



BOYS & GIRLS CLUBS OF DANE COUNTY

Boys & Girls Clubs-Patrick Marsh Day Camp MEMBERSHIP APPLICATION

This form is for youth enrolled at Patrick Marsh Middle School through the age of 14 years old.

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 Day Camp 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
- 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

_____ I authorize the BG CDC to apply sunscreen to my child.

(Please Initial) (Brand: No-Ad Kids SPF 50)

_____ I authorize my child to self-apply sunscreen.

(Please Initial) (Brand: No-Ad Kids SPF 50)

_____ I authorize the BG CDC to apply repellent to my child.

(Please Initial) (Brand: OFF! Family Care 5% Picardin)

_____ I authorize my child to self-apply repellent.

(Please Initial) (Brand: OFF! Family Care 5% Picardin)

_____ I authorize the BG CDC to apply lotion to my child.

(Please Initial) (Brand: Vaseline Intensive Care Coco Radiant)

_____ I authorize my child to self-apply lotion.

(Please Initial) (Brand: Vaseline Intensive Care Coco Radiant)

_____ I authorize the BG CDC to apply petroleum jelly to my child.

(Please Initial) (Brand: Vaseline 100% Pure)

_____ I authorize my child to self-apply petroleum jelly.

(Please Initial) (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.

- Day Camp Director
- Membership Services Associate
- Counselor
- 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.

Patrick Marsh Boys & Girls Club Location
1351 Columbus Street, Sun Prairie, WI

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 of 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 Day Camp.

_____ (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
Rate	\$330 month/ \$85 week
Income Categories	Scholarship Rate (Annual School Year Membership)
24,999 and under	\$10
25,000-49,999	\$15
50,000-74,999	\$20
85,000-84,999	\$25
85,000 and up	\$30

Notes:

- School Year Membership Rate: includes days school is in session

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

Provider Number: 1000586911

Patrick Marsh: 009

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

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