Boys & Girls Clubs Summer Adventures Program

Sports • Games • Field Trips • Arts & Crafts • Swimming • And more

Give your child a summer full of fun activities at Boys & Girls Clubs. Your child will enjoy making new friends, participating in structured games and going on field trips every week. Lunch and dinner are served daily, and each child will receive a summer adventures t-shirt.

Scholarships Available: The inability to pay is not a barrier to participation in the program. Please see Club Manager for details.

Bethune

AGES: 4–12 **DATES:** June 17 – July 26 (Closed July 4), 6 weeks

REGISTRATION FEE: $10, non-refundable

COST: $70.00 per week per child (sliding fee scale/scholarships available). See Club Manager for information.

HOURS: 9:00 AM – 4:00 PM, Monday – Friday
Early drop-off and Late pick up
Early drop-off available 7:00 AM – 9:00 AM, $10.00 per week, per child
Late pick-up available 4:00 PM – 6:00 PM, $10.00 per week, per child

SUMMER PROGRAM FREE FOR WISCONSIN SHARES AUTHORIZED FAMILIES
If your family has an open WI Shares Case, please call **1-888-947-6583** to update your authorization. Or you can go to the Coggs Center (1200 W. Vliet St.) — Window 200E (take the escalator to the second floor) to update your authorization in person. They will ask you to provide your summer program provider and location number.

PROVIDER #: 2000563892 **LOCATION #: 130**

TO REGISTER:

1. Complete registration packet in full for each youth wishing to attend. **Incomplete applications will be added to the wait list.**
2. Return registration packet to Club Manager or office.
3. Please allow up to 48 hours to process registration paperwork.

CONTACT INFORMATION: Club Manager: Tim Stritesky
Phone: 414-934-4600 **Email:** Tim.Stritesky@bgcmilwaukee.org

Please remember your child must be picked up promptly.There is a $1 per minute per child charge for all members who remain after close time. If you have any questions or concerns, please do not hesitate to contact the Club Manager directly.

Camp Whitcomb/Mason
Hartland, Wi

Interested in overnight camp, registration available at bgcmilwaukee.org/camp or talk to a Club Manager about a paper application.

AGES: 7–14

Boys & Girls Clubs Summer Program Locations

	DATES	AGES	HOURS		
Club	**Program Dates**	**Age Range**	**Early Drop-off**	**Regular Program**	**Late Pick-up**
SS **53RD STREET:** 3618 N. 53rd Street, CP: 414-874-5586 **Provider #:** 2000563892, **Location #:** 061	6/17/2019–8/9/2019	4–14	7AM–9AM	9AM–4PM	4PM–6PM
81ST STREET: 2964 N. 81st Street, CP: 414-852-4085 **Provider #:** 2000563892, **Location #:** 047	6/17/2019–8/9/2019	4–14	7AM–9AM	9AM–4PM	4PM–6PM
ALLEN FIELD: 730 W. Lapham Blvd., CP: 414-902-9341 **Provider #:** 2000563892, **Location #:** 068	6/17/2019–8/9/2019	4-13	7AM–9AM	9AM–4PM	4PM–6PM
BAY VIEW HIGH SCHOOL: 2751 S. Lenox Street, SP: 414-294-2572	6/17/2019–7/26/2019	12-18	No early drop-off	11AM–5PM	No late pick-up
SS **BETHUNE:** 1535 N. 35th Street, CP: 414-934-4600 **Provider #:** 2000563892, **Location #:** 130	6/17/2019–7/26/2019	4-12	7AM–9AM	9AM–4PM	4PM–6PM
BRADLEY TECH HIGH SCHOOL: 700 S. 4th Street, CP: 414-212-2561	6/17/2019–7/26/2019	12-18	No early drop-off	11AM–5PM	No late pick-up
CARSON: 4920 W. Capitol Drive, CP: 414-393-4820 **Provider #:** 2000563892, **Location #:** 072	6/17/2019–8/9/2019	4–14	7AM–9AM	9AM–4PM	4PM–6PM
SS SuperSite **CARVER ACADEMY:** 1900 N. 1st Street, CP: 414-267-0527 **Provider #:** 2000563892, **Location #:** 128	6/17/2019–8/9/2019	4–14	7AM–9AM	9AM–4PM	4PM–6PM
CASS STREET: 1647 N. Cass Street, CP: 414-212-2787 **Provider #:** 2000563892, **Location #:** 003	6/17/2019–8/9/2019	4–14	7AM–9AM	9AM–4PM	4PM–6PM
CLARKE STREET SCHOOL: 2816 W. Clarke St., CP: 414-267-1039 **Provider #:** 2000563892, **Location #:** 004	6/17/2019–8/9/2019	4–14	7AM–9AM	9AM–4PM	4PM–6PM
EARLY VIEW ACADEMY: 7132 W. Good Hope Rd., SP: 414-431-0001, ext. 606, **Provider #:** 4000573254 **Location #:** 013	6/18/2019–7/26/2019	5–18	7AM–9AM	9AM–4PM	4PM–6PM
ENGLEBURG: 5100 N. 91st Street, CP: 414-616-5631 **Provider #:** 2000563892, **Location #:** 094	6/17/2019–8/9/2019	4–12	7AM–9AM	9AM–4PM	4PM–6PM
FRATNEY: 3255 N. Fratney Street, CP: 414-267-1154 **Provider #:** 2000563892, **Location #:** 008	6/17/2019–8/9/2019	4–12	7AM–9AM	9AM–4PM	4PM–6PM
SS **GAENSLEN:** 1250 E. Burleigh Street, CP: 414-267-5781 **Provider #:** 2000563892, **Location #:** 153	6/17/2019–8/9/2019	4–14	7AM–9AM	9AM–4PM	4PM–6PM
SS **GRANTOSA:** 4850 N. 82nd Street, CP: 414-393-4436 **Provider #:** 2000563892, **Location #:** 160	6/17/2019–7/26/2019	4-14	7AM–9AM	9AM–4PM	4PM–6PM
SS **GREENFIELD BILINGUAL:** 1711 S. 35th Street, CP: 414-902-8293 **Provider #:** 2000563892, **Location #:** 013	6/17/2019–8/9/2019	4–13	7AM–9AM	9AM–4PM	4PM–6PM
SS **HAYES BILINGUAL:** 971 W. Windlake Avenue, SP: 414-902-7250 **Provider #:** 2000563892, **Location #:** 166	6/17/2019–7/26/2019	4–13	7AM–9AM	9AM–4PM	4PM–6PM
LAFOLLETTE: 3239 N. 9th Street, CP: 414-267-5345 **Provider #:** 2000563892, **Location #:** 017	6/17/2019–7/26/2019	4–14	7AM–9AM	9AM–4PM	
LINCOLN: 1817 W. Lincoln Avenue, CP: 902-9716, **Provider #:** 2000563892, **Location #:** 154	6/17/2019–8/9/2019	4–13	7AM–9AM	9AM–4PM	4PM–6PM
MAPLE TREE: 6644 N. 107th St., SP: 578-5100 **Provider #:** 2000563892, **Location #:** 149	6/17/2019–7/26/2019	4-12	7:30AM–9AM	9AM–4PM	4PM–6PM
SS **MITCHELL:** 1728 S. 23rd Street, CP: 414-902-8152 **Provider #:** 2000563892, **Location #:** 021	6/17/2019–8/9/2019	5–13	7AM–9AM	9AM–4PM	4PM–6PM
RIVERWEST: 2765 N. Fratney Street, CP: 414-267-4527 **Provider #:** 2000563892, **Location #:** 155	6/17/2019–8/9/2019	4–12	7AM–9AM	9AM–4PM	4PM–6PM
SHERMAN: 5110 W. Locust Street, CP: 414-874-5814 **Provider #:** 2000563892, **Location #:** 148	6/17/2019–8/9/2019	4–14	7AM–9AM	9AM–4PM	4PM–6PM
SIEFERT: 1547 N. 14th Street, CP: 414-935-1566 **Provider #:** 2000563892, **Location #:** 156	6/17/2019–8/9/2019	4-12	7AM–9AM	9AM–4PM	4PM–6PM
TOWNSEND: 3360 N. Sherman Blvd., CP: 414-874-5985 **Provider #:** 2000563892, **Location #:** 028	6/17/2019–7/26/2019	4-14	7AM–9 AM	9AM–4PM	4PM–6PM
WASHINGTON HIGH SCHOOL: 2525 N. Sherman Blvd., CP: 414-875-6100	6/17/2019–7/26/2019	12-18	No early drop-off	11AM–5PM	No late pick-up
SS **ZABLOCKI:** 1016 W. Oklahoma Avenue, CP: 414-294-2305 **Provider #:** 2000563892, **Location #:** 042	6/17/2019–8/9/2019	5–13	7AM–9AM	9AM–4PM	4PM–6PM

SS = Summer School

CLC Summer Youth Participant Registration Form

OFFICE USE ONLY
Site #:_____
Bus #:_____
Date entered in computer:__/__/__
Data Staff Initials: _____

Site: _____ ☐ Early Drop-off ☐ Late Pick-up ☐ Both

Last Name	First Name	MI	Date of Birth	Age	Student ID#

T-shirt size _____

Please check one for each of the following.

Gender: ☐ Male ☐ Female

Lunch Status: ☐ Free ☐ Full ☐ Reduced ☐ Unknown

Address: _____

Zip Code: _____ **Phone:** _____

Email: _____

School: _____ **Grade:** _____

Elem. Teacher Name: _____

Math Teacher Name: _____

English Teacher Name: _____

Ethnicity:
- ☐ African-American
- ☐ Asian
- ☐ White
- ☐ Hispanic
- ☐ Native American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other: _____

Primary Language:
- ☐ English
- ☐ Spanish
- ☐ Burmese
- ☐ Karen
- ☐ Rohingya
- ☐ Arabic
- ☐ Hmong
- ☐ Somali
- ☐ Other: _____

Lives with: ☐ Both Parents ☐ Father (single parent) ☐ Foster Care ☐ Grandparent(s) ☐ Guardian ☐ Joint Custody ☐ Mother (single parent) ☐ Other: _____

Transportation: ☐ City Bus: Route: _____ ☐ CLC Bus/Van ☐ Pick-up ☐ Walk Home ☐ Other _____

Special Needs (allergies, medication, diet, etc.): _____

Please indicate your child's swimming level: ☐ Expert ☐ Intermediate ☐ Beginner ☐ Cannot swim

Household Information Page – Fill out only once per family

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick up?	Emergency Contact?	Lives With?

[ ] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name

Parent/Guardian Permission For Community Learning Center (CLC) - Please Read Carefully -*Must be signed by Parent/Guardian for participants 17 and under*

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named Community Learning Center (CLC). In the event of any injury requiring medical attention, I hereby grant permission to the CLC staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during CLC activities that are not reasonably within the control of the CLC staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview children within the CLC and MPS. By signing this release, I also give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the CLC. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current CLC program. I further give my consent to the CLC program and MPS (in aggregate form) to share the participant's records with each other, for purposes of educational support and assistance. In addition, I understand that the CLC may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18: Signature: _____ **Date:** _____

Do you Receive WI Shares Child Care or W2?

Please Select One:

❑	Yes, I have an Open WI Shares Child Care Case. My Case Number is: _____. I will call MECA (1-888-947-6583) to update my Child Care Authorization.
❑	Yes, I receive W2. My Case Number is: _____. I will contact my FEP worker to update my Child Care Authorization.
❑	No, I currently do not receive WI Shares Child Care or W2. I understand that I must complete the information below to determine if I am eligible.

Signature: _____ Date: _____ Phone Number: _____

Am I Eligible?

Please complete the following information.

All information is required for a completed BGCGM Membership application if you do not have an open WI Shares Child Care or W2 case.

List all Adults in Household		
First Name	Current Health Insurance?	Currently Working?
	❑ Yes	❑ Yes
	❑ Yes	❑ Yes

List all Children in Household (Continue list on back of sheet if needed.)		
First Name	Child's Age	Current Health Insurance?
		❑ Yes
		❑ Yes
		❑ Yes
		❑ Yes
		❑ Yes

Monthly Income Information	
Total Monthly Gross Income for your Household from Job(s):	$ _____
OR	
Hours Hours Worked Per Week	_____
Amount Earned Per Hour:	$ _____
Do you receive any Additional Income? Check all that apply:	
❑ Child Support ❑ W2 Payments ❑ Social Security / SSI ❑ Unemployment ❑ Other: _____	
Total Additional Monthly Income Received:	$ _____

For Office Use Only: Club Location: _____

Eligible? ❑ Yes ❑ No ❑ Parent Needs to Update Auth

If Eligible, Date Contacted: _____ By: _____

Notes:

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. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) 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)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

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

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	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 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

☐ Yes ☐ No I authorize the center to apply sunscreen to my child. ☐ Yes ☐ No I authorize the center to allow my child to self-apply sunscreen.	Brand Name	Ingredient Strength
☐ Yes ☐ No I authorize the center to apply repellent to my child. ☐ Yes ☐ 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
☐ Gastrointestinal or feeding concerns including special diet and supplements
☐ Cerebral palsy / motor disorder
☐ Epilepsy / seizure disorder
☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
☐ Other condition(s) requiring special care – Specify.

☐ 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* 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: _____ _____ _____ _____ _____

2019 SUMMER ADVENTURES PROGRAM WRITTEN PAYMENT AGREEMENT

By signing this agreement, Boys & Girls Clubs of Greater Milwaukee and parents agree to abide by the agreement and written polices for the summer program. I understand that I remain responsible for full payment until my Wisconsin Shares authorization is confirmed. Boys & Girls Clubs may amend the policies by giving the parents a copy of the new or changed policy.

1. **Provider's Policy for Deposits or/Holding a Slot**: General programming is from 9 AM to 5 PM with early drop-off and late pick up arrangement available, but to hold a slot for all day care, a parent must pay a registration fee (or deposit) at least one week prior to the beginning of summer programming. A $20 non-refundable registration fee must be paid to the Club one week prior to the beginning of summer day camp. Full payment must be made by the Friday before programming starts.
2. **Provider's anticipated closure dates and policy for payment during closures:** During summer services, the program will be closed for July 4th and weekends. For WI Shares authorized families, programming is enrollment based and parents will not be refunded for closures dates.
3. **Provider's policy, and payment expectations for expected and unexpected child absences:** The summer program encourages all families to notify their club if a child will miss programming for 3 consecutive days or more. If a child misses programming for 3 consecutive days or more, a child may lose his or her slot and be placed on a waiting list for failure to notify their site. For WI Shares authorized families, programming is enrollment based and parents will not be refunded for unexpected child absence dates.
4. **Provider's WI Shares payment dispute policy:** Disputes regarding WI Shares Payments will be resolved on a case-by-case basis as long as a parent has receipt-based proof of payment.
5. **Provider's Reasons and Procedures for Termination/ Expulsion/ Disenrollment of a Child(ren):** Violation of any summer program rules may lead to suspension or termination of membership based upon the severity of the situation and the discretion of the summer program manager. Please see parent handbook for further details about the specific reasons and procedures.
6. **Discounts or scholarship available to parents/ children:** The summer program strives to serve youth regardless of ability to pay the membership/ summer weekly service fee. If a youth's parent(s) or guardian(s) cannot afford the membership/program fees, the youth may perform service at the summer program in lieu of any fee. A Payment Plan for the fees is also available. No child will be turned away for inability to pay.

Parent/Guardian Signature: _____ **Date:** _____

Club Management Signature _____ **Date** _____

PLEASE COMPLETE AND RETURN ALL FORMS.

A CLUB FOR EVERY KID

BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

BOYS & GIRLS CLUBS
MEMBER EXPECTATIONS

Boys & Girls Clubs of Greater Milwaukee (BGCGM) has rules that every member, youth and adult guest must follow to ensure a positive experience for all members. All Club rules are designed and enforced to create a safe, respectful, fun and orderly environment.

Members and guardians receive the Member Expectations (ME) as part of the application process. Any violations of these rules may have consequences varying from a verbal warning to suspension or even termination of membership. Additional rules for specific programs, situations or ages may be set and used by Club staff as needed.

The code of conduct is as follows:

- I will honor the BGCGM Member Expectations when I participate in all Club activities.
- I will respect myself, fellow members, employees, and the facilities.
- I will have my coat, hat and book bag in the designated Club location.
- I will be responsible for all my personal belongings, including electronic devices. I agree not to use my electronic devices while attending Club programming, unless given permission by staff.
- I will remain drug, alcohol and tobacco free at the Club.
- I will use words that are respectful.
- I will report inappropriate behavior that is uncomfortable, unwanted or dangerous.
- I will cooperate with all directions and requests by BGCGM employees.
- I will eat or drink only in designated areas and dispose of garbage properly.
- I will refrain from inappropriately touching other Club members.
- I will only use approved entries and exits as I arrive at or depart from the Club.
- I will remain free of all weapons, including objects that resemble real weapons.
- I will refrain from intimate behavior

All youth (guests and members) must sign the Member Expectations with the membership/guest form. By signing my name, I agree to honor Boys & Girls Clubs' Member Expectations and am prepared to accept the consequences of my actions.

_____ _____

Club Member's Signature | Parent/Guardian's Signature

_____ _____

Date | Date