Boys& Girls& Safe Places& Mentorship& Snacks& Fun

School Year 2019-20

BOYS & GIRLS CLUBS OF WEST CENTRAL MISSOURI

CELEBRATING 60 Years OF STARTING GREAT FUTURES

Whatever It Takes to Build Great Futures.

Dear Parent/Guardian:

Summer is winding down and it's time to start thinking about where your children will be spending their time after school. The hours between 3 and 7 pm can be a dangerous time for youth and very worrisome for parents. This time when children are on their own is not just a time of risks, it is also a time of lost opportunity to help kids grow and develop the skills and competencies to make positive life decisions that can lead to a great future. Beginning the very first day of school, you can count on the Boys & Girls Club to be there with a warm smile and a healthy snack to do whatever it takes to build great futures.

The Boys & Girls Club provides a positive environment to support youth development, including high-yield learning activities that support the lessons of the school day. The Club is a place where your child can hang out with friends & receive help with homework & do science projects & music & art & computer technology & robotics & service learning & healthy living & positive choices & so much more. Most importantly, your child will be in a safe and supportive environment and they'll be having fun!

Boys & Girls Club programs offer:

- *A safe place for kids to learn, grow, play and be themselves*
- *Programs that develop a positive self-image while promoting good character and leadership*
- *Hope and opportunity that can lead to increased confidence and a brighter future*
- *A chance for every child to be their best and journey down a path that leads to a great future!*

The after school program is available to all school-age youth. The annual membership fee is $10 and is renewable with each new school year. A daily program fee will apply to all age groups. The program is held in the safety of your child's school immediately following the school day dismissal, with the exception of THE CLUB (Tween/Teen Program) in Sedalia. Sedalia's youth that are 5th grade and up will be served at 200 E. 6th Street, inside the First Baptist Church. Transportation will be provided from Sedalia Middle School and the Junior High. The programs end at 6:30 p.m. each day for elementary and 7 p.m. for the teen sites.

To see what's going on at your child's Club, connect to the BGC website at **www.bgckids.com** or see the latest happenings on Facebook and Twitter. You may even see your kiddo on YouTube!

The mission of the Boys & Girls Club is *to inspire and enable all young people to realize their full potential as caring and productive citizens.* We are committed to doing whatever it takes to help build great futures for youth. Thank you for the opportunity to make a difference in your child's life.

Sincerely,

Tyler Hudson

Tyler Hudson,
Director of Operations

3100 Aaron Avenue | Sedalia MO 65301 | 660-826-8331 | www.bgckids.com | email: info@bgckids.com

BOYS & GIRLS CLUBS
OF WEST CENTRAL MISSOURI

GREAT FUTURES START HERE.

CLUB MEMBERSHIP FORM 2019-20

☐ NEW MEMBER

☐ CURRENT MEMBER

MEMBER INFORMATION

NAME:_____ GENDER:_____ D.O.B:___/___/___ AGE:_____

STREET ADDRESS:_____ PHONE: (_____)_____

CITY/ST/ZIP:_____ EMAIL: _____

MAILING ADDRESS (if different):_____

ETHNICITY: (circle one) African-American Asian Caucasian Hispanic Multi-Racial Native American Other

SCHOOL:_____ GRADE:_____ (Based on 2019-20 School Year)

★ **ANNUAL HOUSEHOLD INCOME: $_____** **My child qualifies for FREE/REDUCED LUNCH based on household income? Y N**

★ **SPECIAL NEEDS:** ☐ My child receives SSI, or is under court ordered supervision, or in foster care ☐ receives services through Dept. of Mental Health
☐ According to medical evidence my child has functional circumstances which require special attention

If you have a child that qualifies under the definition of "Special Needs"- please speak to your site Manager

Are there other siblings in the household? If yes, please list below:

Name	Grade	Club member (Y or N)

If more space is needed use the back of this form

MEMBER LIVES WITH: *(circle all that apply)*
BOTH PARENTS MOTHER ONLY FATHER ONLY AUNT/UNCLE
GRANDPARENT GUARDIAN/OTHER_____

Parent/Guardian is employed with:
_____ Boys & Girls Club
_____ Partnering School District

Do you have a parent in the military: ___ Mother ___ Father If yes, which branch of the Military _____

★★ Status (Check the one that applies): ___Guard ___Reserve ___Active

CONTACT INFORMATION

PRIMARY CONTACT:_____ RELATIONSHIP TO MEMBER :_____

ADDRESS:_____ PHONE: (_____)_____

CITY/ST/ZIP:_____ EMAIL:_____

EMPLOYER: PHONE: ( )

SECONDARY CONTACT:_____ RELATIONSHIP TO MEMBER :_____

ADDRESS:_____ PHONE: (_____)_____

CITY/ST/ZIP:_____ EMAIL:_____

EMPLOYER:_____ PHONE: (_____)_____

FOR OFFICE USE ONLY:
Membership #_____
Membership Fee Paid:_____ KCC Entry Date:_____
Program Fees:_____ by_____
Applying for Assistance:_____ Date:_____

I have read the completed application, understand the rules of the Club's Parent/Member Handbook, and request that my child be admitted as a member into the Boys & Girls Clubs of West Central Missouri. I have explained the rules to my child and will be responsible for any damages caused by his/her actions. I agree to hold harmless the Boys & Girls Club, or any representative thereof, for injuries or accidents in connection with the Club's activities, and authorize the Club to administer first aid in the case of an accident. I also give the Club permission to authorize and obtain emergency treatment if needed. I understand the Club does not assume responsibility for my child if he/she leaves the Club at any time during hours of operation, with or without permission. I give consent to my child's school for the release of grades and/or MAP/EOC scores, attendance and disciplinary records, and immunization records to the Club. I further acknowledge that I have the legal authority, custody and control of my child and warrant that I also have the legal right to make these acknowledgements and agreements on behalf of my child. I understand any dues and/or fees paid are non-refundable and are valid at the beginning of the school year and good through the end of summer.

PARENT/GUARDIAN SIGNATURE:_____ ***DATE:***_____/_____/_____

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
Boys & Girls Clubs of West Central Missouri		
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE ☐	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE ☐	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

COMMENTS ON CHILD'S DEVELOPMENT

(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)

CACFP REQUIREMENT

RELATED CHILD

☐ YES ☐ NO — HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: ☐ FULL TIME OR ☒ PART TIME		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
MONDAY	☒	AM PM	AM PM	
TUESDAY	☒	AM PM	AM PM	
WEDNESDAY	☒	AM PM	AM PM	
THURSDAY	☒	AM PM	AM PM	
FRIDAY	☒	AM PM	AM PM	
SATURDAY	☐	AM PM	AM PM	
SUNDAY	☐	AM PM	AM PM	

CACFP REQUIREMENT

CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☐ BREAKFAST ☐ MORNING SNACK ☐ LUNCH ☒ AFTERNOON SNACK ☐ SUPPER ☐ EVENING SNACK ☐ NONE

CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

☐ NEW YEARS'S DAY (JANUARY)	☒ MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	☒ PRESIDENT'S DAY (FEBRUARY)	☐ EASTER (MARCH/APRIL)
☐ MEMORIAL DAY (MAY)	☐ INDEPENDENCE DAY (JULY)	☐ LABOR DAY (SEPTEMBER)	☒ COLUMBUS DAY (OCTOBER)
☒ VETERANS DAY (NOVEMBER)	☐ ELECTION DAY (NOVEMBER)	☐ THANKSGIVING (NOVEMBER)	☐ CHRISTMAS DAY (DECEMBER)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.

IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

Boys & Girls Clubs of West Central Missouri

DAY CARE PROVIDER OR HOME PROVIDER

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER

ACKNOWLEDGEMENTS

A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.	PARENT/GUARDIAN INITIALS
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.	PARENT/GUARDIAN INITIALS
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.	PARENT/GUARDIAN INITIALS
F	I ☐ DO ☐ DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
G	I ☐ DO ☐ DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.	PARENT/GUARDIAN INITIALS
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS
PARENT'S/GUARDIAN'S SIGNATURE ▸		DATE

CACFP REQUIREMENT

FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

BOYS & GIRLS CLUBS OF WEST CENTRAL MISSOURI

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

☐ My child is in good health, is able to participate in group care, has no special health or medical requirements.

☐ My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE

BOYS & GIRLS CLUBS OF WEST CENTRAL MISSOURI

(FOOD SUBSTITUTION DUE TO ALLERGIES OR INTOLERANCE)

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. SPONSOR Name	2. Site Name, if different from #1.	3. Site Telephone Number
Boys & Girls Clubs of West Central Missouri		660-826-8331
4. Name of Participant		5. Date of Birth
6. Name of Parent or Guardian		7. Telephone Number

8. Check One:

☐ Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to instructions.) CACFP, schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. **A licensed physician must sign this form.**

☐ Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. CACFP, schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. **A licensed physician, physician's assistant, or nurse practitioner must sign this form.**

☐ Participant does not have a disability, but is requesting a special accommodation for a **fluid milk substitute** that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. CACFP, schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. **A licensed physician, physician's assistant, nurse practitioner or parent or guardian may sign this form.**

9. Disability or medical condition requiring a special meal or accommodation:

10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:

11. Diet prescription and/or accommodation: (*please describe in detail to ensure proper implementation-use extra pages as needed*)

12. Foods to be omitted and substitutions: (*please list specific foods to be omitted and required substitution; attach a sheet with additional information as needed*)

A. Foods To Be Omitted	B. Foods to be Substituted

13. Indicate texture:

☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

14. Adaptive Equipment:

15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority*	**20. Printed Name**	**21. Telephone Number**	**22. Date**

* **Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability.** The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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IMMUNIZATION RECORDS

THE BOYS & GIRLS CLUBS OF WEST CENTRAL MISSOURI'S PROGRAMS ARE LICENSED BY THE STATE.

WE ARE REQUIRED BY LICENSING REGULATIONS TO HAVE A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORDS ON FILE.

YOU MUST PROVIDE US WITH A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORDS AT THE TIME OF ENROLLMENT.

BOYS & GIRLS CLUBS OF WEST CENTRAL MISSOURI MARKETING/PHOTOGRAPHY RELEASE

☐ I do consent ☐ I do not consent

to the participation in interviews, the use of quotes, and the taking of photographs or movies of the child named below by the Boys & Girls Clubs of West Central Missouri. I also grant the Boys & Girls Clubs of West Central Missouri the right to edit, use and reuse said products for nonprofit purposes, including use in print media, on the Club's social media pages and all other forms of media.

I also hereby release the Boys & Girls Clubs of West Central Missouri and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Name of child _____ Grade_____

Parent/Guardian Signature _____

Date _____

PERMISSION SLIP

BOYS & GIRLS CLUBS
OF WEST CENTRAL MISSOURI

The Permission slip below is not intended for field trips or any other outing associated with the Boys & Girls Club.

It is solely for the purpose of allowing your child to sign his or her self out of the program, **with no adult supervision,** and allow them to leave the facility on their own.

If this is not your intention - DO NOT SIGN

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
PERMISSION FOR CHILD TO LEAVE FACILITY

BOYS & GIRLS CLUBS
OF WEST CENTRAL MISSOURI

NAME OF CHILD	
ACTIVITY	
LOCATION	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)	
TIME OF LEAVING	TIME OF EXPECTED RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE **FROM:** **TO:**
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE

MO 580-2036 (11-07)

BCC-18

The above PERMISSION FOR CHILD TO LEAVE FACILITY form is intended for a child that will be leaving without a parent/guardian (not intended for field trips).

By signing this form you are giving permission for your child to sign him or herself out of the Boys & Girls Club program.

BOYS & GIRLS CLUBS
OF WEST CENTRAL MISSOURI

Program Participation Consent Form

The Boys & Girls Clubs of West Central Missouri provides programs that promote positive behaviors, health, well-being and personal success. With these protective factors, young people have the tools to overcome the many challenges they face today.

In the section below, please indicate by ***initialing*** that you give your son/daughter permission to participate in the one or all of the following programs:

_____ **SMART Moves** -- a nationally-acclaimed prevention program aimed at educating youth about the dangers of tobacco, alcohol and drug use. Additionally, definitions of safe and unsafe contact with strangers are addressed with children along with team and character building exercises. Focusing on males and females ranging from the age 6-14, each program is tailored to the age of participants.

_____ **SMART Girls** – a health, fitness, prevention/education and self-esteem enhancement program for girls. The program is designed to encourage healthy attitudes and lifestyles that will enable adolescent/teen girls to develop to their full potential. Modules are age-appropriate focusing either on girls 8-10 or girls 11-14.

_____ **PASSPORT TO MANHOOD** – a program that educates and encourages males on their journey to manhood while promoting positive values, responsible behavior and healthy attitudes & lifestyles. Focusing on males ranging from age 8-10 and 11-14, each program is tailored to the age of the boys participating.

_____ **MethSMART** – is designed to help youth understand how to achieve life goals without succumbing to the threat of drugs, particularly meth. Focusing on males and females ranging from the ages 6-18, each program is tailored to the age of participants.

_____

Daughter's /Son's Name (please print) Age

_____

Parent/Guardian Name (please print)

_____

Parent/Guardian Signature Date

BOYS & GIRLS CLUBS
OF WEST CENTRAL MISSOURI

Impact Agreement

Please join us in ensuring that all members are positively impacted by our programming. Research shows that attending the Club at least 52 times or more a year results in greater positive outcomes. By agreeing to the items below, your child will enjoy the full impact that our programs have to offer.

- The parent/guardian has read and understands the parent/member handbook.
- The parent/guardian agrees that the more their child attends the program the more positive benefits their child will receive.
- The parent/guardian understands that their child will be allowed to attend field trips or special events only if they attend on a regular basis (at least 3 times per week).
- The parent/guardian understands that their child must display good behavior to be eligible for field trips and special events.
- The member and the parent/guardian will behave in accordance with the Club's member and parent code of conduct (found in the Parent/Member Handbook).

_____

Member Name

_____ _____

Parent/Guardian Signature Date

_____ _____

Director Signature Date