



**BOYS & GIRLS CLUB
OF JEFFERSON CITY**

**2017–2018 AFTER SCHOOL
ENROLLMENT FORM
CALLAWAY HILLS**

All forms must be turned in by one of the following options:

- *The Frank and Billie Railton Boys & Girls Club*
- *Callaway Hills Elementary School Front Office*
- *Scanned and emailed to kmallow@bgcjc.com*
- *Faxed to the Railton Center at 573-638-0350*

All forms must be complete to be accepted.

Please be aware: ALL forms will be reviewed by our office and your child(rens) spot will NOT be held until you have been notified by our office that enrollment is complete.

FAMILY INFORMATION

Parent/Guardian #1: Name: _____

Mailing Address: _____ Zip Code: _____

Lives with Child: YES NO E-Mail Address: _____

Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Employer Name: _____ Employer Address: _____

Relationship to Child(ren): _____

Parent/Guardian #2: Name: _____

Mailing Address: _____ Zip Code: _____

Lives with Child: YES NO E-Mail Address: _____

Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Employer Name: _____ Employer Address: _____

Relationship to Child(ren): _____

Emergency Contacts — Authorized to Pick Up Child(ren) Other Than Parents/Guardian:

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

| | |
|---|--|
| <p style="text-align: center;">Family Yearly Income</p> <p>____ \$0- \$9,999</p> <p>____ \$10,000 - \$14,999</p> <p>____ \$15,000 - \$22,999</p> <p>____ \$23,000 - \$33,999</p> <p>____ \$34,000 - \$49,999</p> <p>____ \$50,000 - \$74,999</p> <p>____ \$75,000 - \$99,999</p> <p>____ \$100,000 or more</p> | <p style="text-align: center;">Family Setting</p> <p>____ Both Parents ____ Single Parent Mother ____ Single Parent Father</p> <p>____ Grandparent(s) ____ Foster Care ____ Legal Guardian</p> <p>____ Other Relative</p> |
| <p style="text-align: center;">School Lunch Program</p> <p>____ Free</p> <p>____ Reduced</p> <p>____ None</p> | <p style="text-align: center;">Head of Household</p> <p>____ Employed ____ Unemployed ____ Student ____ Disabled</p> |

Boys & Girls Club of Jefferson City (BGCJC) Services Information (check all that apply):

- Yes, I would like more information about the Pathways counseling services
- Yes, I would like more information about the BGCJC Mentoring Program
- Yes, I would like more information about Tutoring Services
- Yes, I would like more information about Volunteering

MEMBER #1 INFORMATION

New Member Returning Member (Currently Attending BGC or Attended Summer Camp Last Year)

Childs Name: _____
Last Name First Name Nickname

Childs Address: _____ Childs Sex: Male Female

Childs Birth Date: ____/____/____

Grade Child Will Be Entering: _____ School Child Attends: _____

Childs Ethnicity: African American ____ Asian ____ Caucasian ____ Hispanic ____ Native American ____ Multi-Racial ____
Other _____

Parent's Health Statement for School Age Child:

- My child is in good health. Is able to participate in group care, and **has no** special health or medical requirements.
 My child is able to participate in group care but **has** special health or medical requirements as listed below.

Please list any allergies, special medical conditions, including chronic health problems (such as Asthma, Seizures), behavioral disorders, special needs, etc. (If you select that your child has not special health or medical requirements, place "N/A" or line through section)

Does your child take any medications? Yes (if yes, list any current medications your child is taking below) No

If your child has food allergies, you are required to have a physician complete and return the food allergy/ substitution form attached at the end of this enrollment packet.

If your child has special health or medical problems and/or is on medication, an Individualized Care Plan MUST be completed by a parent/guardian prior to the application being processed**

Safety Section:

Childs Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

MEMBER #2 INFORMATION

New Member
 Returning Member (Currently Attending BGC or Attended Summer Camp Last Year)

Childs Name: _____

Last Name
First Name
Nickname

Childs Address: _____ Childs Sex: Male Female

Childs Birth Date: ____/____/____

Grade Child Will Be Entering: _____ School Child Attends: _____

Childs Ethnicity: African American ____ Asian ____ Caucasian ____ Hispanic ____ Native American ____ Multi-Racial ____
 Other _____

Parent's Health Statement for School Age Child:

- My child is in good health. Is able to participate in group care, and **has no** special health or medical requirements.
- My child is able to participate in group care but **has** special health or medical requirements as listed below.

Please list any allergies, special medical conditions, including chronic health problems (such as Asthma, Seizures), behavioral disorders, special needs, etc. (If you select that your child has not special health or medical requirements, place "N/A" or line through section)

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If your child has special health or medical problems and/or is on medication, an Individualized Care Plan MUST be completed by a parent/guardian prior to the application being processed**

Safety Section:

Childs Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

MEMBER #3 INFORMATION

New Member Returning Member (Currently Attending BGC or Attended Summer Camp Last Year)

Childs Name: _____
Last Name First Name Nickname

Childs Address: _____ Childs Sex: Male Female

Childs Birth Date: ____/____/____

Grade Child Will Be Entering: _____ School Child Attends: _____

Childs Ethnicity: African American ____ Asian ____ Caucasian ____ Hispanic ____ Native American ____ Multi-Racial ____
Other _____

Parent's Health Statement for School Age Child:

- My child is in good health. Is able to participate in group care, and **has no** special health or medical requirements.
 My child is able to participate in group care but **has** special health or medical requirements as listed below.

Please list any allergies, special medical conditions, including chronic health problems (such as Asthma, Seizures), behavioral disorders, special needs, etc. (If you select that your child has not special health or medical requirements, place "N/A" or line through section)

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If your child has special health or medical problems and/or is on medication, an Individualized Care Plan MUST be completed by a parent/guardian prior to the application being processed**

Safety Section:

Childs Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Authorization for Emergency Medical Care

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the **BOYS & GIRLS CLUB OF JEFFERSON CITY**:

To contact the following:

Physician or Clinic Name: _____ Phone: (____) _____ - _____

Hospital: _____ Phone: (____) _____ - _____

Parent Printed Name: _____

Parent Signature: _____ Date: _____

ACKNOWLEDGEMENTS: APPLIES TO ALL CHILDREN

1. I DO **DO NOT** give permission for field trips / excursions. I understand I will be notified in advance when they are planned.
2. I DO **DO NOT** give permission for the Boys & Girls Club to transport my child.
3. I DO **DO NOT** agree that when my child is ill, he/she may not be accepted for care or remain in care.
4. I DO **DO NOT** give consent for **photographs or other media** in which my son/daughter may appear which will be used to promote the mission, awareness and fundraising activities of the Boys & Girls Club of Jefferson City.
5. I DO **DO NOT** give permission my son/daughter to walk home. I will not hold the Boys & Girls Club of Jefferson City, its officers, or volunteers responsible for any injury or danger that occurs once my child has left the club.
6. I DO **DO NOT** give consent for my child to use the Boys & Girls Club of Jefferson City's technological equipment; including but not limited to computers, printers, software, the internet (limited access), and audio-visual equipment.
7. I DO **DO NOT** give consent for my child to participate in the Boys & Girls Club Triple Play Health & Wellness Program that includes a collaboration with Pathways Community Health by providing a universal wellness assessment and behavior & emotional wellness support. This program is funded by the Missouri Foundation for Health.

Parent Printed Name: _____

Parent Signature: _____ Date: _____



BOYS & GIRLS CLUB OF JEFFERSON CITY

The Boys & Girls Club of Jefferson City is dedicated in partnering with the Jefferson City Public Schools in helping all program participants be successful academically. At times, we may ask the school district for access of your child's records such as Free/Reduced Lunch status, Title I benefits, Individual Education Plan, English Language Learner status, and Student Identification Number as well as grades, MAP scores and attendance records. Any information obtained will be kept confidential between the Boys & Girls Club of Jefferson City and Jefferson City Public Schools. This information will be used to measure the success of the after school program and develop an after school academic plan to benefit your child.

Instructions: Please initial below acknowledging release to share school records and information.

I Do **Do Not** give consent for the Boys & Girls Club of Jefferson City to have access to my child's school information as outlined above.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature : _____ Date: ____/____/____

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM
MEDICAL FOOD SUBSTITUTION RECORD

Authorization by a recognized medical authority is required for food substitutions to the Summer Food Service Program meal pattern. A recognized medical authority includes a physician, physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient's diet and the food or choice of foods that may be substituted.

PATIENT'S NAME:

MEDICAL DIAGNOSIS / REASON:

SPECIAL ASSISTANCE/EQUIPMENT REQUIRED:

FOOD SUBSTITUTION LIST:

| Fluid Milk | Allowed Substitutes | Texture (e.g., cut up, ground mince, puree, liquidity) |
|--|---------------------|--|
| | | |
| | | |
| | | |
| Meat & Meat Alternative (e.g., eggs, cheese peanut butter, dry bean, yogurt, etc.) | Allowed Substitutes | Texture (e.g., cut up, ground mince, puree, liquidity) |
| | | |
| | | |
| | | |
| Bread, Cereal or Whole Grain Products | Allowed Substitutes | Texture (e.g., cut up, ground mince, puree, liquidity) |
| | | |
| | | |
| | | |
| Fruit & Vegetables or Juice | Allowed Substitutes | Texture (e.g., cut up, ground mince, puree, liquidity) |
| | | |
| | | |
| | | |

Additional Dietary Concerns and/or Required Equipment or Assistance Needed:

I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.

| | | |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
|-----------|-------|------|

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Missouri Department of Health and Senior Services
Section for Child Care Regulation
INDIVIDUAL PLAN FOR SPECIALIZED CARE

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

AREA OF CONCERN

ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE

MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING CHILD CARE HOURS

If the child is to receive treatments during his/her scheduled hours of care, how and by whom is this treatment to be administered?

**SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT
HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY**

PHYSICIAN/SPECIALIST SIGNATURE

DATE

X