

OPEN REGISTRATION

BGC Northfield ASP

The Boys and Girls Club of the White River Valley is proud to announce the 2010-2011 BGC Northfield Afterschool Program at Northfield Elementary!

- **Open Monday through Friday, 2:30-6:30pm**
NEW extended hours for working families
- **Daily Enrichment Activities**
Power Hour homework assistance, physical fitness activities, creative arts projects and specialty clubs
- **Open to Northfield and Roxbury students**
Open to all students in grades K-6 in Northfield and Roxbury, including children who are home-schooled. Transportation is available for Roxbury students.
- **Program begins Monday, 9/13/10**
At Northfield Elementary, 10 Cross St in Northfield

2010-2011 program rate is \$12 per child per day. State subsidy is available to families who qualify. BGCWRV membership materials and registration forms are attached. Additional copies are available at our administrative office at 34 Pleasant St in Randolph and on our website at www.bgcwrv.org.

If you would like more information or would like to volunteer at the program, please contact Becky Raymond, Director of Programming at (802) 728-3332 or braymond.bgc@gmail.com



Date: _____

BGC Northfield Registration Form
2010-2011 Afterschool Program, Grades K-6

Child's Name: _____ D.O.B. _____

Parents / Legal Guardians: _____

Mailing Address: _____

Email Address: _____

Household Type (who does your child live with):

- Both Parents Single Parent
- Extended Family Other _____
- Non-Family Guardians

Which best describes your child's swim ability level:

- Cannot Swim Can Swim in Deep End
- Can Float with Assistance Knows some Strokes
- Can Swim Independently Advanced Swimmer

Important Information:

- The BGC Northfield Afterschool Program will run on weekday afternoons beginning Monday, 9/13/10, and ending approximately 2 days prior to the last day of school. We follow the Northfield public school calendar and are closed during any days that the school is closed. If school is cancelled or dismissed early due to inclement weather, the BGC Northfield program will also be closed.
- The 2010-2011 tuition rate is \$12 per day for each day that your child is registered to attend the program. If your child will be absent from the program, families are required to notify the BGCWRV administrative office by phone or email by 12 pm on the day your child will be absent. Families who do not notify staff about absences may be subject to additional fees. As a state licensed afterschool program, families who receive state subsidy for child care are able to apply this subsidy to our program. Please contact our administrative office for more information.
- Students at the Roxbury Village School are able to take school bus transportation to our program at the Northfield Elementary School. Please see your school administrative office for details.
- The BGC Northfield Afterschool Program will be **closed** during school vacation weeks in December, February and April based on low enrollment during the 2009-2010 school year. If there is sufficient interest from families, we may choose to open during one or more of these vacation weeks – please contact our administrative office for details.
- Afternoon snacks are provided to all program participants on a daily basis.

CONTINUED ON THE REVERSE →

Medical Release and Release of Liability: I authorize the staff and volunteers of the Boys and Girls Club of the White River Valley (BGCWRV) to provide basic first aid or to call additional medical care on my child's behalf in the event of an emergency if I cannot be reached or when delay would be dangerous to my child's health. I further agree to release BGCWRV and their staff and volunteers from any liability connected with my child's participation in the program listed above.

Parent/Guardian Signature: _____ Date: _____

Photo Release: I authorize the BGCWRV staff take photographs of my child while participating in BGCWRV programs. I understand that BGCWRV may use these photographs in any way they deem appropriate including (but not limited to) press releases, websites, and Club publications.

Parent/Guardian Signature: _____ Date: _____

Access to Immunization Records: I authorize the BGCWRV staff to receive a copy of my child's immunization records from the administrative office of the public school.

Parent/Guardian Signature: _____ Date: _____

Walking Field trip: I authorize the BGCWRV staff to take my child on walking field trips in the immediate vicinity of the program site. I understand that these trips will always be supervised by BGCWRV staff and volunteers and that notification of upcoming walking trips will be posted near the sign in / sign out book at least one week prior to the trip.

Parent/Guardian Signature: _____ Date: _____

Physician name and phone: _____

Dentist name and phone: _____

Please **circle** the days your child will be attending the Afterschool Program (2:30pm – 6:30pm):

Monday

Tuesday

Wednesday

Thursday

Friday

My signature below indicates that I understand I am committing to the above weekly schedule for my child. I further understand that once registered for a schedule, I am responsible for paying the full tuition fee to BGCWRV. I also understand that should I wish to change my enrollment, I must report any changes to this enrollment in writing to the Program Director, before such changes are approved.

Signature: _____ Date: _____

Please return to: Boys & Girls Club of the White River Valley, P.O. Box 237, Randolph, VT 05060

Membership Information Form

BGC of White River Valley
PO Box 237
Randolph, VT 05060

P: (802) 728-3010

Confidentiality: Any confidential information requested 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. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*	Last Name:*	Gender:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:*		Address Type:*
<input type="text"/> (Line 1)		<input type="checkbox"/> Home
<input type="text"/> (Line 2)		<input type="checkbox"/> Work <input type="checkbox"/> _____
<input type="text"/> (City)	<input type="text"/> (State)	<input type="text"/> (Zip Code)
Phone Number:*		Phone Type:*
<input type="text"/> () <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
<input type="text"/> () <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
Family Size:	E-Mail Address:*	E-Mail Type:*
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____

Parents / Guardian (Please Print)

First Name:	Last Name:	Gender:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Address Type:
<input type="text"/> (Line 1)		<input type="checkbox"/> Home
<input type="text"/> (Line 2)		<input type="checkbox"/> Work <input type="checkbox"/> _____
<input type="text"/> (City)	<input type="text"/> (State)	<input type="text"/> (Zip Code)
Phone Number:		Phone Type:
<input type="text"/> () <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
E-Mail Address:	E-Mail Type:	
<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	

Member Information (Please Print)

First Name:*	Middle Name:	Last Name:*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nick Name:	Birth Date:*	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Gender:

Male

Female

Ethnicity:

African-American American Indian Asian Caucasian

Hispanic/Latino Multi-Racial Pacific Islander

Membership Type:*

BGCWRV Member

Program Participant

School:*

Grade:*

Member Medical Information (Please Print)

Medications:

Medical Problems/Allergies:*

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

() - Home Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

2.) First Name:

Last Name:

() - Home Work

Parent

Guardian

Emergency Contact

Primary Emergency Contact

Lives With Member

I authorize the BGCWRV staff to provide basic first aid or call additional medical care on my child's behalf, if needed. I further agree to release BGCWRV from any liability connected with my child's participation in BGCWRV programs.

Parent or Guardian Signature

Member's Signature

Date