



BOYS & GIRLS CLUBS
OF THE CAPITAL AREA

Albany LEAPS 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, and social-emotional learning.**

September 14 - June 17

Monday - Friday

Snack and dinner served daily

ASH

2:30-5:30pm

Hannah Villanueva

(518) 866-3825

hvillanueva@bgccapitalarea.org

PHES

2:30-5:30pm

Erykah Thompson

(518) 362-9178

ethompson@bgccapitalarea.org

TOAST

2:30-5:30pm

Tajiya Davis

(518) 362-9175

tdavis@bgccapitalarea.org

DCS

3:30-6:30pm

Chimere Bovian

(518) 866-3534

cbovian@bgccapitalarea.org

AHES

3:30-6:30pm

Venus Johnson

(518) 362-9177

vjohnson@bgccapitalarea.org

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

Children must be picked up by an approved adult at dismissal or use school transportation home. Repeated late pickups and failure to comply with dismissal procedures may result in dismissal from the program.

Transportation

Please request a bus application if transportation services are needed. Enrolled students are eligible for free district transportation home each evening or may be picked up daily, regardless of whether they qualify for regular transportation in their district.

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.

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.

Must be enrolled in the school to attend the program

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

Student Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____



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.

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 _____