Membership Information Form

Membership Information ***(Please Print)***

Child's First Name:_____ **Last Name**_____ **M**____ **Age:**_____

Preferred Name:_____ **Birth Date:**_____ **Gender:**_____

From the following, please, select the race and ethnicity that best represents your child:

Race/Ethnicity:

- ☐ White
- ☐ Black/African American
- ☐ Multi-Racial
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Pacific Islander/Native Hawaiian
- ☐ American Indian/Alaskan Native
- ☐ Asian

Active Military? **If yes, what is your relationship to the child?**	**Household Size :**	**Please tell us your child's current living situation :** ☐ Single Female Head of Household ☐ Single Male Head of Household

Do you have the following in your household/ ***(Please check all that apply):***

Parent/Guardian Name:_____

Relationship:_____

Address(Street):_____

City,State,Zip:_____

Cell Phone:_____

Work Phone:_____

Email:_____

Employer:_____

Parent/Guardian Name:_____

Relationship:_____

Address(Street):_____

City,State,Zip:_____

Cell Phone:_____

Work Phone:_____

Email:_____

Employer:_____

Please, circle the category most accurately representing the number of people in the household & annual household income:

2 Persons	**3 Persons**	**4 Persons**	**5 Persons**	**6 Persons**	**7 Persons**	**8 Persons**
Under $22,900	Under $25,800	Under $28,650	Under $30,950	Under $33,250	Under $ 35,500	Under $37,800
$22,901-38,200	$25,801-42,950	$28,651-47,700	$30,951-51,550	$33,251-55,350	$35,501-59,200	$37,801-63,000
$38,201-61,100	$42,951-68,750	$47,701-76,350	$51,551-82,500	$55,351-82,500	$59,201-94,700	$63,001-100,800
Over $61,101	Over $68,751	Over $76,351	Over $82,501	Over $88,601	Over $94,701	Over $100,801

Are you <u>ELIGIBLE</u> for (Please check even if you are not receiving the benefits):

☐ **DWS Funding**	☐ **Free Lunch**	☐ **Reduced Lunch**	☐ **NOT eligible for any benefits listed**

Does your child have any of the following conditions?

☐ Asthma	☐ Visual Impairment
☐ Diabetes	☐ Developmental Delays
☐ Seizures	☐ Physical Impairment
☐ Heart Problems	☐ Behavioral or Emotional Problems
☐ Hearing Impairment	☐ Other:_____

List additional health information or special instructions you feel we need to be aware of:

_____

Name of Child's Medical Provider:_____

Regular Medications Taken:	**Known Allergies/Food Substitutions:**
_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contacts/<u>All Persons</u> authorized to pick-up (Not Including Parents)

Name:_____	**Out-Of-State Contact Name:**_____
Address:_____	Address:_____
Phone Number:_____	Phone Number:_____
Relationship to Child:_____	Relationship to Child:_____

Have You Brought In Your Child's Immunization Record?

- ☐ If **YES**, give a copy to a member of Admin for your child's records.
- ☐ If **NO,** bring an updated copy before their first day of care.
- ☐ If they are **EXEMPT**, go to https://immunize.utah.gov/ to fill out the immunization exempt module and bring the completed certification for your child's records.

Is Your Child Potty Trained?

- ☐ **YES,** my child is completely potty trained.
- ☐ **NO,** my child is not potty trained and I would like the Boys & Girls Club to help with potty training while my child is at the facility.
- ☐ **NO,** my child is not potty trained and I would **<u>NOT</u>** like the Boys & Girls Club to help with potty training while my child is at the facility.

What is your preferred method of payment:

- ☐ **CHECK**
- ☐ **VENMO**
- ☐ **PAYPAL**
- ☐ **CASH**

Confidentiality: Any confidential information is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

I recognize that there is an element of risk in anything out of the home setting including the Boys & Girls Club. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events.

I hereby release and agree to hold harmless the Boys & Girls Club of Northern Utah, its employees, agents, officers, and all volunteers from any and all liability, loss of damage, actions, claims and demands which I now have or which may hereafter arise from my child's participation in the routine activities of the Boys & Girls Club. This release is intended to be binding upon my heirs, executors or personal representatives.

Should an injury occur to my child during participation in said program, I authorize the Boys & Girls Club of Northern Utah to arrange for or to provide medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I also understand that the Boys & Girls Clubs do not carry medical insurance for members. I understand I must complete a "Medical Release" form in order for my child to receive any medication while at the Boys & Girls Club.

Club member has permission to participate in all Club activities in/or adjacent to the club? ☐Yes ☐No

I authorize the Boys & Girls Clubs of Northern Utah to use photos, videotape footage, and/or sound recordings of my child for the purpose of, but not limited to, television, radio, newspaper, billboards, bus covers,videos, printed materials and/or news coverage. Moreover, I hereby waive claim to any rights, residuals or fees in connection with the use of said photo, videotape footage, and/or sound recordings.

Club has permission to use Club member images/interviews for public relation materials? ☐Yes ☐No

Funding stipulations require this program to participate in ongoing evaluations. The evaluation requires us to share student level data with third party evaluators. The student level data is personally identifiable and includes information such as your child's name, student number, and information about program participation. The evaluator uses these data for the purposes of fulfilling its duties and will not share these data with any other third parties without your written consent.

Club has permission to use Club member information for program evaluation purposes? ☐Yes ☐No

I acknowledge that I have received and reviewed a copy of the parent handbook: ☐Yes ☐No

_____ _____ _____

Print Parent/Guardian Name **Sign Parent/Guardian Name** **Date**

Annual Review: **Parent/Guardian Signature:**

Reviewed and/or update:_____/_____/_____ _____
Reviewed and/or update:_____/_____/_____ _____
Reviewed and/or update:_____/_____/_____ _____
Reviewed and/or update:_____/_____/_____ _____
Reviewed and/or update:_____/_____/_____ _____

Utah Department of Health & Human Services

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ **Gender** ☐ Male ☐ Female **Date of Birth** _____

Name of Parent/Guardian _____

USIIS ID _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given. 1st	2nd	3rd	4th	5th/Last	Status	Due Date	Exemption
DTaP, DTP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)								
Tdap Tdap or an inadvertent DTaP given on or after 10 years of age								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Measles, Mumps, and Rubella (MMR) 1st dose must be received on or after the 1st birthday								
Hepatitis B (HBV)								
Varicella (Chickenpox) 1st dose must be received on or after the 1st birthday.								
Hepatitis A (HAV) 1st dose must be received on or after the 1st birthday.								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: ☐ A statewide registry
☐ Student's former school
☐ Legally responsible individual of the student

Authorized Signature: _____ **Date**: _____

Office of Communicable Diseases
Immunization Program
Immunize.utah.gov
(801)-538-9450

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Rev. 07/2022

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccines doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth**,** Name of Parent/Guardian (if entered on the Demographics page) and USIIS ID. The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st 2nd, 3rd, 4th, 5th/Last), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand or type.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users or users who do not print USIR from USIIS

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
  *NOTE - The USIIS ID and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS or users who do not print USIR from USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th/Last) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.
  *NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS or do not print USIR from USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at immunize.utah.gov or call 801-538-9450

Child Care Tuition Contract

My child _____(name) will be attending the Boys & Girls Club child care the following days and times:

☐ Monday	_____am to	_____pm
☐ Tuesday	_____am to	_____pm
☐ Wednesday	_____am to	_____pm
☐ Thursday	_____am to	_____pm
☐ Friday	_____am to	_____pm

My tuition for this schedule is _____per _____. I have read and understand the terms and agree to abide by them.
Person/People *Financially* Responsible Name: _____

Address:_____ Phone:_____

Email:_____ Signature(s): _____ Date:_____

A non-refundable fee of $20.00 per family and the first week's tuition are due at the time of registration. Tuition is due on the 1st of every month since this is a prepaid service.

Please Initial that you confirm:

- **I received a copy and have read the handbook for Boys and Girls Club Child care.**
- **Annually I am responsible to provide updated immunization records.**
- **Annually I am responsible to provide the center with completed health assessments.**
- **I am required to report to the center if any immediate family members are affiliated with a communicable disease or illness.**
- **Families and Clients are required to provide diapers, wipes, formula unless otherwise arranged with the center.**
- **Special dietary needs need to be arranged with the center to meet and/ or be provided by the center.**

Initial:____

- **If a child is absent for more than a few days, an absence form must be submitted to the office at least one week prior to the planned absence. If no notice is given, a fee may be applied to your account.**
    - **The Boys And Girls Club reserves the right to revoke your child's spot if you fail to notify the center about any absences that last longer than 2 weeks. We will take this as a voluntary withdrawal.**
    - **If you choose to withdraw from the program, please submit a withdrawal form two (2) weeks prior to your exit date.**
    - **A 10% late fee charge will be assessed to any account not paid in full by the 5th of every month. If an account remains with a balance for more than one month, childcare services could be suspended. Should your account become delinquent, please contact us for payment solutions and or payment plans to avoid any collections.**
    - **The facility closes at 6:00 PM. After 6:05 PM a late pick up fee of $1.00 per minute will be assessed to your account. If you pick up your child late again the fee will increase by another dollar per minute and will continue going up from there up to $5.00 per minute.**

Please initial next to the preferred payment option.

____ Automatic withdrawal set up through paypal.

____ Paypal, Venmo, check, cash paid monthly. Please include signatories social security number and birthdate with monthly payment option: _____

BOYS & GIRLS CLUB
OF NORTHERN UTAH

CHILD CARE

Child Care Parent Handbook

Membership Requirements:

- A new registration form must be filled out for each new member.
- There is a non-refundable $20 registration fee.
- Members may start attending the facility 48 hours after the enrollment packet is completed, and we have received a copy of the child's immunizations, the registration fee, and first month's tuition. ● All of the child's emergency contacts are up to date.
- At least **one** non-parent/guardian emergency contact must be provided.
- As per state licensing requirements each child is ***required*** to be offered one hour of quiet time per day.
- Payment is either weekly or monthly. If you pay by the month you get a discount that amounts to 4 free weeks per year.

Dates & Hours:

- Monday - Friday: 7:00 AM - 6:00 PM
- The facility will be closed for federal holidays.
- Additional closure dates will be posted at the facility when necessary.

Tuition:

- Tuition fees are due **by the 5th of each month.** This is a prepaid service.
- If you choose to withdraw from the program, you must submit a withdrawal form **two weeks prior to** your exit date.
- The Boys And Girls Club reserves the right to revoke your child's spot if you fail to notify the center about any absences that last longer than 2 weeks. We will take this as a voluntary withdrawal. ● Our facility does accept DWS subsidies. For more information go to https://jobs.utah.gov/customereducation/services/childcare
- A 10% late fee charge will be assessed to any account not paid in full each week after the due date. If an account remains with a balance for more than one month, childcare services may be suspended.

Things To Bring:

- **Immunization records** need to be brought the first day the child attends club
- A water bottle that can either be stored at the facility or brought in everyday.
- A spare change of clothes, including shoes. State licensing does not allow us to wash any soiled articles of clothing. Any soiled clothing will be bagged, labeled, and set home with your child during pick up. ● A blanket for nap time.
- If your child is not potty trained, please bring in a pack of **diapers/pull-ups and wipes** that can either be stored at the facility or brought in everyday.
- If you have an infant or toddler, please bring at least two baby bottles and one pacifier that is labeled

with your child's name.

- If you are comfortable, a family photo to display within the classroom to help your child get through the transition period and any rough days.
- During the summer months please provide your child with water clothes, water shoes, sunscreen, a towel, & a hat
- Any required medication that is labeled with your child's full name. Please see the Director or member of Administration for more information on our medication policy.
- Any and all toys will **not be permitted** at the facility. Any toys brought to the facility will be kept in the office until pick up.

Meals:

- The facility will provide breakfast, lunch, and snacks that follow the CACFP standards.
- All allergies must be listed in the registration paperwork and the staff must be notified. ●

We will have a menu posted on our bulletin board.

- You are welcome to bring a treat to share on birthdays or holidays. However, state law requires the treat to be store-bought and pre-packaged.

Breast Feeding:

- All breast feeding mothers will be offered a comfortable place to breastfeed/express milk.
- There will be a refrigerator available to properly store breast milk.
    - Mothers must provide their own bottles that have been labeled with their infant's full name and the date that the milk was expressed.
- All of our staff are fully trained and knowledgeable as to how to properly store and handle breast milk.
- Breastfeeding or formula feeding.

Drop Off & Pick Up

- Children are not allowed to check themselves in or out of the facility.
- Children must wait with a staff member until their parent/guardian has checked them out. ● For safety reasons, always keep your child with you during drop off and pick up. The Boys And Girls Club will not be liable for any child who is not properly checked in or personally handed off to a staff member. Please make sure you connect with the staff member when dropping off and picking up your child to ensure their safety and upheld accountability.
- Those dropping off or picking up children are responsible for properly checking the child in or out each time.
- Anyone picking up must be at least 18 years of age and needs to provide a valid picture ID to a member

of administration before a child will be released to them.

- Anyone other than parents/guardians authorized to pick up children must be listed as an emergency contact and have a valid picture ID.
- The request to add any additional emergency contacts must be made in person with a member of administration.
- The facility closes at 6:00 PM. After 6:05 PM a late pick up fee may be assessed to your account. If we are unable to contact anyone by 6:35 PM the appropriate authorities may be contacted to assist.

Emergency Plan:

- The Boys And Girls Club staff are First Aid and CPR certified. Staff members will provide First Aid if necessary, until the professionals arrive.
- Staff members are informed as to all of our proper procedures.
- If the proper authorities are notified, the first employee to recognize an emergency situation will alert the other staff members that 911 has been contacted.
- Staff members will bring emergency contact information with them.
- If the emergency involves an injury of a child, the other Club members will be placed with another staff member in a separate area, away from the injured child.
- The staff will provide emergency supplies, including food, water, a first aid kit, and a cell phone. ● The staff will account for all Club members upon arrival at the site and contact parents/guardians if necessary.
- In case of an emergency, staff will:
    - Assess the area to ensure physical safety.
    - Call roll and assess any potential injuries.
    - Notify the direct supervisor should there be any injuries.
- Wait for an “All Clear” signal from the Club Director or their supervisor before evacuating the building, once safe, will quickly, calmly, and carefully evacuate the building to the predetermined meeting location.
- Call roll again and keep all Club member’s calm.
- Administer First Aid as needed.
- Staff will remain with the children at all times and may not leave until officially excused. ● Parent/Guardian/Emergency Contacts will be required to provide a valid photo ID to a Director or staff member in order to pick up any children from the evacuation site.
- The relocation/evacuation sites will be at the following locations:
    - Brigham Child Care Center: Park next to 650 E 700 S, Brigham City, UT 84302
    - Main Street Child Care Center: 585 Main Street, Logan, UT 84321
    - Mount Logan Child Care Center: Field next to 179 E 800 N, Logan, UT 84321

Illness:

- We are not licensed to care for sick children. Club members should remain home if they have had any Covid-19 symptoms or any of the following in the past twenty-four (24) hours: a fever of 100F or higher, diarrhea, vomiting, sore throat, an undiagnosed rash, chicken pox, pink eye, head lice, or any other potentially contagious condition.
- If a child becomes ill at the club, parents/guardians will be notified and expected to pick up their child within an hour.
- Club members may not return to the facility until their symptoms have subsided for twenty-four (24) hours or have tested negative for Covid-19
- Based on the severity of the child's illness, if we cannot contact a parent/guardian, we will call other authorized contacts or contact emergency services.
- As per state licensing regulations, each child will be directed to wash their hands upon arrival before going to their assigned classroom.

Medications:

- All medications must be stored in a secured safe in the office.
- A medication release form must be completed by a parent/guardian **prior to** any medication being administered by a staff member.
- The medication must be in its original packaging with the dosage instructions and it must be labeled with the child's full name.
- Parents/Guardians are responsible for the following:
    - Special instructions in administering the medication.
    - Signs and symptoms to look for before administering as-needed medication.
    - Any known risks or observed side effects of the medication
    - When the medication was last administered.
    - Any tips on how to approach the child with medication to make the process go as smoothly as possible.

Disabilities/Special Needs/Custody Issues/Visitation/Etc:

- Parents/guardians are asked to list any special needs their child may have (i.e. asthma, diabetes, seizures, behavioral disorders, anxiety disorders, food allergies, etc) This information will allow the staff to work more effectively with your child.
- It is the parent/guardian's responsibility to notify the staff of any custody issues and provide the facility with a copy of custodial or protective orders with instructions on procedure if an incident occurs.

Child Care & Club Rules:

- Respect Others

- Keep your body to yourself.
- Use respectful language.
- Follow directions from the staff and participate in Club directed programs.

- Respect Yourself
  - Wear clothes that cover your body; no gang related clothing or clothing with inappropriate messages or graphics.
  - Stay in program areas with staff members.
- Respect The Club
  - Keep the club clean.
  - Use the supplies and equipment in a safe manner.
- Possible Consequences
  - Staff will give verbal warnings.
  - The Club member will be removed from the activity
  - The Club member will lose privileges.
  - A staff member will fill out an incident report and the Director will contact the parents.
    - 3 behavioral slips may result in suspension and/or a loss of membership.
    - 3 or more suspensions may result in loss of membership.
    - For severe offenses the Club member may be suspended or dismissed from the program immediately.
    - Suspensions will be considered on a case-by-case basis.
      - We do not suspend children for behaviors that are typical for their appropriate developmental stage.
  - Staff members do not use the time out or isolation method for any type discipline or consequence.
  - For children aged 2 and below, behavioral issues will be addressed collaboratively between the parents and staff members.

Parent Code of Conduct:

- Courteous and respectful behavior between and among all program participants is essential to achieve our mission and assure a positive environment as well as promote the safety of children, families, and staff.
- Behavior by parents/guardians that creates an unsafe environment for children, other parents, staff, or volunteers is not acceptable. Examples of unacceptable behavior include but are not limited to: Threats

  to or harassment of staff, other parents/guardians, other Club members; swearing or cursing; verbal fighting, shouting,or displays of anger; physical violence; bringing drugs, alcohol, or weapons to

program sites or events

- The Boys & Girls Clubs of Northern UTah reserves the right to withdraw a child or family from the center if it is decided that the relationship between the Club, child, and parent/guardian is not mutually beneficial.

Possible Additional Fees:

- The facility closes at 6:00 PM. After 6:05 PM a late pick up fee of $1.00 per minute will be assessed to your account. If you pick up your child late again the fee will increase by another dollar per minute and will continue going up from there up to $5.00 per minute. If we haven't been able to contact anyone by 6:35 PM the appropriate authorities may be contacted to assist.
- Payment is due on the 1st of each month, if it is not paid by the 5th a $25 late fee will be assessed to your account.
- Any returned payment fees may result in a $35 fee

Welcome to The Boys & Girls Club!

BOYS & GIRLS CLUB
OF NORTHERN UTAH
CHILD CARE