



2022 Summer Camp Programming - Ages 6 - 12

Welcome to the Beloit Boys & Girls Club where Great Futures Start! All components of this packet and membership payment must be completed in order to be eligible for the program. Contact 608-365-8874 with any questions.

Hours of Operation	Field Trips	Other Benefits
<p>June 13th - August 19th</p> <p style="text-align: center;">7AM - 6PM</p> <p>Meal Times:</p> <p>Breakfast - 8AM - 9AM</p> <p>Lunch - 12PM - 1PM</p> <p><small>*meals are available to any child under the age of 18, member or not</small></p>	<p>Weekly Swimming: 1PM - 4PM every Tuesday <small>(Cadets go to Splash Pad on Mondays)</small></p> <p>Please check the field trip calendar for weekly trips and costs</p>	<ul style="list-style-type: none"> • Academic Support • 60 minutes of active play per day • Daily STEM and Art programs • Character and leadership programs • Computer-based programming • On-site counseling opportunities • Bike riding / bike safety • Music Exploration

Registration Paperwork Checklist

- Membership Registration Form
- Parent Statement of Understanding
- Transportation Permission Form (for field trips)
- Guardian Authorization for Alternative Pick-up
- Health History & Emergency Care Plan
- Immunization Records
- WI SHARES Payment Contract OR Auto Draft Authorization Form

Please calculate program costs below using the chart

	<input type="checkbox"/> Level 1 - <185 FPL	<input type="checkbox"/> Level 2 - 185% - 400%	<input type="checkbox"/> Level 3 - >400% FPL
Family Size	\$0.00 – must apply for WI Shares to be eligible for free care.	\$40 per month with financial aid opportunities	\$150 per month with scholarship opportunities
2	Up to \$33,873	\$33,874 - \$69,680	\$69,681 & up
3	Up to \$42,605	\$42,606 - \$87,840	\$87,841 & up
4	Up to \$51,337	\$51,338 - \$106,000	\$106,001 & up
5	Up to \$60,070	\$60,071 - \$124,160	\$124,161 & up
6	Up to \$68,801	\$68,802 - \$148,760	\$148,761 & up

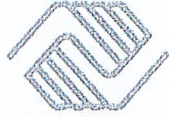
Child's Name: _____

Family Level: _____

	Fee Type	Cost		
<input type="checkbox"/>	Membership (through 9/2022)	\$20.00 / \$30.00 per year		
<input type="checkbox"/>	Weekly Full Time Rate (>20 hours per week)	Level 1	Level 2	Level 3
		WI SHARES	\$50	\$150
<input type="checkbox"/>	Weekly Part Time Rate (<20 hours per week)	Level 1	Level 2	Level 3
		WI SHARES	\$25	\$75
<input type="checkbox"/>	After Summer School Care <input type="checkbox"/> Transportation Requested from _____	Level 1	Level 2	Level 3
		WI SHARES	\$25	\$75
<input type="checkbox"/>	Day passes	\$10 per day		
	Swimming	\$3.00 cash per trip		
	Field Trips	Varies by trip - see monthly calendar		
	Late pickup - after 6PM	\$1 per minute past closing time		

Total one-time fee: _____

Total weekly fee: _____



First Day of Attendance: _____

**STATELINE
BOYS & GIRLS CLUBS**

Stateline Boys & Girls Club Program Registration Form

Child's Name _____	Male _____ Female _____
Address _____	D.O.B _____
City, State, Zip _____	AGE: _____
Phone Contact (_____) _____	Grade Level Fall 2022 _____
Contact Email _____	
Name of School: _____	Total Household Income (circle one):
	\$0 - \$20,000 per year
	\$20,000 - \$30,000 p/yr
	\$30,000 - \$40,000 p/yr
	\$40,000 - \$50,000 p/yr
	\$50,001+ per year

Parent/Guardian Information

<u>Parent/ Guardian 1</u>	<u>Parent/ Guardian 2</u>
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Phone: (____) _____	Phone: (____) _____
Employer: _____	Employer: _____
Work Phone: (____) _____	Work Phone: (____) _____

Emergency Contacts (Two contacts other than Parents/ Guardians)

<u>Emergency Contact 1</u>	<u>Emergency Contact 2</u>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: (____) _____	Phone: (____) _____

Medical and Behavior History to help us provide the best care possible

<p>Has your child been diagnosed or treated for the following:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies to Insects</p> <p><input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____</p> <p>Please Explain: _____</p> <p>_____</p>	<p>Physicians Name: _____</p> <p>Phone Number/Address: _____</p> <p>Hospital Preference: _____</p> <p>Additional Information: _____</p> <p>_____</p>
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First Day of Attendance: _____

Child's name _____

Parent Statement of Understanding

Please read and initial the box acknowledging that you have read and understand each statement listed below

_____ I understand that the Stateline Boys & Girls Club is not responsible for lost, stolen, or damaged personal articles.

_____ I understand that my balance is due on or before the due date for each session.

_____ I understand that I will not be refunded for any session or days missed during a session.

_____ I understand that I will be invoiced \$1 for every minute that my child is picked up late and this invoice must be paid before my child can return to the Club.

_____ I have had an opportunity to review the policies of this child care center and the summary of the Wisconsin Rules for Licensed Child Care Centers.

_____ I have reviewed the technology use policy with my child and understand that, while all precautions are taken to prevent inappropriate use of technology, the Stateline Boys & Girls Club will not be held liable if my child accesses inappropriate material.

_____ I understand that a risk of exposure to communicable disease (including COVID-19) may be unknowingly present at the facility and that the facility will contact me if they are aware of a known communicable disease. I will not hold the Stateline Boys & Girls Club liable for any exposures or transmissions of such illnesses.

I give consent to the Stateline Boys & Girls Club to :

_____ Seek medical treatment for my child in the event of an emergency if I cannot be reached immediately.

_____ Use photos or videos taken of my child for Stateline Boys & Girls Club promotional purposes.

_____ Transport my child to and from activities by way of the SBGC shuttle or bus.

_____ Allow my child to go on walking trips and/or to the park with their group under SBGC Staff Supervision.

_____ Allow my child to use technology at the Club with adult supervision.

_____ Allow my child to participate in swimming activities.

_____ Access medical records, health history records, and academic reports from my child's school for academic and business use. I understand that Stateline Boys & Girls Club will keep this information strictly confidential and this information will only be utilized as a means of supporting my child.

Parent/Guardian Signature

Date

*Please note – immunization records are required for your child to attend. Please contact your doctor to receive the forms. We have the right to suspend care if immunization records are not collected within 30 days.

TRANSPORTATION PERMISSION – CHILD CARE CENTERS

Use of form: Use of this form is voluntary. However, completion of this form will help ensure compliance with portions of DCF 202.08(9), DCF 250.08, DCF 251.08 and DCF 252.09 of the Wisconsin Administrative Codes regarding regularly scheduled, operator / center-provided / center-contracted transportation of children in care. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file at the center and update the information as needed. The center shall maintain the completed form in the child's file for the duration of the child's enrollment. Note: A copy of this form shall be carried in the vehicle when transporting the child. If the child has special health care needs, also include a copy of DCF-F-CFS-2345, *Health History and Emergency Care Plan*.

A. CHILD INFORMATION

Name	Home Address (Street, City, State, Zip Code)
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Yes No Does the child have any special health care needs? If "Yes", attach the department form, *Health History and Emergency Care Plan*

B. PARENT / GUARDIAN INFORMATION Provide information where the parent / guardian may be reached while the child is in care.

1. Name	Home Telephone Number	Work Telephone Number	Cellular Telephone Number
2. Name	Home Telephone Number	Work Telephone Number	Cellular Telephone Number

Address (Street, City, State, Zip Code)

C. EMERGENCY CONTACT INFORMATION Provide information on the person to contact if the parent / guardian cannot be reached.

Name	Address (Street, City, State, Zip)	Telephone Number
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D. AUTHORIZED DESTINATIONS / PERSONS INFORMATION

Address Child Transported From (Street, City)	Address Child Transported To (Street, City)	Length of trip one way	Person Authorized to Receive Child
1. 202 Maple Ave	→ See Field Trip Permission ←		SBCC Staff
2.			
3.			
4.			

Procedure to follow when parent / guardian or authorized adult is not at destination to receive child – Specify.

E. CHILD'S HEALTH CARE PROVIDER INFORMATION

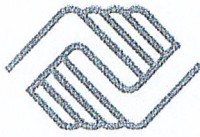
Name – Physician	Address (Street, City, State, Zip Code)	Telephone Number
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F. AUTHORIZATION

1. Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
 2. Yes No I hereby give permission for my school-aged child to enter a building unescorted.

SIGNATURE – Parent / Guardian

Date Signed



STATELINE
BOYS & GIRLS CLUBS

Guardian Authorization for Alternative Pick-up

I, _____, give permission for my child,
_____, to be picked up from the Stateline Boys & Girls
Club by the following individuals. I understand that the Stateline Boys & Girls Club
may require any individual to provide photo identification prior to picking up my
child from the facility.

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Comments:

Guardian Signature: _____

Date: _____

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
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Home Address (Street, City, State, Zip Code)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Telephone Number
Medical Facility Address	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Brand Name	Ingredient Strength

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- No specific medical condition
- Asthma
- Diabetes
- Cerebral palsy / motor disorder
- Epilepsy / seizure disorder
- Other condition(s) requiring special care – Specify.
- Gastrointestinal or feeding concerns, including special diet and supplements
- Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).

- Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____



Child's Name: _____

Parent/Guardian: _____

Summer 2022 Payment Contract - Level 1 WI Shares

Stateline Boys & Girls Club

202 Maple Ave

Beloit, WI 53511

608-365-8874

Provider #	FIS Provider ID #	Facility ID #
6000589766/001	E303697	2004384
*Utilize this information when contacting the consortium or your caseworker to get authorized.		

Summer Camp Program Rate	
Fee Type	Cost
Full-Time Summer Care	\$300 per week
Part-Time Summer Care	\$150 per week
Total weekly fee	

I understand that it is my responsibility to pay the Stateline Boys & Girls Club the agreed upon amount as indicated above. I understand that if payment is not received in full, my child may be ineligible to attend the Club until payment is received.

Signature: _____

Date: _____



Parent and Provider Agreed Upon Start Date

06/13/2022

Provider's Days and Hours of Operation

Monday - Friday 7AM – 6PM

Provider's Policy for Deposits or Holding a Slot

A spot will be held when all paperwork has been completed and the membership payment has been received. We fill spots based on a first turned in, first served basis.

Provider's Anticipated Closure Dates and Policy for Payment during Closures

The facility will be closed Monday, July 4th 2022. Payment is expected for this closure.

Provider's Policy and Payment Expectations for Expected Child Absences

Payment in full will be required if you plan to attend at all during any weekly session. No Refunds.

Provider's Policy and Payment Expectations for Unexpected Child Absences

Unexpected child absences will require full payment for the day that the child is not in attendance. No Refunds.

Provider's Payment Dispute Policy

Please contact Emily Peterson at 608-365-8874 or epeterson@statelinebgc.org with any payment questions or disputes.

Provider's Reasons and Procedures for Termination/Expulsion of a Child(ren)

Failure to pay or significant disciplinary issues may result in expulsion of a child. Please review parent handbook.

Parent's Procedures for Termination/Disenrollment of a Child(ren)

Parents are required to inform SBGC in writing a minimum of 2 weeks in advance of a child's disenrollment.

Discounts or Scholarships Available to Parents/Children

Parents with multiple children will receive a \$5.00 discounted rate per weekly session for each additional child.

Miscellaneous

By signing this agreement, providers and parents agree to abide by the agreement and written policies of the provider. The provider may amend the policies by giving the parents a copy of the new or changed policy.

Provider Contact Name – (Print)
Emily Peterson

Provider Contact Signature
Emily Peterson

Date
06/13/2022

Parent Name – (Print)

Parent Signature

Date

The provider must retain a copy of each current written payment agreement at the location where child care is provided. The provider must retain a copy of an expired written payment agreement for 3 years after the agreement is terminated and the child no longer attends. The expired agreement may be kept at a location where it can be made available to the Department of Children and Families within 24 hours.

For office use only:

Annual Membership Paid? ___ Cash ___ Check ___ Credit ___ PLEASE INVOICE WITH INFORMATION BELOW



STATELINE
BOYS & GIRLS CLUBS

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

Child's Name: _____ Monthly Amount Due: _____

Program:

After School Care - Club Site

After School Care - School Site _____

Summer Camp

Other: _____

Accountholders Information (please print):

_____ M.I. _____
First Last

_____ State _____ Zip _____
Address

_____ Phone Number _____
Email

Draft Options:

Checking / Savings Account Bank Name: _____

Bank Routing #: _____ Account # _____

Credit Card Name on Card: _____

Card Type: _____ Card Number: _____

Expiration Date: _____ CID # _____

By signing this document, I understand that:

This authorization continues until the program for which the auto draft is being taken ends or the person signing this authorization cancels in writing, at least 15 days prior to the next automatic withdrawal.

All drafts are non-refundable and any drafts that are unable to be processed due to insufficient funds will incur a \$25 fee.

I authorize the Steline Boys & Girls Club to draft the above named bank or credit card account for payment of membership or program fees. I understand that Steline Boys & Girls Club may initiate a preauthorization to validate the account number. I also understand that I am liable for the entire balance plus any processing fees that may be incurred from the bank.

_____ Date _____
Accountholder's Signature