



BOYS & GIRLS CLUBS
OF HARRISONBURG &
ROCKINGHAM COUNTY

For office use only:

Unit: _____
Summer Program: _____

SUMMER APPLICATION

Name of Child: _____ Nick Name: _____

Address: _____
Street Apt. City State Zip Code

Date of Birth: _____ Age: _____ Gender: Male/Female Ethnicity: _____

School Attending: _____ Grade: _____ Teacher: _____

T-Shirt Size: _____ School Qualified Food Program (Full/Reduced/Free): _____

Parent/Guardian Email Address: _____

Family Information (Required):

Father's Name: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____
Street City State Zip

Mother's Name: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____
Street City State Zip

Legal Guardian (if different from above):

Name: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____
Street City State Zip

Health:

Does your child have any allergies (list): _____

Intolerance to foods (list): _____ Allergies or intolerance to any medication or any other substances (list): _____

Communicable Diseases Your Child Has Had: Mumps: _____ Chicken Pox: _____

German Measles: _____ Red Measles: _____ Other: _____

Serious Illness: _____

GREAT FUTURES START **HERE.**

Physical / Psychological Problems: _____

Other Conditions/ Problems: _____

Physician: To be Contacted in event of Medical Emergency

Name: _____ Phone: _____

Address: _____

Dentist: To be Contacted in event of Dental Emergency

Name: _____ Phone: _____

Address: _____

Emergency Contacts and Authorized pick-ups and/ or visits (Must be someone other than parent/guardian and the 2 contacts listed must be from separate households from each other)

Name: _____ Complete Address: _____ _____ _____ Relationship to Child: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Name: _____ Complete Address : _____ _____ _____ Relationship to Child: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____
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Unauthorized pick-ups and/ or visits: List **ALL** persons who may not pick-up or visit your child at the Club. Please supply legal documentation i.e. divorce papers, restraining orders etc.

1. Name: _____
Relationship to child: _____
2. Name: _____
Relationship to child: _____
3. Name: _____
Relationship to child: _____

PLEASE READ THE FOLLOWING POLICIES AND REGULATIONS WITH YOUR CHILD. YOUR SIGNATURES ON THE APPLICATION FORM INDICATE THAT BOTH YOU AND YOUR CHILD HAS READ AND UNDERSTANDS THE DISCIPLINE POLICY AND CLUB PROPERTY REGULATIONS. YOU CAN MAKE A COPY OF OR REQUEST A COPY OF THESE POLICIES AND REGULATIONS AT THE CLUB.

HAVE READ AND UNDERSTAND THE DISCIPLINE POLICY AND CLUB PROPERTY REGULATIONS. YOU CAN MAKE A COPY OF OR REQUEST A COPY OF THESE POLICIES AND REGULATIONS AT THE CLUB.

DISCIPLINE POLICY

School Age children are expected to listen and to follow oral directions, respect their surroundings, and interact with peers according to each child's developmental level. Each child is asked to respect adult authority and display a cooperative attitude.

Unacceptable behavior includes the following:

1. Injuring or unsafe behavior towards any child or adult (e.g. kicking, hitting, biting)
2. Consistent disruptive behavior which inhibits any routine or activity
3. Abuse or theft of the Boys & Girls Clubs or school property or materials
4. Verbal abuse or profanity toward any child or adult

All staff and volunteers will discipline in a positive way following the model used in area elementary schools. No physical punishment or action to the body will be allowed at any time. Withholding food, spanking verbal abuse, and belittling remarks toward the child or families are unacceptable forms of disciplinary action.

If a problem becomes apparent, the child is spoken to in a positive, gentle manner so other alternatives may be suggested to him or her to improve the situation. If the misbehavior continues the child will be asked to take "**TIME-OUT**" from the other children or the activity by sitting in a chair within sight of staff.

Any unusual, repeated or exceptional misbehavior will be reported to the child's parent or guardian, with a warning that if the misbehavior continues the child will be suspended from Boys & Girls Clubs for a period of one week. The child will be made aware of this notification. If, following the suspension, the misbehavior persists; Boys & Girls Clubs staff will send a written statement to the parents/guardian warning of possible termination. Another incident following the receipt of the warning may result in immediate dismissal from Boys & Girls Club.

Child's Signature

Date

Parent/Guardian's Signature

Date

CLUB PROPERTY REGULATIONS

Please be aware that all grounds and all programs at Club locations are governed by Boys & Girls Clubs policies. This means that all staff, volunteers, children and adults who come to the buildings or grounds **MUST** follow the policies set by Boys & Girls Clubs of Harrisonburg & Rockingham County.

Listed below are the policies and consequences for youth participants who attend the Boys & Girls Clubs. Please read them carefully and discuss them with your child.

Policy	Consequence
❖ No tobacco products on premises, including grounds	Confiscation of tobacco product, 3-day suspension from program
❖ No smoking on premises, including grounds	Confiscation of tobacco product, 3-day suspension from program
❖ No alcohol, drugs or drug paraphernalia on premises, including grounds	Confiscation of drug paraphernalia, charges pressed with the Local Police Department, minimum of 1 week suspension
❖ No beepers on premises, including grounds	Confiscation of beeper, charges pressed with the Local Police Department, minimum of 1 week suspension
❖ No weapons on premises, including grounds	Confiscation of weapon, charges pressed with the Local Police Department, minimum of 1 week suspension

We have read and understand the above policies and consequences set by Boys & Girls Clubs of Harrisonburg and Rockingham County and agree to comply with them.

Parent/Guardian's signature

Date

Child's signature

Date

OTHER AGREEMENTS WITH THE BOYS & GIRLS CLUBS

1. I agree to comply with all published rules and regulations regarding the Club.
2. I agree to provide appropriate and acceptable medical information for my child such as evidence of a physical examination, immunization and any other Club requirements.
3. I agree to have my child picked up as soon as possible in the event of injury or sudden illness.
4. I agree to inform BGCHR within 24 hours or on the next business day after my child or a member of the immediate household has developed any reportable communicable disease as defined by the State Board of Health, except for life threatening disease which must be reported immediately.
5. I agree to voluntarily withdraw my child from the Club if there is persistent discipline or other problems that cannot be resolved through reasonable efforts of the staff. I understand that BGCHR reserves the right to ask for the immediate withdrawal of my child or may grant as much as two weeks before requiring the withdrawal, depending on the nature of the problem.
6. I agree to pay for any damages caused by my child to the building and /or equipment used or owned by BGCHR other than those clearly the result of an unavoidable accident.
7. I understand and agree that it is my responsibility to arrange for transportation of my child to the Club and that BGCHR is not responsible for my child until he or she arrives at the Club.
8. I agree that my child may accompany BGCHR staff and/or volunteers on all field trips that may be conducted by the Club; with the understanding that they will notify me of such field trips and that I will have the opportunity to deny permission.
9. I agree that my child may accompany BGCHR staff on short, small group walking field trips within the neighborhood.
10. I understand that BGCHR is responsible for notification and will notify me or the emergency contact persons I have designated in the event that my child is injured or becomes ill while at the Club, or with the Club.
11. The Club agrees to contact me immediately should my child not arrive on any scheduled day.
12. In the event that my child needs emergency medical attention and neither I, or the listed emergency contacts can be reached to authorize such care, I authorize representatives of BGCHR to obtain the necessary emergency care. I will be responsible for any/all cost of medical attention and treatment.
13. I give permission for BGCHR to receive and/or release pertinent information from and/or to schools, social service agencies, mental health providers and other related agencies concerning my child. I understand that this information will be used with discretion and as an aid in determining appropriate programs for my child and whether other service referrals are indicated.
14. I further grant permission for the information provided by myself, my child, the child's family and other agencies to be shared with discretion to volunteers working with my child. I understand that volunteers are asked to hold this information in confidence.
15. I understand that it is the policy of BGCHR to **NOT** apply insect repellent to members. If you would like for your child to have insect repellent you will need to apply before your child arrives at the Club.

We have read and understand the above statements set by Boys & Girls Clubs of Harrisonburg and Rockingham County (BGCHR) and agree with them.

Parent/Guardian's signature

Date



Inclement Weather Form

Boys & Girls Club follows RCPS closures when it comes to inclement weather. If RCPS have an early dismissal due to inclement weather our After School Program will also be closed. The school and your child's teacher need to know where to send your child should this happen. Do you want them sent to parent pick up? Do you want them to ride the bus home? Please make your selection below so we pass this information on to the school.

Child's Name: _____

_____ Please send my child to Parent Pick Up.

_____ Please send my child home on the bus. Driver's Name: _____ Bus #: _____

Parent Signature: _____ Date: _____

Record Sharing Permission

By signing below, I give permission for BGCHR and RCPS to exchange information regarding the child listed on this application. I understand that the information exchanged will be used with discretion and as an aid in determining appropriate programs for my child, meeting licensing standards, and in helping my child be successful in school, in Boys & Girls Club and in life. This release is valid for one year.

Child's Name: _____ Teacher: _____ Grade: _____

Parent Signature: _____ Date: _____



BOYS & GIRLS CLUBS
OF HARRISONBURG AND
ROCKINGHAM COUNTY

Sunscreen Permission Form

Child's name: _____ Age: _____ Club: _____

I give permission to apply sunscreen product that is broad spectrum with SPF15 or higher (and hypo-allergenic) to my child, as specified below, when he/she will be playing outside, especially during the summer months between the daily time of 10:00 am and 4 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. All over-the-counter skin products shall be used in accordance with the manufacture's recommendations and SHALL NOT be kept or used beyond the expiration dates of the product.

Children 9 years old and older may administer their own sunscreen if supervised by the staff.

I have initialed below all applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child.

___ **I do not** know of any allergies or adverse reactions my child has to sunscreen.

___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the manufacture's product container.

___ My child **is allergic** to some sunscreens, therefore **I have provided** the following brand/type of sunscreen for use for my child.

___ I understand that when providing my child's sunscreen to the center, it shall be in the original container labeled with my child's name.

___ For medical or other reasons, please **DO NOT** apply sunscreen to the following areas of my child's body:

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____



BOYS & GIRLS CLUBS
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**SWIMMING POOL
Permission**

During our Summer Program the Boys & Girls Club may visit the local swimming pool. There will be an additional cost for admission into the pool that will be payable prior to going to the pool. Swimming ability will be assessed by lifeguards at the pool. We need permission for your child to participate and to swim in water above their shoulder height if they are deemed about to do so.

Please check the appropriate box to indicate your consent.

Child's Name: _____ Age: _____

I DO NOT give permission for my child to participate in swimming activities

I give permission for my child to participate in swimming activities

My child's swimming skills are: _____

I give permission for my child to swim in water above their shoulder height after passing a swimming assessment with lifeguard

I do not give permission for my child to swim in water above their shoulder height.

Parent/Guardian Signature: _____ Date: _____



BOYS & GIRLS CLUBS
OF HARRISONBURG AND
ROCKINGHAM COUNTY

Emergency Procedure Form

MUST BE COMPLETED

Child's Name: _____ Birth Date: ____/____/____ Age: _____
Complete Physical Address: _____

Father's Name: _____ Father's Place of Work: _____
Complete Physical Address: _____
Home Number: _____ Cell Number: _____ Work Number: _____

Mother's Name: _____ Mother's Place of Work: _____
Complete Physical Address: _____
Home Number: _____ Cell Number: _____ Work Number: _____

Emergency Contact Person: _____
Complete Physical Address: _____
Home Number: _____ Cell Number: _____ Work Number: _____

Emergency Contact Person: _____
Complete Physical Address: _____
Home Number: _____ Cell Number: _____ Work Number: _____

Family Doctor's Name: _____ Ph. #: _____

- 1) I have health insurance: Yes / No
- 2) Please list any allergies, including allergies to medicines and foods: _____

- 3) Please list any medical conditions or daily medicines your child has: _____

If an emergency occurs, BGCHR has my permission to transport my child to the doctor or hospital at my expense. The doctor and/or hospital medical staff has my permission to provide treatment necessary for my child's wellbeing.

Parent Signature: _____ Date: _____



Dear Parents,

We at The Boys & Girls Clubs of Harrisonburg and Rockingham County are excited about *Positive Action*, a curriculum for positive development of individuals, schools, families, and communities that we will be implementing this year. *Positive Action* is a nationally-recognized, proven program, so we are excited about the positive results we will be seeing soon. We know that parents are a vital component of student success, so we would like to tell you a little bit about the program so you can help reinforce it in your home.

1st Principle

The first principle is that we feel good about ourselves when we do positive actions. The opposite is also true: We feel negative about ourselves when we do negative actions. *Positive Action* helps children be intentional in their behaviors and experience the benefits of being positive.

2nd Principle

The second principle is there is always a positive way to do everything. Key skills for developing greatness in the physical, intellectual, social, and emotional areas of the whole self are taught through six units. We encourage you to discuss the *Positive Action* curriculum take-home materials with your child/children.

We believe *Positive Action* will make a big difference and that we will all be stimulated to grow in positive ways. Feel free to contact me with any questions. We look forward to sharing positive results with you soon!

Sincerely,

Matt Krantz
Director of Operations



BOYS & GIRLS CLUBS
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Positive Action Permission Form

I (parent/guardian printed name) _____ hereby grant permission for my
child/youth _____ to participate in the
(child/youth name)

Positive Action Program with The Boys & Girls Club of Harrisonburg/Rockingham County.

(parent/guardian signature)

(date)

I understand that as a participant in this program my child/youth will take both a Pre-test and Post-test to assess their understanding and knowledge of the curriculum.

If you have any questions or concerns please contact Shamika Hayes at (540) 434-6060 ext. 0101.

We look forward to working with your child/youth during the Positive Action Program.

SITE USE ONLY

Student Code: _____

Site Name: _____



The following forms are **REQUIRED**:

Please check off each item below as you complete it and return completed Application to the Unit Director.

A **complete** Membership Application includes:

___ **\$15.00 Member Registration Fee**

___ **First weekly Fee Payment**

___ **General Information** on pages 1 and 2

___ **Policies & Agreements Pages** MUST be signed by Parent and Child.

___ **Media Release Consent and Demographic Form** with completed information

___ **Inclement Weather Form and Record Sharing Permission**

___ **Sunscreen Permission Form and Swimming Pool Permission**

___ **Emergency Procedure Form**

___ **Authorization to give medication** (if needed please request a form from club office)

___ **Special Diet Form** (if needed please request a form from club office)

___ **An Immunization and Physical Record** (must include a physician's signature) If you signed the Record Sharing Permission, Boys & Girls Club can request this from your child's school.

Your child will not be considered for membership until we have received ALL information on the above mentioned forms.

I have read and understood ALL agreements with Boys & Girls Clubs.

Parent or Guardian's Signature

Date

FOR OFFICIAL USE ONLY

Director's Signature: _____ Date: _____

Date Enrolled: _____ Date of First Attendance: _____

Orientation Completed by: _____ Date: _____

Date Withdrawn: _____ Last attendance date, if different _____

Reason for being withdrawn: _____



Dear Parents/Guardians,

Safety is our number one priority; therefore, we want to improve the way we communicate with you. We will begin using the REMIND App as an additional tool to share information quickly.



We ask that you download the free app on your phone and your site director will add your number to the list. You will receive a text asking if you would like to receive messages and to send Y or N. Please send Y and you will be added to the list. Each site director will then be able to send out short messages, reminders and important information.

If you have any questions or concerns, please do not hesitate to speak to your site director or to contact me.

Thank you for trusting us with your child,

Matt Krantz
Director of Operations
540.434.6060 ext. 0103
mkrantz@bgchr.org