

# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB  
OF GREATER BILLERICA**

## 2018-2019 CHILDCARE ENROLLMENT

Enrollment Fees	Registration Fee ( <i>non-refundable</i> )	\$50.00			
	Yearly Membership Fee ( <i>youth ages 7 and under</i> )	\$30.00			
	Yearly Membership Fee ( <i>youth ages 8 and older</i> )	\$40.00			
Monthly Tuition		<u>5 Days</u>	<u>4 Days</u>	<u>3 Days</u>	<u>2 Days (min.)</u>
	Early Bird	\$175	\$156	\$126	\$90
	Fun Club	\$450	\$385	\$295	\$205
	Early Bird & Fun Club	\$600	\$520	\$400	\$275
Additional Tuition	Early Bird Extra Day	\$15		Fun Club Extra Day	\$30
	Vacation Days	\$45 per Day ( <i>Billed separately from monthly tuition</i> )			
Discounts	Sibling	A 10% discount will be applied to each sibling.			
	Auto Pay	A \$10.00 monthly discount will be applied if you sign up for autopay using your checking or savings. (Per Family)			
Miscellaneous Fees	Late Payment Fee	If payment is not received by the due date a \$20 late fee will be applied. <i>If the payment and late fee are not received by the last day of the month, your child will not be allowed to attend the program until your account is up to date.</i>			
	Late Pick Up	Payment of \$1.00 per child, per minute is due upon arrival.			
	Declined Auto-Payment	If credit card payments are declined, a \$10.00 fee will be applied.			
	Returned Check	If your check is returned from the bank, a \$25.00 fee is applied.			

Tuition fees are based on a 10 month cycle, and are due in monthly installments (by the 25<sup>th</sup> for the following month).  
These fees include school days, professional days, holidays, early release days, and half days.  
School vacations are a separate charge.

Monthly Billing Cycle		
Program Month	Tuition Is Posted to MyProcure	Tuition Payment is Due
September	August 17	August 25
October	September 17	September 25
November	October 17	October 25
December	November 16	November 25
January	December 17	December 25
February	January 17	January 25
March	February 15	February 25
April	March 15	March
May	April 17	April 25
June	May 17	May 25

\*Parents wishing to make a change to their child's schedule, either permanently or for a one-time occurrence, must contact the Childcare Billing Office for prior approval. Email: [childcarebilling@billericabgc.com](mailto:childcarebilling@billericabgc.com) or Phone: (978) 667-2193, Ext. 103

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*For office use only:*  
 Amount: \_\_\_\_\_  
 Method: \_\_\_\_\_  
 Staff: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_



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## Childcare Registration

2018-2019 School Year

Date of Admission: \_\_\_\_\_  
 Age at Admission: \_\_\_\_\_

Please Print Neatly:

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Primary Language \_\_\_\_\_ Gender: \_\_\_\_\_  
 Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Height \_\_\_\_' \_\_\_\_" Weight \_\_\_\_ lbs.  
 Identifying Marks \_\_\_\_\_  
 Is any member of your family in the Military?  Yes  No Branch \_\_\_\_\_ (membership fee may be waived)

Elementary School: \_\_\_\_\_ Grade \_\_\_\_\_ (2018-19 School Year)

I give permission for my child to use the pool at the Boys & Girls Club.  Yes  No

I give permission for my child's photo to be taken for the Club website, local newspapers and/or Club social media pages.  Yes  No

Are there any custody issues/restraining orders?  Yes  No

If yes, please explain: \_\_\_\_\_

Is there a formal custody agreement or restraining order on file?  Yes  No

If yes, please provide a copy with your registration forms.

Program(s) Needed: *Please circle all that apply*

<i>Fun Club</i>	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Early Bird</i>	Monday	Tuesday	Wednesday	Thursday	Friday

**Note: There is a two day minimum for each program. We do NOT offer variable day schedules.**

### Parent/Guardian Information (Please Print Neatly)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Listed as Primary Payer

List as Secondary Payer on Account\*  Yes  No

Lives with Child  Yes  No

Lives with Child  Yes  No

Authorized to Pick up Child  Yes  No

Authorized to Pick up Child  Yes  No

Address \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Provide Cell phone Carrier Company to sign up for Text Alerts: \_\_\_\_\_

Provide Cell phone Carrier Company to sign up for Text Alerts: \_\_\_\_\_

Work # \_\_\_\_\_ Ext \_\_\_\_\_

Work # \_\_\_\_\_ Ext \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* If a guardian is not listed as a secondary payer on MyProcure, they will not receive email/text updates.*

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## Transportation Plan and Authorization

<u>FUN CLUB:</u>	<u>EARLY BIRD:</u>
<p>MY CHILD WILL ARRIVE AT THE PROGRAM BY:</p> <p><input type="checkbox"/> <b>UNSUPERVISED WALK</b> <i>(From Classroom to Cafeteria)</i></p> <p><input type="checkbox"/> SCHOOL BUS DROP OFF</p> <p><input type="checkbox"/> PROGRAM VAN</p> <p><input type="checkbox"/> PARENT DROP-OFF</p> <p>MY CHILD WILL DEPART FROM THE PROGRAM BY:</p> <p><input type="checkbox"/> <b>PARENT/AUTHORIZED ADULT PICK UP</b></p> <p><input type="checkbox"/> SCHOOL BUS</p> <p><input type="checkbox"/> PROGRAM VAN</p> <p><input type="checkbox"/> OTHER (DESCRIBE _____)</p>	<p>MY CHILD WILL ARRIVE AT THE PROGRAM BY:</p> <p><input type="checkbox"/> UNSUPERVISED WALK</p> <p><input type="checkbox"/> <b>PARENT DROP-OFF</b></p> <p><input type="checkbox"/> OTHER (DESCRIBE _____)</p> <p>MY CHILD WILL DEPART FROM THE PROGRAM BY:</p> <p><input type="checkbox"/> VINING SCHOOL: SCHOOL BUS</p> <p><input type="checkbox"/> DUTILE SCHOOL: BOYS &amp; GIRLS CLUB VAN</p> <p><input type="checkbox"/> PARKER SCHOOL: BOYS &amp; GIRLS CLUB VAN</p> <p><input type="checkbox"/> HAJJAR SCHOOL: BOYS &amp; GIRLS CLUB VAN OR SCHOOL BUS</p> <p><input type="checkbox"/> KENNEDY SCHOOL: SCHOOL BUS</p> <p><input type="checkbox"/> DITSON SCHOOL: BOYS &amp; GIRLS CLUB VAN</p> <p><input type="checkbox"/> OTHER (DESCRIBE _____)</p>

### Emergency Contacts:

Please Note: These are updated with each new registration form.

Would you like to continue using the same Emergency Contacts currently listed in your My Procure?

- Yes    No
- If Yes, you do **NOT** need to complete the entries listed below *(Unless Updating addresses, phone numbers, ect.)*
  - If No, please list **ALL** emergency contacts you would like to have on file.

If no one is authorized other than the parent/legal guardian, please indicate below "NO ONE."

If the child is protected by a restraining order, please submit a copy of the order along with this registration form.

I give permission for the following listed people to receive my child at the end of the day:

<p>1. Name _____</p> <p>Relationship to child _____</p> <p>Address _____</p> <p>Home # _____</p> <p>Work # _____</p> <p>Cell # _____</p>	<p>3. Name _____</p> <p>Relationship to child _____</p> <p>Address _____</p> <p>Home # _____</p> <p>Work # _____</p> <p>Cell # _____</p>
<p>2. Name _____</p> <p>Relationship to child _____</p> <p>Address _____</p> <p>Home # _____</p> <p>Work # _____</p> <p>Cell # _____</p>	<p>4. Name _____</p> <p>Relationship to child _____</p> <p>Address _____</p> <p>Home # _____</p> <p>Work # _____</p> <p>Cell # _____</p>

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## First Aid and Emergency Medical Care Consent Form

I authorize staff in the child care program, who are trained in the basics of first aid, to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to (preferred medical facility), and to secure necessary medical treatment for my child, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child.

Child's Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Office Address \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

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

*I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements, are on file at my child's school.*

**Parent/Guardian Initials:** \_\_\_\_\_

**Does your child have any allergies or special dietary needs?**  Yes  No

*If yes, please explain:* \_\_\_\_\_

**Does your child have any chronic health and/or behavioral conditions?**  Yes  No

*If yes, please explain:* \_\_\_\_\_

**Will your child require the administration of any medication [either routine (daily administration) or emergency (i.e. epi-pen, inhaler, etc.)] while in the care of the Boys & Girls Club's childcare program(s) to care for any of the above listed conditions?**  Yes  No

**If your child will require the administration of medication, you must have an "Individual Healthcare Plan" and "Medication Consent Form" completed by your child's physician before your child can begin Fun Club and/or Early Bird.**

### Individual Healthcare Plan

- I am attaching my child's completed Individual Healthcare Plan
- I do not have my child's completed Individual Healthcare Plan, but I understand that it must be turned in before my child can attend any childcare program at the Boys & Girls Club of Greater Billerica

### Medication Consent Form

- I am attaching my child's completed Medication Consent Form
- I do not have my child's completed Medication Consent Form, but I understand that it must be turned in before my child can attend any childcare program at the Boys & Girls Club of Greater Billerica

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**BOYS & GIRLS CLUB  
OF GREATER BILLERICA**

## Parent Agreement

*The Boys and Girls Club of Greater Billerica, Inc. provides equal access to public accommodation. Applications for enrollment are acted upon without regard to race, religion, national origin, handicap, or sexual orientation.*

- 1) The childcare registration fee is \$50 per child (non-refundable) and your child must be a member of the Boys & Girls Club.
  - a. Under 8 years old - \$30/year for membership; Over 8 years old - \$40/year for membership
- 2) Early Bird runs from 6:30 AM to bus arrival. Fun Club runs from school dismissal through 6:00 PM. I agree to pay a late fee of \$1.00 per minute, per child should I arrive after the program ends. **This late fee is due upon arrival.**
- 3) Programs run on days school is in session. On holidays and other school closings, programs will be held at the Club.
  - a. **Exceptions:** New Year's Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas; and any closings due to weather
- 4) The Boys & Girls Club will be closed when Billerica Public Schools are closed due to weather. No programs will be held.
- 5) Parents must enter the facility and sign their children out daily. On days your child is at the Club, you will also be required to enter the facility to sign them in.
- 6) Parents may be called to pick up children when they are ill. Children absent due to contagious diseases may not return until they are no longer contagious.
- 7) Snack is provided at the Fun Club programs.
- 8) Programs are not responsible for articles brought from home.
- 9) Written notice is required by the 25<sup>th</sup> of the month in the case of withdrawal or day changes for the following month. If the child re-enters, a re-registration fee will be required. Payments already made for the month are non-refundable.
- 10) Should the program staff determine your child has not adjusted to the program, a parent conference will be scheduled, and the child may be removed and this agreement terminated.
- 11) Tuition **must** be paid by the 25<sup>th</sup> of the month with **no deductions for absences, vacations or holidays.** A \$20 late fee will be assessed if payment is not made. If the payment is not received by the last day of the month, your child will not be allowed in the program until your account is up to date. To make this easier, parent/guardians can enroll in automatic payments.
- 12) Tuition **includes** school days, holidays, and professional days. Tuition **does not include** vacation days (i.e. winter break, February vacation, April vacation).
- 13) Should you bounce a check, there is a bounced check fee of \$25.00. Payment is due immediately.
- 14) I agree to call the Club (978-667-2193) or the Fun Club cell phone one hour prior to the program if my child will not attend. I will be responsible for paying for that day.
- 15) The childcare parent handbook is accessible at anytime at <https://www.billericabgc.com/fun-club-early-bird>. Parents/guardians are responsible for reviewing the material, and should direct any questions to the Childcare Director.
- 16) This agreement is subject to change in whole or part with 2 weeks' notice.

Parent/Guardian Signature:

Date:

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## Parent Agreement

### **PARENT COPY**

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