



**THE MCKENZIE FAMILY
BOYS & GIRLS CLUB**
A BRANCH OF BOYS & GIRLS CLUBS OF DANE COUNTY

The McKenzie Family Boys & Girls Club 2019-2020 SCHOOL YEAR REGISTRATION

MEMBER INFORMATION

Member General Information

Name: _____

Member Birthdate: _____

Member Grade: _____

Member School: _____

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: TBD

Register For The Following Options:

After School Care

School Dismissal-6:00pm

(Included in school year membership rate)

Mark squares for days your child will typically attend:

- Monday (3:00 pm-6pm)
- Tuesday (3:00 pm-6pm)
- Wednesday (3:00 pm-6pm)
- Thursday (2:00 pm-6pm)
- Friday (3:00 pm-6pm)

Non-School Days

8:30am-6:00pm pm

(Seperate registration and payment required)



The McKenzie Family 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.

THE MCKENZIE FAMILY BOYS & GIRLS CLUB

A BRANCH OF BOYS & GIRLS CLUBS OF DANE COUNTY

MEMBER GENERAL INFORMATION

Name: _____

Home Address: _____

City & State: _____ Zip: _____

Member Birthdate: _____

Member School: _____

Member School District: _____

Member Grade: _____

Anticipated First Date of Attendance: _____

Member Gender:

Female Male Transgender Other

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 Unknow

Member Lives with:

Mark only one square.

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

Member Disabilities/Other Health Needs:

- Yes, member has documented disabilities/other health needs and may require accomodations to participate in the program.
- No, member does not have disabilities/other health needs and does not require accomodations to participate in the program.

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 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)
 WIC
 WI Works (W2)
 Medicaid or BadgerCare
 Reduced/Free Lunch
 I do not receive any benefits at this time
 Other

AUTHORIZED PICK UPS

Must be 18 years of age.

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. Must be completed and filed at the center prior to the Club administering medication.

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.

Emergency Contact:

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.

- School/Summer School to The McKenzie Family Club
 Club Field Trips

School Name and Address

(Only If BG CDC Picks Child Up)

School Name: _____

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 Clubs 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 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, 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
75,000-84,999	\$25
85,000 and up	\$30

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

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
2	\$31,284	\$2,607
3	\$39,461	\$3,288
4	\$47,638	\$3,970
5	\$55,815	\$4,651
6	\$63,992	\$5,333
7	\$72,169	\$6,014
8	\$80,346	\$6,695
9	\$88,523	\$7,377
10	\$96,700	\$8,058
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

McKenzie Family Club: 011

I do not qualify for Wisconsin Shares Child Care Subsidy Program. I am requesting a scholarship. I will provide the following in addition to documentation that supports I do not qualify for Wisconsin Shares: *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 Clubs 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/>



Beneficiary Self-Certification Form – 2018

(For use beginning April 1, 2018)

Program Name: _____

Program Dates: _____

This program has received assistance from Dane County through funds that were provided in part by the U.S. Department of Housing and Urban Development (HUD) which requires that the following information be completed. This information will be kept confidential.

Name: _____

Gender: Male Female

Home Address: _____

Family Size: _____ people

City & State: _____ Zip: _____

Source(s) of Income: _____

Date of Birth: _____

Are You currently a W2 Recipient? Yes No

Head of Household? Yes No

Race: _____

Disabled? Yes No

Ethnicity: Hispanic Non Hispanic

In the chart below, find your family size, then circle the income level for your family's current annual income. Total family income includes income from all sources (wages, unemployment, social security, public assistance, interest and dividends, worker's comp, etc.) for all members of your family who are at least 18 years of age.

Household Size	Extremely Low Income Limits (30%)	Very Low Income Limits (50%)	Low Income Limits (80%)
1 Person	\$19,250 or less	\$19,251 – 32,100	\$32,101 – 50,350
2 People	\$22,000 or less	\$22,001 – 36,700	\$36,701 – 57,550
3 People	\$24,750 or less	\$24,751 – 41,300	\$41,301 – 64,750
4 People	\$27,500 or less	\$27,501 – 45,850	\$45,851 – 71,900
5 People	\$29,700 or less	\$29,701 – 49,550	\$49,551 – 77,700
6 People	\$33,740 or less	\$33,741 – 53,200	\$53,201 – 83,450
7 People	\$38,060 or less	\$38,061 – 56,900	\$56,901 – 89,200
8 People	\$42,380 or less	\$42,381 – 60,550	\$60,551 – 94,950

My family income is higher than the amounts listed above for my family size. (Check the box only if it applies)
My family income is: \$ _____

I attest that the information provided is true and correct to my knowledge. I understand that the information listed on this form may be subject to verification by Dane County and/or by the U.S.

Department of Housing and Urban Development (HUD), the Office of the Inspector General, or their authorized representatives.

Beneficiary Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

CDBG-Public Service 2017