



# BOYS & GIRLS CLUBS OF DANE COUNTY

## Boys & Girls Club MEMBERSHIP APPLICATION

This form is for members ages 5\*-14.  
\*5 year olds must be enrolled in Kindergarten.

**Membership Materials take 24-48 hours to process and must be complete. You will receive a confirmation phone call/email to notify you when your child may begin attending.**

For your child's well-being, the information you provide must be complete and accurate. This information is necessary for compliance with WI Administrative Code for Group Child Care Centers and Boys & Girls Club records.

### MEMBER INFORMATION

#### Member General Information

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Member Birthdate: \_\_\_\_\_

Member School: \_\_\_\_\_

Member School District: \_\_\_\_\_

Member Grade: \_\_\_\_\_

Anticipated First Date of Attendance: \_\_\_\_\_

#### Member Race/Ethnicity

Mark only one square.

- American Indian/Alaska Native
- Asian
- Black/African American
- Latino
- Multi-Racial
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other

#### Member School Lunch Eligibility

Mark only one square.

- Free
- Reduced
- Non-Needy
- Unknown

#### Member Gender:

- Female
- Male
- Transgender
- Other

#### Member Lives with:

Mark only one square.

- Both Parents
- Mother Only
- Father Only
- Foster Care
- Guardian
- Group Home
- Other

#### Member previous attendance

Mark only one square.

- Yes
- No

#### If Member has previous attendance which Club location did they attend?

#### Member will arrive at the Club from:

- School Provided Transportation
- Parent/Guardian Drop Off
- BGCDC Provided Transportation (separate application)
- Walking
- Public Transportation

### FAMILY INFORMATION

#### Parent/Guardian 1

Name: \_\_\_\_\_  
Best Contact Phone: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Parent/Guardian 2

Name: \_\_\_\_\_  
Best Contact Phone: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### List Your Annual Household Income

Mark only one square.

- Less than \$9,999
- \$10,00-\$14,999
- \$15,00-\$22,999
- \$23,000-\$33,999
- \$34,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$84,999
- \$85,000 or more
- I am currently unemployed

## FAMILY INFORMATION *Continued*

### How Many Members Are in Your Household Including Yourself?

Mark only one square.

2  3  4  5  6  7  8  9  10  More than 10

### Are You or Any Member of Your Family on Active Duty?

Mark only one square.

Yes  No

### Are You or Any Member of Your Family a Club Alumni?

Mark only one square.

Yes  No

### List Any Benefits You Receive

- SSI/Disability  
 FoodShare  
 WI Shares (Child Care Subsidy)  
 Medicaid or BadgerCare  
 Reduced/Free Lunch  
 I do not receive any benefits at this time  
 Other

## AUTHORIZED PICK UPS

### Member may be picked up by:

(List First & Last Name, Phone Number and Address)

Name: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Member may be picked up by:

(List First & Last Name, Phone Number and Address)

Name: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Member may be picked up by:

(List First & Last Name, Phone Number and Address)

Name: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Member may be picked up by:

(List First & Last Name, Phone Number and Address)

Name: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## HEALTH HISTORY & EMERGENCY PLAN

### Name of Medical Facility:

\_\_\_\_\_

### Address of Medical Facility

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Name of Physician

\_\_\_\_\_

\_\_\_\_\_  
(Please Initial) I authorize the BG CDC to apply sunscreen to my child.  
(Brand: No-Ad Kids SPF 50)

\_\_\_\_\_  
(Please Initial) I authorize my child to self-apply sunscreen.  
(Brand: No-Ad Kids SPF 50)

\_\_\_\_\_  
(Please Initial) I authorize the BG CDC to apply repellent to my child.  
(Brand: OFF! Family Care 5% Picardin)

\_\_\_\_\_  
(Please Initial) I authorize my child to self-apply repellent.  
(Brand: OFF! Family Care 5% Picardin)

\_\_\_\_\_  
(Please Initial) I authorize the BG CDC to apply lotion to my child.  
(Brand: Vaseline Intensive Care Coco Radiant)

\_\_\_\_\_  
(Please Initial) I authorize my child to self-apply lotion.  
(Brand: Vaseline Intensive Care Coco Radiant)

\_\_\_\_\_  
(Please Initial) I authorize the BG CDC to apply petroleum jelly to my child.  
(Brand: Vaseline 100% Pure)

\_\_\_\_\_  
(Please Initial) I authorize my child to self-apply petroleum jelly.  
(Brand: Vaseline 100% Pure)

### Member Emergency Contact

(In addition to parental guardian, must complete at least 1 contact)

(List First & Last Name, Relation to Member, Phone Number, and Address)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Member Emergency Contact 2 (Optional)

(List First & Last Name, Relation to Member, Phone Number, and Address)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Member Emergency Contact 3 (Optional)

(List First & Last Name, Relation to Member, Phone Number, and Address)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## HEALTH HISTORY & EMERGENCY PLAN *Continued*

**Check any special medical condition that your child may have. If available, provide any health care plan information from the child's physician, therapist, etc.**

*Check all that apply.*

- No Specific Medical Condition
- Asthma:  Controlled  Medication Required
- Cerebral Palsy/Motor Disorder
- Diabetes
- Food Allergies *Specify:* \_\_\_\_\_
- Non - Food Allergies *Specify:* \_\_\_\_\_
- Gastrointestinal or Feeding Concerns Including Special Diet and Supplements
- Epilepsy/Seizure Disorder
- Cognitive Disability
- Learning Disability
- ADHD/ADD
- Autism Spectrum Disorder
- Milk Allergy If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative
- Other Conditions *Specify:* \_\_\_\_\_

**Must complete the following if special medical condition(s) were indicated.**

**Specify triggers that may cause problems.**

---

---

---

**Specify signs of symptoms to watch for.**

---

---

---

**Specify Steps the child care provider should follow.**

---

---

---

**Will your child take any medication(s) while in care?**

*Mark only one square.*

- Yes  No

**If yes, a copy of the form Authorization to Administer Medication should be attached to this form.**

**Identify any child care staff to whom you have given specialized training/instructions to help treat symptoms.**

*Check all that apply.*

- Club Director/Assistant Club Director
- Membership Services Associate
- Group Leader/Teacher
- Other Management
- NA, my child does not have any special medical condition(s)

**When to call parents regarding symptoms or failure to respond to treatment.**

---

---

---

**When to consider that the condition requires emergency medical care or reassessment.**

---

---

---

**Additional information that may be helpful to the child care provider:**

---

---

---

**Signature and Date**

\_\_\_\_\_  
*Signature and Date*

## IMMUNIZATIONS

State Law requires all children in child care centers to present evidence of immunization against certain diseases.

**I will provide an immunization record by:**

*Check all that apply.*

- Faxing to: (608) 257-7570
- In Person
- By Printing and Completing the Child Care Immunization Record Form
- My child is not immunized \*must print and complete Child Care Immunization Record Form

# TRANSPORTATION PERMISSION-CHILD CARE CENTERS

Completion of this form meets compliance with DCF 251.

## Member Name

Name: \_\_\_\_\_

## Does the child have any special health care needs?

Mark only one square. Mark "Yes" if a health condition is listed on the Health History & Emergency Plan.

Yes  No

**In the event an authorized adult is not at destination to receive child or the child is unable to enter the building: I give permission to first contact the parent/guardian, then emergency contact. If no adult can be reached, the child will be returned to the Club location. The child will need to be picked up from the Club.**

## Transportation

Name: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Signature & Date

\_\_\_\_\_  
*Signature and Date*

## Authorized Destinations

Mark all that apply.

Allied Club 4619 Jenewein Road Fitchburg to  
Taft Club 2001 Taft Street Madison

Taft Club 2001 Taft Street to  
Allied Club 4619 Jenewein Road Fitchburg

School/Summer School to Allied or Taft Club

Allied or Taft Club to Home

Club Field Trips

## School Name and Address

(Only if BGDCDC Picks Child Up)

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Home Address

(Only if BGDCDC Drops Child Off)

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
(Please Initial) **I hereby give my consent for emergency medical treatment to be given.**

\_\_\_\_\_  
(Please Initial) **I hereby give permission for my school-aged child to enter a building unescorted.**

# ALTERNATIVE ARRIVAL AND RELEASE AGREEMENT

This form gives Boys & Girls Club permission to accept your child at the Club

## My child will arrive at the Club from:

Check all that apply.

- School Provided Transportation (School Year or Summer School)
- Myself or other Authorized Adult
- Walking (including entering the Club without an adult)
- Community Activity: \_\_\_\_\_
- Other: \_\_\_\_\_

## Name of School/Activity my child will arrive from:

## Time of Arrival (School Dismissal)

Indicate time of arrival next to each day.

### Days:

Check all that apply.

- Monday \_\_\_\_\_ :
- Tuesday \_\_\_\_\_ :
- Wednesday \_\_\_\_\_ :
- Thursday \_\_\_\_\_ :
- Friday \_\_\_\_\_ :
- Non-School Days \_\_\_\_\_ :

## My child will leave from the Club to go Home by:

Check all that apply.

- Myself or other Authorized Adult \*Must be 18 Years or Older
- School Provided Transportation (Taxi, Badger Bus)
- Walking (including leaving the Club to an adult in a car)
- Community Activity: \_\_\_\_\_
- Other: \_\_\_\_\_

## Time of Dismissal

Indicate time of departure next to each day.

### Days:

Check all that apply.

- Monday \_\_\_\_\_ :
- Tuesday \_\_\_\_\_ :
- Wednesday \_\_\_\_\_ :
- Thursday \_\_\_\_\_ :
- Friday \_\_\_\_\_ :
- Non-School Days \_\_\_\_\_ :

## Signature & Date

Signature and Date

# AUTHORIZATIONS

\_\_\_\_\_ (Please Initial)  
 I understand that it is my responsibility to monitor my child's participation in Club activities based on any physical or medical limitations that my child has that would inhibit his/her participation.

\_\_\_\_\_ (Please Initial)  
 In the event of injury or should emergency medical care be required, I authorize Club staff to arrange for emergency medical attention for my child.

\_\_\_\_\_ (Please Initial)  
 I give permission for my child to participate in transported and walking field trips and other activities during operating hours.

\_\_\_\_\_ (Please Initial)  
 I am aware of the center's policies regarding pets.

\_\_\_\_\_ (Please Initial)  
 I acknowledge I have had an opportunity to review the childcare policies of this center and a summary of the WI Rules for Group Child Care Centers.

\_\_\_\_\_ (Please Initial)  
 I understand my child may receive noninvasive physical exams and/or other types of assessments as a benefit of his/her membership.

\_\_\_\_\_ (Please Initial)  
 I give permission for my child to participate in surveys, discussion groups or other activities that help determine the success of Club programs.

\_\_\_\_\_ (Please Initial)  
 I authorize release of information from school about my child so the Clubs can best serve its members.

\_\_\_\_\_ (Please Initial)  
 I authorize Boys & Girls Clubs to obtain or share data related to my child for the purpose of program assessment.

\_\_\_\_\_ (Please Initial)  
 I grant permission for photographs, audiotapes and records of my child to be used by the Clubs and its agents for public relations and/or program evaluations purposes on behalf of the Boys & Girls Clubs.

\_\_\_\_\_ (Please Initial)  
 Boys & Girls Clubs has permission to receive and share information (for use of identifying program and opportunity needs (within agencies serving our members such as: Health Department, other Health Agencies, MMSD, VASD, SPASD and other school districts.

## PAYMENT

Memberships are not complete without payment. Please answer the following questions to determine your membership rate.

The Boys & Girls Clubs asks our families to partner with us in covering the cost of care. Fees are based on a sliding income scale. **Fees are billed in advance of the care provided.**

### Payment Options are:

**Monthly:** No later than the 5th of the month

**Annually:** Prior to the 1st day of attendance

Type of Program	After School Care	Non-School Days	Monday Late Start (Allied Only)
Rate	\$330 month/ \$85 week	\$200 week/ \$40 day	\$50 month/ \$12 day
Income Categories	Scholarship Rate (Annual School Year Membership)	Scholarship Rate (Per Day)	Scholarship Rate (Per Day)
24,999 and under	\$10	\$5	\$6
25,000-49,999	\$15	\$10	\$6
50,000-74,999	\$20	\$15	\$8
85,000-84,999	\$25	\$20	\$9
85,000 and up	\$30	\$25	\$10

### Notes:

- School Year Membership Rate: includes days school is in session
- Non-School Days: Require pre-registration and have a fee **in addition** to the school year membership rate
- Monday Late Start: Requires pre-registration and has a fee **in addition** to the school year membership rate

### We Accept WI Shares!

**Scholarships Available!** \* With Appropriate Documentation

### 2019 FPL Table for Financial Eligibility in the Wisconsin Shares Child Care Subsidy Program

Group Size	Annual 185% FPL	Monthly 185% FPL	Annual 85% SMI	Monthly 85% SMI
2	\$31,284	\$2,607	\$50,908	\$4,242
3	\$39,461	\$3,288	\$62,886	\$5,241
4	\$47,638	\$3,970	\$74,865	\$6,239
5	\$55,815	\$4,651	\$86,843	\$7,237
6	\$63,992	\$5,333	\$98,821	\$8,235
7	\$72,169	\$6,014	\$101,067	\$8,422
8	\$80,346	\$6,695	\$103,313	\$8,609
9	\$88,523	\$7,377	\$105,559	\$8,797
10	\$96,700	\$8,058	\$107,805	\$8,984
Each Additional Person Add	\$8,177	\$681		

If your income falls within the limits, please apply for WI Shares by calling 1-888-794-5556 or [www.access.wisconsin.gov](http://www.access.wisconsin.gov)

Provider Number: 1000586911

Allied: 001

Taft: 002

Go online to ACCESS and click on "Am I Eligible" to see if you might qualify. <https://access.wisconsin.gov/>

**I do not qualify for Wisconsin Shares Child Care Subsidy Program. I am requesting a scholarship. I will provide the following.** Check only one square.

- Pay Stub that documents my annual income
- Taxes that document my annual income
- SSI/Disability Check
- Unemployment Check
- Other documents that verify annual income
- NA, I am using WI Shares

## LATE FEES

A late fee of \$5 for every 15 minutes after the hours of operation will be charged. This fee must be paid in full before the member's next day of attendance.

**I agree to pay any late fees as applicable.**

\_\_\_\_\_  
(Please Initial)

\_\_\_\_\_  
(Please Date)

If the member uses Boys & Girls Club provided transportation and the member is unable to enter his/her destination and a parent/guardian cannot be reached or an emergency contact a late fee of \$5 for every 15 minutes after the member arrives at the Club will be charged. This fee must be paid in full before the member's next transportation usage.

**I agree to pay any late fees as applicable**

\_\_\_\_\_  
(Please Initial)

\_\_\_\_\_  
(Please Date)

## SIGNATURE

**I hereby certify that the information provided in this application is correct to the best of my knowledge.**

\_\_\_\_\_  
Printed Name (First & Last)

\_\_\_\_\_  
Signature and Date



# Boys & Girls Clubs 2019-2020 SCHOOL YEAR REGISTRATION

## MEMBER INFORMATION

### Member General Information

Name: \_\_\_\_\_

Member Birthdate: \_\_\_\_\_

Member Grade: \_\_\_\_\_

Member School: \_\_\_\_\_

### I am interested in learning more about the following:

- BGCDC Transportation Services
- More Smiles Dental Clinic

## ATTENDANCE

**Hours of Operation:** School Dismissal-6:00pm

**Non-School Days:** 8:30am-6:00pm

**Early Release:** School Dismissal-6:00 pm

**Holidays:** Labor Day, Thanksgiving, Day After Thanksgiving, Christmas Eve, Christmas, New Year's Eve, MLK Jr., Memorial Day, Independence Day

**Professional Development:** 10/25/19, 12/30/19

### Register For The Following Options:

#### Monday Late Start

*\*Allied Only.*

- School Year (7:00am-9:30am)

#### After School Care

**School Dismissal-6:00pm**

**(Included in school year membership rate)**

*Mark squares for days your child will typically attend:*

- Monday (2pm-6pm)
- Tuesday (2:45 pm-6pm)
- Wednesday (2:45 pm-6pm)
- Thursday (2:45 pm-6pm)
- Friday (2:45 pm-6pm)

#### Early Release Days

**School Dismissal-6:00pm**

**(Included in school year membership rate)**

- 9/3/19 (1:15pm-Elementary)
- 9/4/19 (1:15pm-Elementary)
- 11/9/18 (10:50am-Elementary)
- 4/3/20(10:50am-Elementary)
- 4/10/20 (10:50 am-Elementary)
- 5/29/20 (VASD Only)

#### Non-School Days

**8:30am-6:00pm pm**

**(Seperate registration and payment required)**



**BOYS & GIRLS CLUBS**  
OF DANE COUNTY

# Boys & Girls Clubs PARENT/GURADIAN CONSENT FORM

I, the parent or legal guardian for \_\_\_\_\_  
hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Clubs.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Clubs. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Clubs Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Clubs to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Printed name of Parent/Guardian*

\_\_\_\_\_  
*Date*

Please sign the permission form and return to the Boys & Girls Clubs Mentoring Program Coordinator by \_\_\_\_\_ .

*Date*