



Boys & Girls Club of the Capital Area
After School Registration Form
Albany & Troy, NY

Boys & Girls Club of the Capital Area (BGCCA) is partnering with the **City School District of Albany** and **Troy City School District** to provide after school programs at no cost to students. The goal of the after school program is to provide quality academic support and enrichment opportunities. Through hands-on projects and guided activities, program participants will engage in academic tutoring or skill building, health and wellness, social-emotional skills, STEM, literacy, recreation and the arts.

PROGRAM DETAILS:

- **Program Location:** _____
- **Program Start Date:** _____
- **Program Schedule:** Monday-Friday, _____
- **Eligibility:** Child must attend school on-site
- Snack and dinner will be provided daily
- **Attendance Policy:** Attendance for the duration of the program is required. Frequent unexcused absences (3) or early dismissals may result in your child losing their spot in the program.
THIS IS NOT A DROP-IN PROGRAM.
- **Dismissal Procedures and Transportation:** Participants will have access to district transportation each night, or the student will be picked up daily.
- **Staff:** All staff are cleared by the Office of Children & Family Services. Staff will participate in ongoing professional development and training as part of their commitment to the program.
- **Program Activities and Curriculum:** Each day will include both academic support and enrichment-based activities. The academic support will align with the lessons your child is being taught during the school day and will be offered by district teachers and BGCCA staff as well as through partnerships with various organizations throughout the City of Albany.
- **Behavior Expectations:** All students are expected to adhere to the local School District's Code of Conduct at all times. This includes during the duration of the after school program, as well as on District transportation. Should your child fail to behave appropriately, the school Principal will be notified and appropriate discipline measures will be taken. Repeated misbehavior may result in your child losing his or her place in the program.
- **The program is not first come, first served. Filling out an application does not guarantee your child enrollment. You will be notified if your child is enrolled.**
- **Questions?** Please reach out to BGCCA Program Manager at (518) 462-5528

Please sign and date below acknowledging that you have read the above information.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Print Name _____



REGISTRATION FORM & BGCCA MEMBERSHIP APPLICATION

CHILD INFORMATION:

First Name Last Name Address City State Zip School Grade/Teacher DOB Age: Male Female Non-Binary Check all that apply: Hispanic/Latino Black/African American Biracial/Multiracial White American Indian/Native Alaskan Asian/Pacific Islander Other Sibling's Name(s) Age Registered for Program Yes No

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 (all correspondence will be delivered to this party)

First Name Last Name Legal Guardian Yes No Phone 1 Phone 2 Phone 3 Address City State Zip Email DOB: Male Female Non-Binary

Parent/Guardian #2

First Name Last Name Legal Guardian Yes No Phone 1 Phone 2 Phone 3 Address City State Zip

PLEASE NOTE: Parents or guardians listed above have permission to pick up the child. A court order is required if a parent is denied access to the child.

Child lives with: Both Parents Mom Step Mom Dad Step Dad Grandparent Foster Parent Other:

Do you live in a housing development? If yes, which one?

Are any of the child's parents actively serving in the Military? Yes No If yes, which branch?

Household Income Level (this information is collected for grant writing purposes only):

- \$0-\$5,000 \$5,001-\$10,000 \$10,001-\$15,000 \$15,001-20,000 \$20,001-\$25,000 \$25,001-\$30,000 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-45,000 \$45,001-\$50,000+

Number in Household: Number in Household under 18: Single Parent: Yes No

Child receives: free lunch reduced cost lunch

EMERGENCY CONTACTS (list three individuals who may pick up your child if you cannot be reached):

Emergency Contact #1

First Name Last Name Relationship Phone 1 Phone 2 Phone 3 Address City State Zip

Emergency Contact #2

First Name Last Name Relationship Phone 1 Phone 2 Phone 3 Address City State Zip

Emergency Contact #3

First Name Last Name Relationship Phone 1 Phone 2 Phone 3 Address City State Zip

TRANSPORTATION PREFERENCES:

- My child will take the bus (see form attached) I, or a designated person, will pick up my child each night

MEDICAL INFORMATION:

Doctor's Name: _____ Doctor's Phone: _____

Date of Last Medical Exam: _____ Permission for Treatment by Doctor/Hospital: Yes No

Health/Allergies/Food Restrictions? Yes No If yes: _____

Medications: Yes No If yes, explain: _____

**BGCCA has a strict policy on medication provision. Please talk to your Club staff for more info.*

Please indicate if your child has a history of:

- _____ Contact Lenses _____ Fainting _____ Hyperkinesia _____ Appendicitis
- _____ Severe Headaches _____ Anemia _____ Tonsillitis _____ Diabetes
- _____ Asthma _____ Hay Fever _____ Ear Infections _____ Swimmer's Ear
- _____ High Blood Pressure _____ Seizures _____ Skin Problems (Describe: _____)

If any medical conditions are listed, parent or physician will need to complete additional OCFS medical documents.

SPECIAL NEEDS requiring an Individual Health Care Plan _____

SPECIAL HEALTH CARE NEEDS means a child who has a chronic physical, developmental, behavioral, or emotional condition expected to last 12 months or more and who requires health & related services of a type or amount beyond that required by children generally.

EMERGENCY/ACCIDENT PROCEDURES/ILLNESS: *Please read & initial each statement and sign at the bottom.*

_____ If your child is not feeling well, we will call and ask that you come pick him or her up from the program. If we are not able to contact you, we will contact someone on your authorized emergency contact list.

_____ I am aware the program can only administer emergency medication as prescribed by a physician and as indicated on the individual health care plan provided. The staff will not administer non-emergency medications.

_____ I am aware that if I cannot be reached in the event of an emergency I am responsible for full payment of hospital bills if my child is transported to the hospital. Included but not limited to; ambulance transport, surgeries, etc.

_____ **In the event of a medical emergency,** I understand every effort will be made to contact a parent or guardian. If I cannot be reached, I grant permission to the physician selected by staff to hospitalize, secure proper treatment, and order injection, anesthesia or emergency surgery for my child named above.

Parent/Guardian Signature _____

Printed Name _____

AUTHORIZATIONS: *Please read & initial each statement and sign at the bottom.*

_____ The program shall not be responsible or legally liable for any losses, theft or damages to personal property or for any bodily injuries or the results thereof, incurred and suffered by the applicant on any property of the childcare program.

_____ I understand that the Parent Handbook is available online.

_____ I understand that my child's attendance is essential to achieve academic and enrichment goals.

_____ I agree to notify the BGCCA staff if my child is going to be absent. If a child is absent for a week without notice they may be placed back on the waiting list or lose their spot in the program. I understand and agree to the Club attendance policy.

_____ I agree to keep registration forms updated throughout the year.

_____ I give permission for my child to be released from the childcare program with the individuals listed on the prior page. I understand that people listed are required to show identification for a child to be released. I also agree to notify the childcare program staff in advance when I will not be picking up my child.

_____ I give permission for my child to carry and use sunscreen.

_____ If a child purposefully breaks, damages or steals any property, the parent/guardian will be held responsible for making financial restitution for the full amount of said item(s).

_____ I give permission to the childcare program to contact my child's school to obtain academic records so they can monitor my child's progress and evaluate specific program goals.

_____ I give permission for my child to participate in computer programming and access the Internet following all standards set forth by the childcare program; I will not hold the childcare program liable for any materials acquired on the Internet.

_____ I give permission for my child to go with any academic teacher/tutor at any time during program hours.

_____ I give permission for my child to participate in walking field trips to outdoor locations. Opt out forms will be sent home one week prior to the field trip date.

_____ I give consent for my child to participate in an anonymous survey to collect informational feedback about their experiences with the program. Child's name will not be collected and will never be connected with any responses.

Parent/Guardian Signature _____ Date _____

PHOTO/MEDIA RELEASE:

The School systems and BGCCA make efforts to promote the positive activities, honors and work of our staff & students. Publications and marketing materials, websites, and the media, may all be utilized as tools for such promotion. There may be opportunities where students will be photographed and identified by name and school. We understand that some parents may request that we do not identify their children. Please indicate your choice below.

YES I, (parent/student) _____, do hereby give consent to photograph my child or myself *(if I am a student 18 years of age or older)* for use in any and all publications, including newsletters, calendars, media projects, brochures, school, district or BGCCA websites, or any other broadcast, online or publication media.

NO I, (parent/student) _____, hereby **PROHIBIT** any photograph of my child or myself *(if I am a student 18 years of age or older)* for use in any and all publications, including newsletters, calendars, media projects, brochures, school, district or BGCCA websites, or any other broadcast, online or publication media.

Parent/Guardian Signature: _____ Date _____

(If a situation arises that may change your child's status regarding publicity, please notify the BGCCA Site Coordinator, school and the District Communications Office in writing as soon as possible.)

AFFIRMATION:

I affirm that the information included in this application is true and complete to the best of my knowledge. I understand that completing this application does not guarantee my child enrollment. Upon acceptance into the program, I, as parent or guardian, agree to attend any meetings or orientations that may be required by the program.

Parent/Guardian Signature: _____ Date _____