



## 2024-2025 School Year Programming

### Main Club Site

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

\*Please select all programs that your child will be participating in.

Program Selection(s):	Program Information
<input type="checkbox"/>	<p style="text-align: center;"><b>After School Care - Main Club Site</b> <b>Monday - Friday: 3PM - 6:30PM</b></p> <ul style="list-style-type: none"> <li>- After school care includes a structured, licensed program with daily homework help, quality activities that kids enjoy, 60 minutes of activity play, and a hot meal (dinner).</li> <li>- On-site counseling services are available (inquire within).</li> <li>- Transportation is provided from some schools to the Club on a first come, first serve basis (complete transportation document enclosed).</li> </ul>
<input type="checkbox"/>	<p style="text-align: center;"><b>No School Days for Beloit - Main Club Site: 7:30AM - 6:00PM</b></p> <p style="text-align: center;">If school is out, the Club is in! Spend your day the B&amp;GC way.</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>Teen Nights (7th Grade +) - Main Club Site</b> <b>TBD 6:30PM - 8:00PM Beginning October 2024</b></p> <p style="text-align: center;">Teen nights provide a space to hang out in an unstructured, but supervised environment. Career development, character and leadership skills, and sports programs are provided. Dinner is served nightly to all participants.</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>Shuttle Transportation Needed</b></p> <p style="text-align: center;"><b>Please circle School</b></p> <p style="text-align: center;">[Powers]   [RCCS Beloit/Janesville]   [Garden Prairie]   [Gaston]</p> <p style="text-align: center;">[Turner Middle School]   [Todd]   [Hackett]   [Merrill]</p> <p style="text-align: center;">Shuttle Transportation is first come first serve, limited number of spaces available</p>



**Registration Paperwork Checklist**

- Membership Registration Form
- Parent Statement of Understanding
- Transportation Permission Form (if transportation is being provided)
- Guardian Authorization for Alternative Pick-up
- Emergency Care Form
- Auto Draft Authorization Form

<b>Fee Type:</b>	<b>Cost:</b>
Membership	\$20/\$30 per year
After School Programs	\$40 per month
Youth 13+/Teen Nights	\$0
Field Trips	Varies by trip - see monthly calendar
Late pickup - after 6:30 pm	\$1 per minute past closing time

We realize that families sometimes need assistance accessing our services and have established a scholarship program, funded by United Way Blackhawk Region, to support those that demonstrate need. Those scholarship funds are available, distributed fairly on a sliding scale basis, and granted on a first-come, first-served basis.

Scholarships do not cover the membership fee or field trips.

\*All members are required to pay an annual membership fee of \$20 per child or \$30 per family

\*Teens 13+ come for free with the cost of yearly membership.

Total annual membership: \_\_\_\_\_

Total monthly fee: \_\_\_\_\_

# Stateline Boys & Girls Clubs Inc. - Membership Form

Do Not Fill in Shaded Areas

Unit # \_\_\_\_\_

Membership # \_\_\_\_\_

## SECTION 1

Application Date: \_\_\_\_\_

Race: (Circle One)

Previous Member: Yes \_\_\_\_\_ No \_\_\_\_\_

B - African/American    W - White

X - American Indian

O - Asian/Pacific    H - Hispanic

X - Other or Mixed Heritage

Membership Paid: \$ \_\_\_\_\_

Fee Fully Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

Receipt #: \_\_\_\_\_

## SECTION 2 (Information Pertains to the Member)

Member's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Member's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

Does Member Live With:

( ) Mother Only    ( ) Father Only    ( ) Both Parents    ( ) Grandparents    ( ) Other \_\_\_\_\_

## SECTION 3 (Information Pertains to the Member)

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ People Living in House: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

## SECTION 4

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***To ensure that we continue receiving grants/funds, the following optional information is requested.  
It will remain strictly confidential.***

Annual Family Income: (Circle One)

1. 0 - \$10,465 Per Year

4. \$17,746 - \$21,385

7. \$28,666 - \$32,305

2. \$10,466 - 14,105

5. \$21,386 - \$25,025

8. \$32,306 - \$35,945

3. \$14,106 - \$17,745

6. \$25,026 - \$28,665

9. \$35,946 and Over

## SECTION 5

Does the Member Have Health Insurance?    Yes \_\_\_\_\_    No \_\_\_\_\_

Does the Member Have Any Health Problems?    Yes \_\_\_\_\_    No \_\_\_\_\_

If Yes, Explain: (Include if any Medications are taken): \_\_\_\_\_

## SECTION 6 (Office Use Only)

Member Information: \_\_\_\_\_

## SECTION 7 (Office Use Only)

Program Tracking (Circle those that apply)

1. Summer Camp

5. Community Service

9. T-Ball

2. Basketball League

6. Outreach - Other

10. Softball

3. Football

7. General Membership

4. Soccer League

8. Dance



## Welcome to the Stateline Boys & Girls Clubs Inc.

I promise to take care of my club and property.

I promise not to smoke in the building or on the grounds.

I promise to use proper language and show respect for myself, staff,  
and other members.

I must bring my membership card to the club daily for admittance.

If at any time I am asked to return my card, I understand no dues  
will be refunded to me.

I understand to replace a lost card is \$1.00.

I understand that the front desk is a business area.

I understand that the phone is for emergency purposes only.

I understand food and drink are allowed only in designated areas  
at designated times.

### I HAVE READ AND I UNDERSTAND THE ABOVE:

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT'S OR GUARDIAN'S APPROVAL

We hereby approve of our child's application for membership in the Stateline Boys & Girls Clubs, Inc. and give our consent to our child being given an examination and emergency treatment by a physician or hospital in case of an accident, and to his/her taking part in the various athletic, cultural, and social activities of the Club. Also, I understand that the Boys & Girls Club and its personnel are not responsible for personal injury or loss of property. The membership fee that is paid is to register the youth in our files. It is not a fee for any activity. It is not refundable. I authorize the School District and/or the educational institution my child attends to release report card and test scores information to the Boys & Girls Club. I hereby consent to the reproduction, publication and use of photographs taken of my child by the Stateline Boys & Girls Clubs, for advertising, educational and/or publicity purposes in any and all publications, advertisements and publicity materials, without limitation or reservation.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Emergency and Medical Form

Member Name _____	Male _____ Female _____
Address _____	Birthdate _____
City, State, Zip _____	Age _____ Grade _____
Email Contact _____	Phone _____
Does your child have permission to walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Health History	
Has your child been diagnosed or treated for the following: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies to Insects <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____	Physicians Name: _____ Phone Number: _____ Hospital Preference: _____
Additional Information we should know: _____ _____	
Are there any Behavioral Concerns we should be aware of? Yes No	
Does your child have an IEP? Yes No	
Further information: _____ _____ _____	

Emergency Contact 1
Name: _____
Relationship to Family: _____
Phone: _____

Emergency Contact 2
Name: _____
Relationship to Family: _____
Phone: _____

Parent Signature

Date



STATELINE  
BOYS & GIRLS CLUBS

### 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 allow Stateline Boys & Girls Club to seek medical treatment for my child, in my absence, in the event of an Emergency.
- Use photos or Videos taken of my child for the Stateline Boys & Girls Club Promotional purposes online and Elsewhere.
- I authorize the School District and/or educational institution my child attends to release report card information to the Stateline Boys & Girls Club.
- 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/month or days missed.
- I understand that I must give a 15-day notice to stop monthly auto-drafts from occurring.
- I understand that I will be invoiced/charged a late pick-up fee for every minute that my child is picked up late. \$1 for every minute per child and this invoice must be paid before my child can return to the Club.**
- I have read and reviewed the policies of Stateline Boys & Girls Clubs Organization.
- 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 Clubs Organization will not be held liable if my child accesses inappropriate material.
- Take my child outside to play on the playground equipment under SBGC Staff supervision.
- Allow my child to go on short walks with their group under SBGC Staff Supervision.
- I acknowledge the policy on the use of cellphones and the necessary disciplinary action.
- Transport my child to and from activities by way of the SBGC shuttle or bus.
- Allow my child to use technology at the Club with adult supervision.
- I understand the SBGC is not responsible for list, stolen, or damaged personal items.

Depending on the circumstances the particular things on this list may be confiscated and kept in a secure office or behind the front counter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### List of items not allowed in the Club

Blankets	Pillows	Decorative/Costume Masks	Weapons
Alcohol/Drugs	Toys or stuffed animals	Heely's Shoes	Trading Cards



STATELINE  
**BOYS & GIRLS CLUBS**

## Digital Citizenship and Technology Safety Policy

**Purpose:** The Stateline Boys and Girls Club (BGCA) is committed to promoting digital citizenship and ensuring the safety of our youth members online. To fulfill this commitment, we provide digital literacy training resources tailored to different age groups and offer guidance to parents on how to support their children's safe and responsible use of technology.

### Training Overview:

#### Youth Digital Literacy Training (Age-based):

- **Ages 6-9: *Being Kind and Safe Online*:** Learn to be kind online, and talk to a grownup if you see something online that isn't kind.
- **Ages 10-12: *Digital Passport*:** Learn how to stay safe online with the Digital Passport games from Common Sense Education.
- **Ages 13-15: *Online Safety Basics*:** Review how to stay safe online and play a game that shows what can happen if you're not careful.
- **Ages 16-18: *Online Safety - Hate Speech*:** How can you respond if you see hate speech online?

### Policy Agreement:

I, \_\_\_\_\_, acknowledge that I have received information regarding the digital citizenship and technology safety training resources provided by the Stateline Boys and Girls Club. I understand that these resources are designed to educate youth members about safe and responsible online behavior and to equip adult volunteers and club staff with the necessary knowledge to support them.

**By signing below, I agree to the following:**

1. I will encourage my child to participate in the age-appropriate digital literacy training sessions provided by the Stateline Boys and Girls Club.
2. I will actively engage with my child to reinforce the concepts and skills learned during the training sessions and promote responsible digital citizenship at home.
3. I understand the importance of monitoring my child's online activities and establishing guidelines for their use of technology to ensure their safety and well-being.
4. I will support the efforts of the Stateline Boys and Girls Club in promoting digital citizenship and technology safety within the club and the broader community.

**Member Name:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Contact Information**

**Parent/Guardian Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_

**Club Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### 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 individuals 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:

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





## Stateline Boys & Girls Clubs Transportation Agreement

Stateline Boys & Girls Clubs provides shuttle transportation from the schools to the Joel Barrett Boys & Girls Club throughout the school year. To maintain safety on the shuttle and a safe driving environment for all, the following rules must be followed by all members while riding in the shuttle, **with no exceptions.**

- Members must enter and leave the shuttle in an orderly manner.
- Members must follow directions of the driver and staff members that are present.
- Conversations must be at a quiet level with no loud talking, singing, or using profanity.
- Vandalism of the shuttle seats is not allowed.
- Members must keep hands and feet to themselves.
- Seatbelts **MUST** always be worn while in the shuttle.
- No standing while the shuttle is running/moving.
- Only staff members can open windows.
- No eating or drinking (except water) in the shuttle
- No bullying
- Not fighting

Failure to follow any of the rules above will lead to disciplinary consequences found in School Year Policies: written warning, days off, and/or suspension from the shuttle and/or Stateline Boys & Girls Club Afterschool Program, if there are repeated violations.

Severe infractions such as fighting, using profanity towards the driver, staff members or fellow members, destroying or damaging shuttle equipment or stealing may also lead to immediate suspension from the afterschool program.

**I have read the following Transportation Agreement and understand that if my child does not follow the rules and regulations, the Stateline Boys & Girls Clubs will follow through with disciplinary consequences stated above.**

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## WALKER PASS AND LIABILITY WAIVER

I (Parent/Guardian), \_\_\_\_\_, authorize and permit that The Joel Barrett Boys & Girls Club, of the Stateline Boys & Girls Clubs Organization, may release (my child) \_\_\_\_\_, to walk from the Club with the following permissions.

Please check one:

My child may be released by/from the Club as a walker without my prior notification.

My child may be released by/from the Club as a walker only upon my prior notification. I can be contacted at this phone number \_\_\_\_\_.

My child may be released by/from the Club as a walker only on the following day(s) of the week (Please circle all days that apply and check with or without notification):

Monday    Tuesday    Wednesday    Thursday    Friday    Time they are to walk: \_\_\_\_\_

My child may be released by/from the Club as a walker only if I (or an authorized person) is not able to pick him/her up at the Club by 6:30 p.m. In this event, I acknowledge and agree that the Club may release my child as a walker without my prior notification.

I do **NOT** give permission for my child to walk home at any time.

Liability Waiver: I understand that the release of my child from the Club without parental, staff or adult supervision includes risk of injury that may range in severity from minor to disabling to even death, and that it is impossible to eliminate the risk. I understand that the release of my child from the Club as a walker without parental, staff or adult supervision is voluntary and I am free to choose not to grant the Club permission to release my child from the Club. I understand that the Stateline Boys & Girls Club , its employees, directors, volunteers, representatives, staff and agents will not be liable for personal injuries and/or property damage as a result of my child’s voluntary release as a walker as checked above. By signing this Agreement, I acknowledge that I have read and understand this document and accept the risk and responsibility of participation in the voluntary release of my child from the Club as checked above.

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



STATELINE  
BOYS & GIRLS CLUBS

STATELINE BOYS AND GIRLS CLUB BANK OR CREDIT CARD DRAFT AUTHORIZATION 2024-2025

Parent/Guardian Name (please print)

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Last

Address \_\_\_\_\_ Email \_\_\_\_\_

Program:

( ) One time per month draft (draft occurs on the 1<sup>st</sup> of every month)

**Please be aware that drafts will occur on Monday, if the 1<sup>st</sup> falls on the weekend or on the day after a Holiday (i.e. January 1 will occur January 2nd).**

Childs name \_\_\_\_\_ Grade Level \_\_\_\_\_

Childs name \_\_\_\_\_ Grade Level \_\_\_\_\_

[ ] Beloit Club

[ ] South Beloit Club

[ ] After School site \_\_\_\_\_

**Draft Options**

[ ] Checking Account Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

[ ] Savings Account Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

[ ] Credit Card Name on Card \_\_\_\_\_

Account # \_\_\_\_\_ Card Type \_\_\_\_\_

(Discover, MasterCard, or Visa)

Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_

- **This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.**

- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable ☒
- A fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in expulsion from the program.
- If there is a change in any program fees that you are having auto-drafted out of your account each month we will let know prior to your payment being pulled.

I authorize the Stateline Boys and Girls Club to draft the above named bank or credit card account for payment of membership or program fees. I understand that the Stateline Boys and Girls Club may initiate a preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

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Parent/Guardian Signature

Date

Stataline Boys & Girls Club: Joel Barrett Campus

**Medication Consent Form**

Name of child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child Care Center Name: \_\_\_\_\_

Name of Medication	Dosage	Time(s) of day to be administered	How to be administered	Dates- Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes  No **Does the over-the counter- (OTC) medication label indicate the child's physician should be consulted?** If "Yes" O have consulted with my child's physician and I am authorizing a dosage consistent with the physicians recommendation.

OTC Medication Name \_\_\_\_\_ Parent Initials \_\_\_\_\_

**Additional Information/ Special instructions/contraindication- Specify.**

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I hereby authorize administration of the above medication to my child by staff of the child care center listed above

\_\_\_\_\_  
Signature- Parent or Guardian \_\_\_\_\_ Date

### Documentation of Medication Administration

**Instructions:** This section is to be completed only by Stateline Boys & Girls Club employees to document the actual administration of the medication.

Lines should not be skipped

	Name of Medication	Date Administered	Time Administered	Dosage	Signature/initial of person who is administering the medication
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
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24.					
25.					
26.					
27.					
28.					

# Afterschool Program Policy Handbook 2024-2025

Stateline Boys & Girls Club  
Joel Barrett Branch  
202 Maple Ave, Beloit WI 53511  
608-365-8874 [www.statelinebgc.org](http://www.statelinebgc.org)

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## Welcome to Stateline Boys & Girls Clubs Joel Barrett Location!

### Our Mission

To enable all young people, especially those who need us most to reach their full potential as productive, caring, responsible citizens.

### Membership- Annual Fee

Per Member (one child)	\$20.00 per year
Per Family (more than one child)	\$30.00 per year

### Monthly Fees

Per Child (6-12 years old)	\$40.00 per month
Teen rate (13-18 years old)	\$0.00 per month

Fees are for After School Program Hours Joel Barrett Campus 3:00-6:30pm & Robinson School Site: 3:00-5:30pm

Monthly fees are not prorated due to late registration or coming into the middle of a month. Monthly fees do not cover for no school days.

### No School Days – Day Passes

For Monthly Enrolled Afterschool Members - Per Child	\$ 8.00 per day
For Club Members Not Enrolled In Afterschool Program – Per Child	\$ 10.00 per day

Members who are enrolled with an active membership in our after school program may attend the day by purchasing a pass for \$8.00 to stay between 7:00 am until 6:30pm.

Members who have an active membership but are not enrolled in our after school program may attend for the day by purchasing a pass for \$10.00 to stay between 7:00 am until 6:30pm.

***No refunds on Day Passes.***

## Deadlines

All Monthly fees must be paid in full by the 1<sup>st</sup> of each Month.

2024-2025 Afterschool Program runs September 3 - May 30th

*\*We follow the Beloit School District*

## Membership & Membership Cards

All members who join or re-join are required to complete the Stateline Boys & Girls Clubs Membership form and pay the fee of \$20 per member or \$30 for family (more than one child). Membership is valid January 1<sup>st</sup> – December 31<sup>st</sup>. Must be renewed at the end of each year.

Members are required to bring their cards daily to enter the Club. If members forget their cards, they will need to purchase a new card for \$1.00 that day to enter the Club.

### Member Responsibilities

- All belongings (backpacks, books, jackets, cell phones, etc..) must be kept in a locker. The club does not provide locks for lockers. All valuables should be left at home. All money should be in the members possession (the club is not responsible for any lost or stolen items).
- Snack is given between 3:00-4:00 pm each day.
- Dinner is given between 5:30 – 6:00 pm each day.
- Food and Drinks are **not** allowed in the gym or tech center.
- Gum is not allowed in the club.
- Members must help clean up after themselves.
- Members must bring Gym Shoes in order to play in Gym activities
- Respect Staff, Club Members and Club Property
- Members are not allowed in Gym Storage Rooms, other storage rooms, Directors Offices or Kitchen.
- Only one club member at a time in the restrooms.
- No member is allowed to be in an area without staff supervision.
- All members are required to scan in and out at the front desk.

### Pick-up & Drop-off Policy

**Dropoff:** If members are not dropped off by the School Bus System or Stateline Boys & Girls Club Shuttle, parents or guardians must come into the club to drop off your child. **No one is allowed to be dropped off before 3:00 pm for the After-School Program.**

For Both drop-off and pickup, please park and come into the Club. Do not pull up to the club to get as close as possible as this poses safety risks for other parents and children. Please do not park in the handicap parking space unless you are authorized to do so according to the correct documentation.

Pickup: Parents or Guardians must either come into the building or call the club to pick up their child. If someone other than the club members' parents/guardians are to pick them up, we must have their information on the **Guardian Permission for Alternative Pick-up Form** and they will need to present identification.

## Late Pick-up Policy

Participants must be picked up promptly at the end of each program day. Stateline Boys & Girls Clubs enforces a \$1 per minute late fee per child. We do not have exceptions to this rule. Fees should be paid to the staff member on duty at the time of pick up or your account on file will be charged.

Please remember that program hours vary throughout the year:

After School Program ends 6:30 PM

Teen Nights ends 8:00 PM

Occasional No School Day Programming ends 6:00 PM

If a child has not been picked up within five minutes of the program end time, staff will:

Contact all enrolling parents to ensure a ride is on their way

If parents are not reached, staff will then use emergency phone numbers.

If the child has yet to be picked up 30 minutes after dismissal, staff are instructed to call the non-emergency number and they will be dispatched to the Club to take your child to their residence.

## Open Door Policy

This policy applies to members 13-18 years old; if members fall into this age category, it allows members to come and go at any time during the Club's program operating hours under the following conditions:

1. Children may arrive and depart with approved pickup or advance approval of a parent or guardian.
2. Children may leave the program on their own only if a walking waiver form is signed and returned by a parent or guardian.
3. Once members leave the building without permission, they are not allowed back in on the same day unless approved by Unit and Program Directors and they are brought back by an authorized adult.

Members 11 years and younger need to be dropped off and picked up by a parent/guardian, or authorized adult or the parent needs to sign off on the member walking home (*walking waiver form*). If a member leaves our facility without parent permission, we will notify the parent and call non-emergency.

Thus, it is the responsibility of the child and the parent/guardian to determine, understand and enforce whatever arrival and departure methods they see fit. Supervision is not provided once the child leaves our facility.

Please note that youth are not allowed on the Club's grounds during operating hours unless they are signed in and participating in Club activities. Members should not be dropped off prior to the opening of any facility, as the Club cannot be held responsible for the supervision of such youth.

## Refunds

Monthly fees are not transferable or dividable from month to month or from member to member, **no exceptions**. Monthly fees are non-refundable.

## Financial Assistance

We realize that families sometimes need help accessing our services and established a scholarship program to support those that demonstrate need. United Way Blackhawk Region scholarship funds are available, distributed fairly, and granted on a first-come, first-served basis. Scholarships do not cover Membership Fee or fieldtrips or the Club t-shirt for field trips

## Personal Belongings Policy

**The Stateline Boys & Girls Clubs is not responsible for the lost, missing, stolen or damaged items.** Lockers are available for member's usage, however all items need to be removed daily. Bikes are to be locked up at the bike rack. ***Valuables such as tablets, cameras, gaming devices should be left at home as well as all items not allowed at the club as stated on our banned items document.*** Cellphones are the member's responsibility; staff are not responsible to hold on to a member's cellphone or personal items. Cellphone should be put away when the member is on site at the Club.

## Lost & Found Policy

Members are to turn in any article or item of value to the staff at the front desk. All other items are to be put into the lost and found bin. All items found in the building or on the grounds at the end of the day will be placed in the lost and found bin. Lost items will be donated or tossed in the trash bi-weekly.

## Dress Code Policy

Club members must wear gym shoes when participating in gym activities or outdoor activities where feet need to be covered. All clothing which displays logos or monikers that promote drugs, alcohol, violence, gangs, sex, racism etc. must not be worn. Shoes, pants, shorts, must always be worn and clothing must not be revealing and must be worn appropriately. Members who fail to meet the dress code standards may be subject to dismissal.

## Behavior Problems

Members are expected to follow SBGC rules & regulations. Members are to respect the staff, Club members, and the visitors/ volunteers who enter our building. Members who fail to follow the SBGC rules will be disciplined according to the behavior displayed. If the behavior continues the member may be subject to suspension or unable to sign up for future programming (summer & afterschool).

When a member is suspended from SBGC, the Unit Director will contact the parents/ guardians. Arrangements must be made for that member to be picked up immediately. A meeting between the Unit Director and the members' parent/guardian may take place depending on the severity of the situation. If a meeting is required, it will be to decide if/when that member will be allowed back into the SBGC Building for programming.

## Meals & Concessions

We offer members the opportunity to purchase concessions as well as provide a free snack daily at 3:00pm and dinner at 5:30 PM. Peanut products are prohibited on our campus.

## Medication

Parents/guardians are responsible for filling out and signing the SBGC Medication Consent Form. Medication needs to be labeled with the child's full name and date and time to distribute. SBGC Staff will document the date, time and amount of medication the child is given each day on the Medication Consent Log. SBGC staff will fill out the medication log at the Club as well as on any field trips. On field trip days, Staff are responsible for holding onto member medication and giving the medication to the child at the correct time.

If your child has severe allergies, they will need to carry an epi pen on them. If your child needs to use an inhaler, please make sure they have it in their backpacks.

## Field Trips

All field trips are optional. If a member is interested in attending a certain field trip, they will need to have that field trip paid for by the due date. Some trips may limit the number of members attending a field trip. Those trips will be noted on the field trip flyer. For members who are attending a field trip they need to make sure they are on site and in attendance at least 30 minutes before the bus or van leaves. Please pay attention to weather the bus is leaving from a Beloit Location or South Beloit Location. Those who are attending a field trip will be expected to wear the Boys & Girls Club t-shirt. If a member is not in a Boys & Girls Club t-shirt, he or she will not be able to attend. On field trips your child is responsible for holding and taking medication. Our BGC staff do not assume the risk or responsibility of holding on to or passing medication to members on fieldtrips.

## Transportation

It is the parents/guardians' responsibility to ensure members are dropped off and picked up promptly. SBGC Staff members are **NOT** permitted to give members a ride home. Parent/guardians/authorized adults consistently not following this policy are subject to penalties such as SBGC staff calling non-emergency, or members may not be permitted to attend or register for future programming year.

**\*Please refer to the Late Pick-Up Policy**

## Sick Policy

If a member should become sick during the day, SBGC will contact the parent or guardian to come pick up the child immediatly.

### **Club Phone Call/Use and Cellphone Policy**

If there is a medical or behavior emergency, staff will contact parent/guardian(s). The Club will only allow club members to use our club phone for emergencies only.

Members who choose to bring a cell phone or other device to the club are solely responsible for keeping it safe. The Club is not responsible for theft, loss, or damage of any device.

**Parent/guardian(s) are encouraged to call the Club directly to communicate with their child or in the event of an emergency. Members can always use their phones to communicate with caregivers but are also expected to participate in planned programming activities.**

If a member's phone becomes an issue where they are not participating in programming, or they become disrespectful to staff/members, invades others' privacy, and or causes disruption, the club will take disciplinary action. The members' phone will be confiscated upon violation and placed in the Unit Directors/Program Directors Office. Members can retrieve their phone when they leave the building. The members will then need to meet with the Unit and Program Director to review the phone policy.

Cell phones and all functions within the cell phone (i.e. cameras and all other applications with the use of cameras) are prohibited in the following areas unless expressly permitted by a staff: Art Room, Computer Lab, Teen Room, Game Room, Gymnasiums, Restrooms, and all other area's pertaining to the club including outdoors.

**After Reading all policies, please sign the After School Program Policy Acknowledgement Parent Signature Page.**



## AFTERSCHOOL PROGRAM POLICY HANDBOOK SIGNATURE PAGE

After reading the Afterschool Program Policy Handbook, please sign the appropriate lines below and return the form to the Front Office.

We/I, the parent(s)/guardians of \_\_\_\_\_  
have read and understand the contents of Stateline Boys & Girls Clubs – Joel Barrett Location Afterschool Program Policy Handbook. We agree to follow and abide to the Stateline Boys & Girls Clubs Policies. We understand that the organization reserves the right to amend policies and procedures when necessary, and that we will abide by changes. Any changes made to the policies will be distributed by each club location under the Stateline Boys & Girls Clubs Organization. The Afterschool Program Policy Handbook is not an enrollment contract.

Signature of  
Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

Please Note: Signature is required by all legal parent(s) and or guardian(s).

Thank you, very much!



# ROCK COUNTY RESOURCE DIRECTORY 2023

4/2023

Distributed by Aging and Disability Resource Center of Rock Co.

## AGENCIES (GOVT)

### ROCK COUNTY

Aging & Disability Resource Center of Rock Co	741-3600
Toll Free (855) 741-3600	
Behavioral Health Intake/Rock County	757-5025
Crisis	
Mobility Manager	757-5408

### WISCONSIN

Disability Rights of Wisconsin	800-928-8778
Division of Vocational Rehab	1-800-228-2648
Food Share QUEST Card Customer Service	877-415-5164
Medicare Integrity Project (Fraud Reporting)	800-488-2596
Medigap Helpline Office Commissioner of Insurance	800-242-1060
Medicaid & State SSI Recipient Hotline	800-362-3002
Southern Consortium Call Center	888-794-5780
Unemployment Insurance Claims	800-822-5246
WI Office Commissioner of Insurance	800-236-8517
WI Dept of Motor Vehicles	800-924-3570

### U.S. GOVERNMENT

Health Insurance Marketplace Helpline	800-318-2596
Medicare Hotline	800-633-4227
Social Security & SSI	800-772-1213 or 877-850-7826

### ABUSE & NEGLECT REPORTING (18+)

Aging and Disability Resource Center	741-3600
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### ASSISTIVE SERVICES AND/OR EQUIPMENT

AngelSense	<a href="http://www.angelsense.com">www.angelsense.com</a>
Central Lutheran Church Edgerton – Loan Closet	884-9118
Cornerstone of HOPE	754-1228
First Lutheran Church Equipment Loan Closet	752-7434
Seventh Day Baptist Church Loan Closet	868-2741
Katy's Klostet	262-746-9034
Library-Homebound Book Delivery	758-6592 or 364-2912
Project Lifesaver	757-7961
Society's Assets (Independent Living Ctr)	800-261-8181
Wisconsin Talking Book and Braille Library	800-242-8822
Wisconsin's Assistive Technology Program	608-514-2513

### ADULT DAY SERVICES PROGRAMMING

Beloit Adaptive Alliance	608-289-5282
Janesville Community Connections	758-8180
KANDU Adult Day Services	755-4123
Aptiv Inc.	757-0909

### ADULT FAMILY HOME (AFH) & COMMUNITY BASED RESIDENTIAL FACILITIES (CBRF)

#### 1-2 Bed Adult Family Homes

Inclusa, Inc.	554-3828
My Choice Wisconsin	414-287-7600
Creative Community Living Services (CCLS)	931-7061
Dungarvin	752-8363
REM Wisconsin	755-0618
Aptiv Inc.	757-0909

State Licensed 3-4 bed homes

<https://dhs.wisconsin.gov/guide/rock.htm>

### CONSUMER

Better Business Bureau of Wisconsin	414-847-6000
WI Agr, Trade & Consumer Protection	800-422-7128
Register for "Do Not Call" List (Get off telemarketing call lists)	888-382-1222

### CRISIS

Beloit Domestic Violence Center Crisis Hotline	365-1119
Brittan House (Shelter – single men only)	365-4787
Caritas (Food/clothing pantry-Beloit Area)	362-4403
Central Christian Church Food Pantry (Beloit)	362-7663
Christ Lutheran Food Pantry (Clinton)	676-4994
CRISIS INTERVENTION- (24 HOUR)	757-5025
C.U.P. (Orfordville Food Pantry)	879-2624
ECHO (Food/clothing/rent - Janesville)	754-5333
Edgerton Community Outreach	884-9593
Evansville Ecumenical Care Closet	882-4532
Hands of Faith	363-0683
House of Mercy (Homeless shelter)	754-0045
Faith Works of Rock County	531-1880
Milton Community Action Group/Food Pantry	868-1166

1717 Center Avenue, Janesville, WI 53546

New Zion Baptist Church (Beloit)	362-7703
NON-EMERGENCY Police(All Rock County)	757-2244
POLICE/FIRE/AMBULANCE (All Rock County)	911
Salvation Army (food pantry/shelter)	757-8300 or 365-6572
Sparrow's Nest Shelter	362-8215
Suicide & Crisis Lifeline	988
YWCA Domestic Violence Resources	752-5445

### DISABILITY BENEFIT SPECIALIST (18-59)

Aging and Disability Resource Center	741-3600
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### EDUCATION/POSTSECONDARY

Blackhawk Technical College	758-6900
Edgewood Cutting	<a href="http://www.edgewood.edu/Prospective_Students/Cutting-Edge">http://www.edgewood.edu/Prospective_Students/Cutting-Edge</a>
Sheperds College	<a href="https://shepherdscollege.edu/">https://shepherdscollege.edu/</a>
Think College Wisconsin!	<a href="http://www.waisman.wisc.edu/thinkcollege/">www.waisman.wisc.edu/thinkcollege/</a>
UW-Whitewater LIFE Program	<a href="http://www.uww.edu/coeps/departments/life-program">http://www.uww.edu/coeps/departments/life-program</a>

### EVALUATION SERVICES

Neurology Clinics: Beloit Clinic	364-2220
SSM Health/Dean	371-8400
Mercy Clinic East	756-7100
UW Hospital/Clinics	608-741-3590
Waisman Center	608-263-5776

### HEALTH SERVICES

Beloit Area Community Health Center	361-0311
Rock County Counseling Center	757-5229
Dean on Call (24 Hr Nurse Call Center)	800-576-8773
HealthNet of Rock County	756-4638
J&B Medical Supply	866-674-5850
Rock County Cancer Coalition	754-2286
Rock County Health Dept.	757-5442
Wisconsin Tobacco Quit Line	800-784-8669

### DENTAL

Beloit Area Community Health Center	361-0311
Dental Dreams (Machesney Park, IL)	815-637-2800
Dental Dreams (Rockford, IL)	815-399-7777
Donated Dental Services	888-338-6852
Familia Dental	757-0057
HealthNet of Janesville (Serving all of Rock County)	756-4638

### HEARING

Office for the Deaf & Hard of Hearing	319-1249
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### PRESCRIPTION DRUG ASSISTANCE

Good Rx	<a href="http://www.goodrx.com">www.goodrx.com</a>
Partnership for Prescription Assistance	888-477-2669
Prescription Drug Helpline – Med Part D	855-926-4862

### VISION

Office for the Blind and Visually Impaired	757-5203
WI Council of the Blind	800-783-5213

### HOUSING & RENTAL ISSUES

Beloit Housing Authority	364-8740
Community Action Housing Programs	313-1300
ECHO – Emergency Assistance	754-5333
Edgerton Housing Authority	884-8454
Evansville Housing Authority	882-4518
Janesville Housing & Neighborhood Services	755-3065
Legal Action Landlord/Tenant Issues	608-286-2295
Movin' Out	877-861-6746 x7
Neighborhood Housing Services of Beloit	362-9051
Rock County Housing Community Development	757-5587
Salvation Army Housing Resource	757-8300
USDA Rural Development	920-907-2976

### HOME HEALTH CARE (Medical)

At-Home Healthcare	363-5885
SSM Health at Home	800-900-8040
Mercyhealth at Home	754-2201
Society's Assets	800-261-8181
Stoughton Hospital Home Health	873-2366

### NON-MEDICAL SUPPORTIVE HOME CARE

Alternative Home Care	758-3324
BrightStar	314-8501
MCFI Home Care	608-215-1915
Visiting Angels	877-276-7039

**LIVE-IN CAREGIVERS AND COMPANIONS**

BrightStar	314-8501
Good People	800-608-8003

**INFORMATION/ REFERRAL & ASSISTANCE**

2-1-1 First Call for Help (Open 24/7)	2-1-1
Aging and Disability Resource Center	741-3600
Society's Assets	800-261-8181
Wisconsin Statewide Transition Initiative	<a href="http://www.wsti.org">www.wsti.org</a>

**LEGAL & ADVOCACY SERVICES**

ABC for Health, Inc <a href="http://www.safetyweb.org">www.safetyweb.org</a>	800-585-4222
Disability Rights Wisconsin	800-928-8778
Lawyer Referral & Information	800-362-9082
Legal Referral Service -- Modest Means	800-362-9082
Legal Action of Wisconsin	800-362-3904
Legal Action of Wisconsin Housing Related Issues	608-286-2295
Rock County Guardianship Questions	757-5210
Rock County Probate Office	757-5635 or 757-5636
Society's Assets	800-261-8181
Wisconsin Board for People with Developmental Disabilities	888-332-1617
Wisconsin Guardianship Hotline	855-409-9410

**MENTAL HEALTH**

National Alliance Mental Illness	743-9828
Rock County Behavioral Health Intake/Crisis	757-5025

**NUTRITION**

Food Share/Southern Consortium	888-794-5780
Mom's Meals <a href="http://www.momsmeals.com">www.momsmeals.com</a>	877-508-6667

**PUBLIC ASSISTANCE**

Assurance Wireless (No cost for low income)	888-321-5880
Foodshare & Medical Assistance	888-794-5780
Energy Assistance Program (Energy Services)	363-9200
SafeLink Cell Phone (No cost for low income)	800-977-3768
Weatherization Assistance Program	755-2450

**RECREATION**

Able Trek Tours	800-205-6713
Easter Seals Respite/Recreation Camps	800-422-2324
Fishing Has No Boundaries	800-243-3462
Foundry Theater Group	921-8256
Lamers Special Needs Tours	800-832-0807
No Limits Dance Program	352-0241
Rock County Recreation	758-8180
Special Olympics (Region 7)	262-598-9507
Wisconsin Badger Camp	608-348-9689
YMCA of Northern Rock County (Jvl)	754-6654
YMCA of Northern Rock County (Milton)	868-9622
YMCA Stateline (Beloit)	365-2261
Rock County Advocacy Services	365-2090
Society's Assets	800-261-8181

**SUBSIDIZED HOUSING**

<b>BELOIT</b>	Fairbanks Flats Apts	790-4552
	Parker Bluff Apts	364-8740
	Scoville Center Apts	362-4900
	Watertower Place	265-5700
	Woodside Terrace	365-0333
<b>CLINTON</b>	Meadow Park Apt	290-2338
<b>EDGERTON</b>	Edgerton Meadows	800-346-8581
	Edgerton Retirement Apts	884-9009
	Elm Drive Apt	884-8454
	Fulton Street Apts	844-547-2117
<b>EVANSVILLE</b>	Arbor Glen	608-258-2080
	South Meadow Apt	882-4518
<b>FOOTVILLE</b>	Ezra Foote Manor Apt	608-222-1981 x105
<b>JANESVILLE</b>	Burbank Plaza Apts	754-4040
	Garden Court	755-1755
	Grant Village Apt	755-1755
	Green Forest Run	754-1886
	Hamilton Terrace Apt	757-2892
	Lexington Court Apt	920-568-8862
	River Flats	608-602-7005
Riverview Heights	752-5999	

<b>MILTON</b>	Milton Meadows	258-2080
<b>ORFORDVILLE</b>	Orfordville Meadows	608-784-2935

**TRANSPORTATION SERVICES**

Beloit Transit	364-2870
Disabled Veterans Transportation Network	884-9847
Edgerton Taxi (Edgerton Area only)	882-0407
Janesville Transit System	755-3150
Lavigne Bus Company	920-563-1515
Veyo (Medicaid Transportation Appointments)	866-907-1493
Rock County Mobility Manager	757-5408
Rock County Transit	757-5054
RTS Express, LLC	480-3878
You Buy, We Fly	363-3939

**VOCATIONAL SERVICES**

Community Solutions of WI LLC	741-3685
CESA 2 Vocational Opportunities and Assistance	741-6687
Division of Vocational Rehabilitation	1-800-228-2648
KANDU Industries, Inc.	755-4123
Aptiv Inc.	757-0909

**WORK INCENTIVE BENEFIT SPECIALISTS (WIBS)**

Dept of Workforce Development	314-3300 x303
Employment Resource, Inc.	877-826-1752
Aptiv Inc.	757-0909

**AGING AND DISABILITY RESOURCE CENTER (ADRC)****Information & Assistance**

ADRC Information and Assistance (I&A) Specialists have information on a wide range of resources, including information about long term care and disability services. If you or someone you care for are turning 18 and have a disability, an I&A Specialist can provide confidential options counseling, assisting you in determining eligibility for long term care services, and refer you to other resources that may be needed following high school. You can request assistance from the ADRC at 17 years, 6 months of age and all the services are provided free of charge. To find out more, contact and I&A Specialist Monday through Friday, 8:00am to 4:30pm at (608) 741-3600.

**Disability Benefit Specialist**

A Benefit Specialist provides free and confidential assistance to people with disabilities between the age of 18 and 59.

Some of the programs and information Disability Benefit Specialists can help with are:

- Medical Assistance (Medicaid)
- Social Security Disability Income (SSDI)
- Supplemental Security Income (SSI)
- Medicare
- Other financial assistance programs you may qualify for

For more information about the Disability Specialist Program, contact the ADRC at (608) 741-3600

Visit our website at [www.co.rock.wi.us/adrc](http://www.co.rock.wi.us/adrc)



**Aging and Disability Resource**

**Center of Rock County**

*All phone numbers are 608 area code unless noted.*

*The above listings should in no way be construed to constitute an endorsement of a company, organization or its service, nor should exclusion be construed to constitute disapproval. Aging and Disability Resource Center of Rock County does not support or endorse the businesses and/or agencies, services or products listed in this publication*