

# OPEN REGISTRATION

## *BGC Randolph*

The Boys and Girls Club of the White River Valley is proud to announce the 2011-2012 BGC Randolph Afterschool Program at Randolph Elementary!

- The BGC Randolph Afterschool Program will run Monday through Friday from 2:30-5:30 pm beginning Monday, 9/12/11, and ending in early June.
- The 2011-2012 tuition rate is \$6 per day for each day that your child is registered to attend the program. If your child will be absent from the program, you are still responsible for payment for that day.
- The program is open to all students in grades 1-6 in Braintree, Brookfield and Randolph, including children who are home-schooled. Transportation will not be provided.
- We follow the OSSU 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 Randolph program will also be closed.
- On days when the BGC Randolph program must close, all families will be notified via phone as early in the day as possible so you can make alternative arrangements for after school care. (You will not be billed for these days)
- If you wish to change your child's expected attendance, please complete an enrollment change form and give to the Program Director before such changes are approved. These forms are available from the Program Director.
- All families will be billed by mail at the beginning of each month for all days registered to attend within that month.
- Afternoon snacks are provided to all program participants on a daily basis.
- Additional copies of our registration form are available at RES, our administrative office at 34 Pleasant Street in Randolph and on our website at [www.bgcwrv.org](http://www.bgcwrv.org).
- If you would like more information or would like to volunteer at the program, please contact our administrative office at (802) 728-3332 or [asst.bgcwrv@gmail.com](mailto:asst.bgcwrv@gmail.com).



**BOYS & GIRLS CLUBS**  
OF THE WHITE RIVER VALLEY

## BGC Randolph Registration Form 2011-2012 Afterschool Program, Grades 1-6

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*In case of emergency if the parents or guardians cannot be reached, please list two additional people we can contact. These may NOT be the parents or guardians listed above:*

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all individuals authorized to pick up your child: \_\_\_\_\_

Allergies / Medical Concerns / Medications (continue on another sheet if necessary): \_\_\_\_\_

Physician name and phone: \_\_\_\_\_

Dentist name and phone: \_\_\_\_\_

### Optional Demographic Information

1. Is your family eligible for free / reduced lunch?  YES  NO

2. Check all that apply for members of your immediate family (Please contact our admin office for additional information):

Active Military       National Guard       Reserve

**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.

**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.

**School Communication:** I authorize the BGCWRV staff to communicate with teachers and administration about my child's school performance.

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

**Walk home from Program:** I authorize the BGCWRV staff to allow my child to walk home independently at the end of the BGCWRV program, or at an earlier time as indicated in writing to the BGCWRV staff.

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

**Photo Release:** (Please check one)  I do authorize /  I do not authorize the BGCWRV Program staff to 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 publications.

**Video Release:** (Please check one)  I do authorize /  I do not authorize the BGCWRV Program staff to take video of my child while participating in BGCWRV programs. I understand that BGCWRV may use these videos in any way they deem appropriate including (but not limited to) websites and publications.

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: \_\_\_\_\_

Please **check** the program(s) you wish to sign up for and **circle** the days your child will be attending:

	<b>Session 1 (September – November)</b>	Mon	Tue	Wed	Thur	Fri
	<b>Session 2 (December – February)</b>	Mon	Tue	Wed	Thur	Fri
	<b>Session 3 (March – June)</b>	Mon	Tue	Wed	Thur	Fri

*My signature below indicates that I understand I am committing to the above schedule for my child. I further understand that once registered for a schedule, I am responsible for paying the full tuition fee to BGCWRV for all days enrolled. I also understand that should I wish to change my child's expected attendance, I must complete an enrollment change form and give 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**