BOYS & GIRLS CLUBS
OF THE CAPITAL AREA

Afterschool Program Registration Form

The goal of the afterschool program is to provide quality academic support and enrichment opportunities. Through hands-on projects and guided activities, participants will engage in:

- Academic tutoring
- Health & wellness
- STEM
- Literacy
- Recreation
- Arts & crafts
- Social-emotional learning

Albany Clubhouse	**September 8 - June 17**	**Troy Clubhouse**
21 Delaware Ave Albany, NY 12210	Monday - Thursday: 2:30-5:30pm Friday: 12:30-5:30pm	1700 7th Ave Troy, NY 12180
Mya Cotton mcotton@bgccapitalarea.org	Snack and dinner served daily	Maya Meadows mmeadows@bgccapitalarea.org

Policies & Expectations

Attendance Policy
Regular attendance is required. Three or more unexcused absences or early dismissals may result in removal from the program. This is not a drop-in program.

Dismissal Procedures
This is a pick-up only program. Children must be picked up by an approved adult at dismissal. Repeated late pickups and failure to comply with dismissal procedures may result in dismissal from the program.

Behavior Expectations
To ensure a safe, respectful, and positive environment, all participants must follow the behavior guidelines outlined in the Parent Handbook. Failure to meet expectations may result in suspension or dismissal based on the severity or frequency of the behavior.

Enrollment
This program is not first-come, first-served. Submitting an application does not guarantee enrollment. You will be notified once your child has been accepted into the program.

Billing
- Cost: $700.00 per child, per month
- Sibling Discount: 10% per week off, per additional child
- Financial Assistance: Sliding scale options available
- Accepted Payments: DSS, card, or check

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

Student Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

BOYS & GIRLS CLUBS OF THE CAPITAL AREA

Clubhouse Afterschool Program Registration Form

ALL FIELDS MUST BE COMPLETED - FAILURE TO DO SO MAY DELAY ENROLLMENT

Child Information

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
School _____ Grade/Teacher _____
DOB _____ ☐ Male ☐ Female ☐ Non-Binary
Check all that apply: ☐ Hispanic/Latino ☐ Black/African American ☐ Biracial/Multiracial
☐ White ☐ Indian/Native Alaskan ☐ Asian/Pacific Islander ☐ Other _____

Sibling's Name(s) _____ Age _____ Registered for Program: ☐ Yes ☐ No
_____ Age _____ Registered for Program: ☐ Yes ☐ No

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

First Name _____ Last Name _____
Legal Guardian ☐ Yes ☐ No Cell (___) ___-____ Home (___) ___-____ Work (___) ___-____
Address _____ City _____ State _____ Zip _____
Email _____ DOB _____ ☐ Male ☐ Female ☐ Non-Binary

Parent/Guardian #2

First Name _____ Last Name _____
Legal Guardian ☐ Yes ☐ No Cell (___) ___-____ Home (___) ___-____ Work (___) ___-____
Address _____ City _____ State _____ Zip _____
Email _____ DOB _____ ☐ Male ☐ Female ☐ Non-Binary

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
Female Head of Household? ☐ Yes ☐ No Household includes a senior (65+)? ☐ Yes ☐ No
Households include person(s) with a disability? ☐ Yes ☐ No Number of household members: _____
Child receives ☐ free lunch ☐ reduced cost lunch

Emergency Contacts (three individuals who may pick up your child if you cannot be reached)

As a regulated program operating under OCFS requirements, we are required to collect three emergency contacts for each child

Emergency Contact #1

First Name _____ Last Name _____

Relationship _____ Cell ( ) - _____ Home ( ) - _____ Work ( ) - _____

Address _____ City _____ State _____ Zip _____

Emergency Contact #2

First Name _____ Last Name _____

Relationship _____ Cell ( ) - _____ Home ( ) - _____ Work ( ) - _____

Address _____ City _____ State _____ Zip _____

Emergency Contact #3

First Name _____ Last Name _____

Relationship _____ Cell ( ) - _____ Home ( ) - _____ Work ( ) - _____

Address _____ City _____ State _____ Zip _____

Medical Information

Doctor's Name _____ Doctor's Phone _____

Permission for Treatment by Doctor/Hospital: ☐ Yes ☐ No Preferred Hospital: _____

Allergies (additional medical information required): ☐ Yes (please complete IHCP form) ☐ No

Please explain: _____

Child Requires EPIPen stored on site: ☐ Yes (please complete A&A form) ☐ No

Food Intolerance/Restrictions? ☐ Yes ☐ No

If yes, please explain: _____

Asthma: ☐ Yes (please complete IHCP form) ☐ No

Child Requires Inhaler to be stored on site: ☐ Yes (please complete IHCP & medication forms) ☐ No

Any additional medical information you would like us to know about your child:

_____

_____

Continued on next page

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 until we reach someone to pick up your child

_____ 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 _____ Date_____

Acknowledgments

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 program.

_____ I understand that the Parent Handbook is available online and at the front desk

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

_____ I agree to notify 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 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.

_____ 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.

Billing Contract - Department of Social Services (DSS)

DSS Case Number _____ Parent Fee (if known) _____

DSS Caseworker's Name _____

Caseworker Phone _____ Caseworker Email _____

Please note: DSS cases must be approved. If not approved in time, parents/guardians will be responsible for the full fee.

Payment Options: Payments accepted by Cash, Check, or Credit/Debit Card.
Financial Assistance: Thanks to the generosity of community donors, financial assistance is available. Please provide your 2024 1040 Form from your taxes for a reduced rate.

Terms & Conditions

Please read, initial each line, and sign at the bottom

_____ I will inform BGCCA administrative staff of any necessary changes in my child's schedule.
_____ Payment in full is due two weeks prior to the registered week.
_____ Cancellations must be received in writing at least one week prior to the registered week in order to receive a refund (deposit is non-refundable).
_____ Boys & Girls Clubs of the Capital Area reserves the right to require that parents/guardians make alternative childcare arrangements when deemed necessary.
_____ Any fees not covered by external childcare services (e.g., DSS) are the responsibility of the parent/guardian.

Parent/Guardian Signature _____ Date _____

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 _____