

Child's File Checklist

All items are to be completed before the child attends the center, except as noted:

Child file requirements:	Date completed or documented:
Name:	
Date of birth:	Date of enrollment:
<input type="checkbox"/> Parents'/Guardians' names	
<input type="checkbox"/> Parents'/Guardians' place(s) and hours of employment and work phone number(s), if applicable	
<input type="checkbox"/> Parents'/Guardians' home phone number(s)	
<input type="checkbox"/> Parents'/Guardians' cell phone number(s)	
<input type="checkbox"/> Names and phone numbers of two people authorized to pick up the child	
<input type="checkbox"/> Name and phone number of child's doctor	
<input type="checkbox"/> Court orders on custody and visitation arrangements, if applicable	
<input type="checkbox"/> Hours/days child is to attend:	
<input type="checkbox"/> Parents' Right to Know acknowledgement	
<input type="checkbox"/> Permission for emergency medical treatment	
<input type="checkbox"/> Physical (within 30 days of enrollment)	
Documents required, if applicable	
<input type="checkbox"/> Infant/Toddler development plan (within 45 days of enrollment)	
<input type="checkbox"/> Preschool-age child's annual progress on developmental and educational goals	
<input type="checkbox"/> Screen time permission (TV, DVD, computer, tablet, etc.)	
<input type="checkbox"/> Written infant feeding schedule	
<input type="checkbox"/> Permission to sleep on a mat (if 12-18 months old and walking)	
<input type="checkbox"/> IEP, IFSP, or Section 504 plan	
<input type="checkbox"/> Information on allergies	
<input type="checkbox"/> Existing illnesses or injuries, previous serious illnesses or injuries	
<input type="checkbox"/> Prescription and non-prescription medication	
<input type="checkbox"/> Swimming permission	
<input type="checkbox"/> Transportation permission	
<input type="checkbox"/> Child accident/injury reports	
<input type="checkbox"/> Administration of medication records	
<input type="checkbox"/> Statement that parent is providing meals and/or snacks	

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

Child's Information			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		Parent/Guardian Information (2) Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
Additional Emergency Contacts and People Authorized to Pick-up Child			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

☐ **Emergency Medical Care**

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

☐ **Transportation**

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

 Signature of parent/guardian

 Date

Medical Information	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.

Membership Information Form

Office Use Only

How did you hear about the Club?

- ☐ News Journal
- ☐ School
- ☐ Radio
- ☐ Mailer
- ☐ Flyer/Poster
- ☐ Friend/Family
- ☐ Staff/Club Member
- ☐ Attended a Club Event



Club:
Address:
Phone:

KidTrax ID

Member ID

Member Status

- ☐ New
- ☐ Renewing
- ☐ Former

Active

- ☐ Active
- ☐ Inactive

Comment:

Data Entry

Rec'd:

Entered:

ID Issued:

Membership Dates

Service:

Termination:

Initial:

Renewal:

Member Information (Please Print)

First Name:

Middle Name:

Last Name:

Name of Adult(s) or Guardian(s) Member Lives With:

Home Phone Number:

Emergency Contact Name:

Home Address:

Emergency Phone & Extension:

City:

State:

Postal Code:

Email Address:

Demographic

Gender:

- ☐ Female
- ☐ Male

Birth date:

Age:

Ethnicity:

Caucasian

African-American

Latino

School/District:

Grade:

Native American

Asian

Other

Family Totals- Sisters:

Brothers:

Household:

Lives With:

Member before?

- ☐ Yes
- ☐ No

Number of Years:

Name of Unit:

Parent/Guardian

Father's First Name:

Father's Last Name:

Father's Work Phone & Ext:

Father's Employer:

Father's Occupation:

Military Branch:

Status:

Start Date:

End Date:

Mother's First Name:

Mother's Last Name:

Mother's Work Phone & Ext:

Mother's Employer:

Mother's Occupation:

Military Branch:

Status:

Start Date:

End Date:

Guardian's First Name:

Guardian's Last Name:

Guardian's Work Phone & Ext:

Guardian's Employer:

Guardian's Occupation:

Medical/Emergency:**Medical Problems/Allergies:****Medications:****Physician:****Physician Phone:****Preferred Hospital or Clinic:****Hospital Phone:****Insurance Company:****Insurance Policy Number:****Can Member Swim?**☐ Yes
☐ No**Pick up Information: (Licensed child care only)**Names of two Persons Authorized to pick up Member.

1.) First Name:

Last Name:

2.) First Name:

Last Name:

Authorized Password:

Persons Not Authorized:

Notes:

Participation in other Youth Programs:

Hobbies:

Nickname:

Mother's Maiden Name:

Confidential The following information is necessary for our records and the funding of our Organization. Your cooperation is appreciated and necessary.**Annual Family Income:**

- ☐ Under 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
☐ Over 50,000
☐ Decline to Submit

Check all that Apply:

- ☐ SSDI
☐ SSI
☐ TANF
☐ Day Care Voucher
☐ Food Stamps
☐ General Assistance
☐ School Lunch
☐ Vet. Compensation

☐ Individual
Education
Plan (IEP)**Disabilities or other special circumstances:****Internal Use Only:**

UDC 1	<input type="text" value="Physical Disability"/>	UDC 4	<input type="text" value="Summer Camp"/>	UDC 7	<input type="text" value="Swim Lessons"/>	UDC 10	<input type="text" value="Soccer"/>	UDC 13	<input type="text" value="Childcare"/>
UDC 2	<input type="text" value="POC"/>	UDC 5	<input type="text" value="Track"/>	UDC 8	<input type="text" value="Jr. NBA"/>	UDC 11	<input type="text" value="Flag Football"/>	UDC 14	<input type="text"/>
UDC 3	<input type="text" value="21st Century"/>	UDC 6	<input type="text" value="Future Stars"/>	UDC 9	<input type="text" value="Community Service"/>	UDC 12	<input type="text" value="Swim Team"/>	UDC 15	<input type="text"/>

I have read the completed application, understand the rules of the Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club will not be responsible for any accident/incident to the boy/girl while on the Boys & Girls Club premises or while engaged in any of its activities away from the Boys & Girls Club. I give my consent for photographs, interviews, and press releases, in which my son/daughter may appear, to be used at the Boys and Girls Club discretion. I hereby grant the Club permission to admit to the hospital for emergency care the above named child. I grant permission to any hospital or medical facility selected by adult leaders, to carry out whatever treatment, surgery, or anesthesia that is deemed necessary by the physicians or the staff. I also give permission for the school district to release reports cards and educational, behavioral, and attendance data to the Frain Boys & Girls Club and the Boys & Girls Club of Delaware for the purpose of data collection and analysis. I also understand that the Club has an open door policy and not be held responsible for my child leaving the premises. General membership hours differentiate between the school year and the summer. During the summer, the club is open for licensed child care participants only.

Parent Signature_____
Member Signature____/____/____
Date

Please read each item carefully and place initials in the space below the statement. Signature confirms that parents/guardians have read and understand each policy and procedure.

PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Ann Marie Bercy, Office of Child Care Licensing, 302-892-5800, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19810-4803 or Dover 302-739-5487, 821 Silver Lake Blvd, #103, Delaware 19904

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent Initials: _____

I understand the hours of operation are 6:30am or 7am – 6pm and late fees will apply to those members picked up after 6pm. Fees will start promptly at 6:01pm. The late fee is \$5 per child for the first 15 minutes you are late and \$1 per minute for each additional minute per child payable at the of pick up. I understand that I am responsible for paying the late fee BEFORE my child can return to the program.

Parent Initials: _____

I further understand that payments (including POC co-payments) are due by 6pm the Friday prior to the start of the next session and failure to make a payment on time will result in my child no longer being able to attend the child care program. We do not pro-rate weeks.

Parent Initials: _____

I, the parent/guardian hereby give permission for my child to be transported by or travel with the Boys & Girls Clubs of DE for special events, trips or by bus to and from school (if applicable).

Parent Initials: _____

I acknowledge that cell phones may not be used, must be turned off while at the Boys & Girls Club, and must be out of sight. In addition, I understand that electronics and other computer devices are not permitted at the Boys & Girls Club. I understand that staff will confiscate any device that my child brings to the Club.

Parent Initials: _____

I acknowledge that my child is responsible for any personal belongings that are brought into the Boys & Girls Club. In addition, I understand and agree that Boys & Girls Club is not responsible for any personal items regardless of the value that may be lost, stolen, or destroyed even if item is confiscated while a member is attending the club.

Parent Initials: _____

I acknowledge that bullying and harassment are not permitted at Boys & Girls Club. I understand that bullying can entail verbal abuse, physical abuse and technological abuse (i.e. Facebook, etc.). I understand that Boys & Girls Club has **zero tolerance** when it comes to bullying and harassment.

Parent Initials: _____

I understand that members will spend a portion of the day outdoors; weather permitted, and understands that appropriate attire and enclosed toe shoe must be worn and that sunscreen is my responsibility.

Parent Initials: _____

Screen Time Permission

Children over the age of two may have an educational video, movie (G or PG), or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent Initials: _____

I, the parent/guardian, hereby give permission for my child to swim while attending the Boys & Girls Club
Parent Initials: _____

I understand that snack will be offered daily by the club and that if my child does not plan to eat what is being offered I will pack him/her a nutritious bag snack. I understand there will NOT be access to a microwave for food which needs to be heated. I also understand that no members will be able to order or receive "take out" or fast food at the club.

Parent Initials: _____

I understand that the failure of my child to comply with the member code of conduct may result in suspension or removal from the program. **No refunds are granted should this occur.**

Parent Initials: _____

I understand that all parents, guardians and person who enter the club with me must follow the Visitor Code of Conduct. If any of the above named act disrespectful or aggressive towards any staff member, they will be asked to leave the premises and the child's membership privileges may be **revoked. No refunds are granted should this occur.**

Parent Initials: _____

I understand that I or whomever is dropping off or picking up my child/ren must enter the building at drop off and pick up to sign members in/out. In addition, I understand that whomever is picking up may be asked for ID on any given day. (This is an Office of Childcare Licensing Regulation)

Parent Initials: _____

I understand that pictures may be taken while at the Boys & Girls Club or on a field trip to use in the program or in promotional materials for the club.

Parent Initials: _____

I have received and understand it is my responsibility to read the Boys & Girls Club Parent Handbook.

Parent Initials: _____

I understand that it is my responsibility to contact both school district transportation and my child's school to have his/her bus stop changed to the Boys & Girls Club stop or to let the school know my child will be getting on the Boys & Girls Club bus. (If applicable)

Parent Initials: _____

I understand that if my child is going to be absent from Boys & Girls Club, I must contact someone by 2:00pm. If your child uses our causal care we must be notified by 1:00pm on the day they are attending.

Parent Initials: _____

I understand that the Boys & Girls Club needs a copy of my child's report card for reporting and funding purposes. I give permission for them to make copies of all report cards.

Parent Initials: _____

I understand that prior to my child starting I must provide a copy of his/her IEP or 504 accommodation to the Boys & Girls Club in order to ensure academic and behavioral consistency and success.

Parent Initials: _____

My initials indicate that I have read and understand all policies and procedures in the registration packet:

Parent/Guardian Signature: _____ Date: _____

Positive Behavior Management Approach

The Boys & Girls Club approaches behavior management in a serious, but positive manner. Appropriate behavior will be rewarded with positive reinforcement. In the event that the child exhibits inappropriate or negative behavior, the staff will use positive redirection. Staff shall use positive age-appropriate methods of guidance of children which encourage self-control, self-discipline, self-esteem, & cooperation. The following behavior policy will be reinforced by staff throughout the school year. PARENTS please make sure that you discuss the behavior policy with your child. A more detailed explanation is in the Parent Handbook.

Behavior Policy

Minor Violations: Those violations that relate to behavior and do not endanger the safety of themselves or others.

Examples: Using profanity around children or staff, not obeying counselors, etc.

- ☐ Verbal Warning
- ☐ Write up in file and phone call to parents
- ☐ Write up in file and parents conference
- ☐ Write up in file and sent home
- ☐ Write up in file and 1 day suspension

Major Violations: Those violations that endanger the safety or well-being of the child, other children or staff.

Examples: Pushing, shoving, kicking, hitting, throwing objects at others, theft, bullying, etc.

- ☐ Write up in file, conference with parents and one day suspension
- ☐ Write up in file, conference with parents and three day suspension
- ☐ Child removed from the program

The Boys & Girls Clubs reserves the right to determine suitability with or without a trial period, or at any time during a trial period. Based upon that determination, the Club may decide whether a particular child may continue in the program. If the Boys & Girls Clubs determine that continuing in the program is not a viable option, the Club will make recommendations for programs and services that best meet the needs of that youth.

Parent/Guardian Signature _____

Print Name _____ Date _____

Note: Giving your child permission to hit someone back is a major violation and will be handled accordingly.

CODE OF CONDUCT

Continued membership is contingent upon the ability to abide by the Code of Conduct. All stakeholders (i.e., Club members, parents, guardians, visitors, and groups using Club facilities, and/or participating in any Club activities in and out of the Club) are expected and thus required to abide by the following Code of Conduct. The Code of Conduct's principles are as follows:

1. Treat all Club members and staff with respect.
2. Respect and protect Club property and take pride in keeping it clean.
3. Respect and protect what belongs to others.
4. Participate in the activities offered at the Club and refrain from loitering in and around Club property.
5. Refrain from profanity, obscene gestures, racial, ethnic, religious slurs and disrespectful language or actions.
6. Refrain from bullying and harassment, including physical, sexual, psychological and technological (i.e. social media), fighting and violence of any kind. There is a Zero tolerance policy.
7. Refrain from any use, distribution or possession of cigarettes, alcohol or illegal substances.
8. Refrain from possessing or involving yourself in any way with dangerous weapons or other items that are intended to be used violently.
9. Refrain from leaving your assigned group and or the building without proper authorization and supervision.

The Code of Conduct listed above is not intended to be all-inclusive; each club site may have additional rules and regulations appropriate for that Club. Inability and/or refusal to adhere to the Code of Conduct may result in suspension or removal from the Boys & Girls Clubs program. All stakeholders are subject to this policy.

I understand that my child's membership privileges and my ability to enter the Club may be suspended or revoked if I do not honor this Code of Conduct

Member Signature

Parent/Visitor Signature

“Getting to Know Your Child”

For YOUR CHILD to fill out

My name is: _____

My nickname is: _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite person is: _____

I am afraid of: _____

For YOU to fill out

Please list all the adults living in your child’s household:

Name	Relationship	Name	Relationship
-------------	---------------------	-------------	---------------------

1. _____	2. _____
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3. _____	4. _____
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Please list all the children in the family along with ages and gender:

Name	Age	Gender	Name	Age	Gender
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1. _____	2. _____
----------	----------

3. _____	4. _____
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Does your child have a special diet? _____

Due to your child’s tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child (please list)?

Please list any personal habits, thumb sucking, nail biting, etc. _____

What are your main expectations of this program or things your child needs additional help with?

Please list anything else that you feel is important for us to know about your child or any recommendations so that your child is successful:



BOYS & GIRLS CLUBS
OF DELAWARE

Authorization & Release of Information Form

Dear _____:
(Name of school)

My child is participating in programs at the Boys & Girls Club. These Programs may include:

- *Power Hour-daily homework assistance, including help with problems, homework getting checked and weekly incentives.
- *Tutoring Sessions
- *High Yield learning activities including team sports.

In an effort to strengthen these programs for my child, I hereby give Permission to the Boys & Girls Club Unit Director, Site Director, Program Director, Child Care director and Education Director to speak with and get information from my child's teacher(s)/guidance counselor regarding homework, academic reports (report cards, test scores, 504 plans, IEP's, Physical & Shot records etc.) and any extra assistance which may be helpful to my child's academic and personal success.

If you have any questions or need to reach the club, please contact them at
phone# _____ or email: _____.

Sincerely,

Parent/Guardian Signature

Print Parent/Guardian Name

Date

(Please Print)

Child's Name: _____ Grade: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ ☐ M.D. ☐ P.N.P. Date: _____

Printed Name: _____ Telephone: _____