Childcare Program is not responsible for any child once they've signed themselves out.

### Registration Dates and Times

- Before School and After School registration will be taken by appointment with School Age Director, Desiree LaBrecque or at the following times:
  - Monday, August 1<sup>st</sup> 5:30-7:00pm
  - Wednesday, August 10<sup>th</sup> 5:30-7:00pm
  - Monday, August 15<sup>th</sup> 5:30-7:00pm

*Last day to register for before or after school is August 17<sup>th</sup>.*
- Vacation Day or Special Day registration will be taken at the Membership Office Monday-Friday from 8:00am-5:00pm one month prior to the vacation or special day.
- Tours are available for new students and kindergartens by appointment with Desiree, School Age Director or Sheri, Before School Coordinator.



School-Age Child Care Program  
2016-2017  
Administrative Responsibilities

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

Desiree 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, Jennifer Gott 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  
Administrator/Site Coordinator  
Site Coordinator

Jennifer Aldworth  
Desiree LaBrecque, School Age Director  
Sheri Santos, Before School Coordinator