



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

All families are encouraged to apply for summer enrollment at this time. Priority registration will be given to children of tier 1 and tier 2 essential workers. Waitlists are being created for all Clubs that have reached capacity.

Membership Application

Membership Materials take 24-48 hours to process and must be complete. You will receive a confirmation phone call/email to notify you when your child may begin attending.

For your child's well-being, the information you provide must be complete and accurate. This information is necessary for compliance with Wisc. Dept. of Children & Families Administrative Code for Group Child Care Centers and Boys & Girls Club records.

Tier 1: employees, contractors, and other support staff working in health care

Tier 2: employees, contractors, and other staff in vital areas including but not limited to military; long term care; residential care; pharmacies; child care; child welfare; government operations; public safety and critical infrastructure such as sanitation, transportation, utilities, telecommunications; grocery and food services; supply chain operations; and other sectors as determined by the department.

Please select preferred Club to attend:

Boys & Girls Clubs Now Open

Don & Sallie Davis (ages 5-12)
1975 S. 24th Street, Milwaukee, WI 53204
414-383-2650

Roger & Leona Fitzsimonds (ages 4-12)
3400 W. North Avenue, Milwaukee, WI 53208
414-874-0269

Augusta M. LaVarnway (ages 4-12)
2739 N. 15th Street, Milwaukee, WI 53206
414-372-6810

Mary Ryan (ages 4-12)
3000 N. Sherman Boulevard, Milwaukee, WI 53210
414-447-5333

Daniels-Mardak (ages 4-12)
4834 N. 35th Street, Milwaukee, WI 53209
414-578-1228

Pieper-Hillside (ages 5-12)
611 W. Cherry Street, Milwaukee, WI 53212
414-291-0347

Hours of Operation: 7:30 a.m. – 6:00 p.m. | **Weekly Fee:** \$205.00 per child (sliding fee scale/scholarships available)

All forms must be completed, signed and checked off below before registration packet can be turned in.

DCF Child Care Enrollment

Am I Eligible for WI Shares Child Care

Payment Process

Health History & Emergency Care Plan

State Alternate Arrival/Release Agreement

BGCGM Alternate Arrival/Release Agreement

Member Expectations Form

CACFP Form

Virtual Programming Parent Consent Form

Parent/Guardian Consent & Waiver Form

BGCGM Covid-19 Waiver

Child Care Immunization Record

Please include a most recent copy of your child's immunization record (shot record) for a complete registration form. If you don't have access to your child's immunization records, please complete the Child Care Immunization Record that is included with this registration packet.

Drop off your completed application at **Daniels-Mardak** or **LaVarnway** any Monday in June 8:00 am – 5:00 pm OR at **Don & Sallie Davis** Monday-Friday 11:00 am-5:00 pm. The completed digital applications can be mailed to membership@bgcmilwaukee.org. For additional information please email membership@bgcmilwaukee.org or call (414) 659-4173.

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent/guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed Intake for Child Under 2 Years form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)

Name (Last, First, MI)

Name (Last, First, MI)

PARENT OR GUARDIAN: All parents/guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child

Cell Phone No.-Required

Email Address-Required (where reachable while child is in care)

Home Address (Street, City, State, Zip)

Does child reside at this location?

Place of Employment and Work Phone No.

Yes No

b. Name and Relationship to Child

Cell Phone No.-Required

Email Address-Required (where reachable while child is in care)

Home Address (Street, City, State, Zip)

Does child reside at this location?

Place of Employment and Work Phone No.

Yes No

AUTHORIZED PERSONS: Persons other than parents/guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child

Cell Phone No.-Required

Email Address-Required (where reachable while child is in care)

Home Address (Street, City, State, Zip)

Does child reside at this location?

Place of Employment and Work Phone No.

Yes No

b. Name and Relationship to Child

Cell Phone No.-Required

Email Address-Required (where reachable while child is in care)

Home Address (Street, City, State, Zip)

Does child reside at this location?

Place of Employment and Work Phone No.

Yes No

EMERGENCY CONTACT: The person to be notified in an emergency when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

Name and Relationship to Child Cell Phone No.-Required Email Address-Required (where reachable while child is in care) Place of Employment and Work Phone No.

PHYSICIAN OR MEDICAL FACILITY

Name

Address (Street, City, State, Zip Code)

Telephone Number

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

Yes No I give permission for my child to participate in Transported Walking field trips and other activities during operating hours.

Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE - Parent or Guardian

Date Signed

SUMMER 2020

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? Yes Currently Working? Yes

First Name_____ Current Health Insurance? Yes Currently Working? Yes

LIST ALL CHILDREN IN HOUSEHOLD

First Name_____ Childs Age_____ Current Health Insurance? Yes

First Name_____ Childs Age_____ Current Health Insurance? Yes

First Name_____ Childs Age_____ Current Health Insurance? Yes

First Name_____ Childs Age_____ Current Health Insurance? Yes

First Name_____ Childs Age_____ Current Health Insurance? Yes

MONTHLY INCOME INFORMATION

Total Monthly Gross Income for your Household from Job(s) \$_____

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 Authorization

If Eligible, Date Contacted:_____ By:_____

Notes:



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

BOYS & GIRLS CLUBS OF GREATER MILWAUKEE PARENT WRITTEN PAYMENT AGREEMENT

This Agreement is Between:

Business/Provider Name:

Davis Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 4000573254 **Location Number:** 007

Mary Ryan Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 4000573254 **Location Number:** 002

Fitzsimonds Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 4000573254 **Location Number:** 009

LaVarnway Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 4000573254 **Location Number:** 005

Daniels Mardak Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 4000573254 **Location Number:** 006

Pieper-Hillside Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 4000573254 **Location Number:** 010

Parent Name (First, Last)

Second Parent Name (First, Last)

SAMPLE: Child Name
Sally Jones

SAMPLE: Child Date of Birth
10/14/2015

Child Care Price
\$205 per week

Payment Schedule
Weekly, on or before
SAMPLE: Payment Due
On Friday

Child Name (First, Last)

Child Date of Birth

Child Care Price: \$205.00
Discount Price: _____

Payment Schedule:
Monthly, weekly or see
Club Manager

This payment does not include extra charges that may be incurred for items including field trips/special events, as agreed upon in advance. Parents are responsible for paying the difference between the subsidy amount and the cost of care.

UNABLE TO PAY FULL FEES: Opportunities for Financial Assistance:

- 1. Wisconsin Shares:** The Boys & Girls Clubs of Greater Milwaukee accepts Wisconsin Shares child care subsidy in lieu of family private pay. We ask that you work with your Club Manager and/or your Family Resource Center liaison to explore Wisconsin Shares as an option for weekly payment. If you qualify and desire to utilize Wisconsin Shares in lieu of private payment, we ask that the head of household do their best to make timely monthly Electronic Benefit Transfer (EBT) payments and maintain and update their benefit status. Family Resource Center is here to help answer all your questions and assist you in accessing this payment assistance. Please contact Denisse Voelkner at Denisse.Voelkner@bgcmilwaukee.org or 414-303-4601.
- 2. Full Boys & Girls Clubs Scholarship:** It is the intention of Boys & Girls Clubs of Greater Milwaukee (BGCGM) that our weekly participation fees never interfere with a child from participating in our programs. Therefore, BGCGM provides a financial assistance program for those who demonstrate they are in need of fee adjustments. For specific information on the scholarship process, parents are asked to schedule a face-to-face meeting with their specific Club/CLC manager to complete the scholarship application. BGCGM and its professional staff strive for fair and equitable distribution of available resources with the goal of treating similarly situated individuals and families equally. The program will be operated with strict confidence to maintain and strengthen the dignity of all participants.

Eligibility: Assistance will be granted on the basis of financial need. Each applicant's eligibility will be reviewed at the end of each program or session. We reserve the right to re-evaluate at any time. BGCGM believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their involvement. Therefore, all applicants will be required to pay a portion of the program fees.



BOYS & GIRLS CLUBS OF GREATER MILWAUKEE PARENT WRITTEN PAYMENT AGREEMENT

Site and Parent Agreed Upon Start Date: _____

Days and Hours of Operation (as of date): _____

- 1. Policy for Deposits or/Holding a Slot:** Enrollment is on a first come, first serve basis. If space is unavailable, children are placed on a waiting list. No deposit or hold fee is required.
- 2. Anticipated Closure Dates and Policy for Payment during Closures:** All scheduled times are subject to billing and based on payment frequency (payment frequency may be hourly, daily, or weekly). No refunds for anticipated closures or unanticipated closures such as inclement weather and other emergencies.
- 3. Policy, and Payment Expectations, for Expected Child Absences:** Expected absences are those reported in advance by the parent, including vacations or appointments. In order to maintain appropriate staffing levels and program quality, fees for weekly designated participation will be assessed regardless of expected or unexpected absences. After school program fees vary, please refer to your program’s fee structure for more information.
- 4. Policy, and Payment Expectations, for Unexpected Child Absences:** Unexpected absences are those not reported in advance, including sick days or no-show. In order to maintain appropriate staffing levels and program quality, fees for weekly designated participation will be assessed regardless of expected or unexpected absences. After school program fees vary, please refer to your program’s fee structure for more information.
- 5. Dispute Policy:** For payment disputes please see your afterschool program’s Manager. The program designee will work to resolve the issue or refer the matter to their immediate supervisor. In an effort to facilitate a timely resolution, please provide any pertinent documentation.
- 6. Reasons and Procedures for Termination/Expulsion of a Child(ren):** In reference to the Boys & Girls Clubs of Greater Milwaukee Parent/Student Rights, Responsibilities and Discipline Handbook, Boys & Girls Clubs is committed to providing a safe and effective learning environment for students and staff members. Boyd & Girls Clubs reserves the right to suspend, terminate or expel students who compromise safe learning environments.
- 7. Parent’s Procedures for Termination/Disenrollment of a Child(ren):** To cancel enrollment, provide the Site Manager with a two week verbal or written notice. No refunds will be issued. Credits may not be transferred between children or applied to other services or locations.
- 8. Discounts or Scholarships Available to Parents/Children (such as sibling discount, etc.):** School-age youth whose family qualifies for one or more of the following situations are eligible for a discount (where applicable): sibling discount, FoodShare/SNAP (Supplemental Nutrition Assistance Program), and Foster Care. Eligibility documentation must be provided with registration. Inability to pay is not a barrier to participation in the program. Please see the program manager for details.

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.

Site Contact Name (print): _____

Site Contact Signature: _____ **Date:** _____

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.

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

Name	Telephone No. - Home	Telephone No. - Work	Telephone No. - Cell
Name	Telephone No. - Home	Telephone No. - Work	Telephone No. - Cell

PHYSICIAN/MEDICAL FACILITY INFORMATION

Name - Physician	Address Medical Facility (Street, City, State, Zip Code)	Telephone Number
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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.	Brand Name	Ingredient Strength
Yes	No	I authorize the center to allow my child to self-apply sunscreen.	_____	_____
Yes	No	I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
Yes	No	I authorize the center to allow my child to self-apply repellent.	_____	_____

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	Epilepsy/seizure disorder
Asthma	Gastrointestinal or feeding concerns including special diet and supplements
Cerebral palsy/motor disorder	Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
Diabetes	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.

HEALTH HISTORY AND EMERGENCY CARE PLAN

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

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

ALTERNATE ARRIVAL/RELEASE AGREEMENT CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission - Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child (child's full name) _____

Will arrive at (name of center) _____

From (school, home or other activity) _____

By way of (Walking, bicycle, bus, car pool, etc. Be as specific as possible.) _____

At (time of arrival) _____ AM PM

On Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will arrive from this destination with **OR** without center supervision.

RELEASE INSTRUCTIONS

My child (child's full name) _____

Will leave (name of center) _____

By way of (Walking, bicycle, bus, car pool, etc. Be as specific as possible.) _____

To go to (School, home or other activity) _____

At (time of departure) _____ AM PM

On Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will arrive from this destination with **OR** without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE - Parent or Guardian

Date Signed (mm/dd/yyyy)



ALTERNATE ARRIVAL/RELEASE AGREEMENT

By completing and signing the attached Alternate Arrival/Release Agreement (hereinafter "Agreement") you are authorizing Boys & Girls Clubs of Greater Milwaukee (hereinafter "BGCGM") to release your minor child from BGCGM without a parent/legal guardian present. Please note, by signing the Alternative Arrival/Release Agreement you are acknowledging the following:

1. Safety is BGCGM's number one priority. Because BGCGM values safety, and due to a general presumption of maturity of most 13-year-olds or older, it is our position that members, 12-year-olds or younger should only be released directly to a parent/legal guardian or authorized person, and that person must be present and sign the member out.
2. You understand that BGCGM's policy is to only allow members 13-year-olds and older to sign him/herself out.
3. You are requesting that this policy be waived and that your child, who is 12-years-old or younger, be allowed to sign their self out.
4. You understand that once your child has signed themselves out from BGCGM:
 - a. They will not be allowed back to sign back into the Club site within the same day.
 - b. BGCGM will no longer be responsible for the safety of your child after they exit the building.
 - c. BGCGM staff will not monitor with whom or where your child goes after departing.
 - d. BGCGM will not make any special notations or phone calls to you, regarding your child signing out.
5. You agree to waive and hold BGCGM harmless from any damage, harm, misconduct, disappearance, or any other circumstance that may occur after your child exits BGCGM's building/site, which includes but is not limited to injury caused by others, self-inflicted, or traffic/motor vehicles.
6. You understand that this Agreement shall remain enforced and on file until revoked in writing.

By signing below, you (the legal guardian/parent with custodial rights to sign on behalf of the below named child), acknowledges your understanding and agreement of the above release and waiver, and voluntarily sign below.

Child's Full Legal Name

Child's Date of Birth

Legal Guardian's Name - Print

Best Phone Number

Legal Guardian's Signature

Date



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

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

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren)	Center
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PART 1: BENEFITS

If no one receives these benefits, skip to PART 2.

If any member of your household currently receives benefits from:	Check the box for the benefit received AND list the case number	<ul style="list-style-type: none"> • DO NOT list a 16 digit Quest Card number for FoodShare • Wisconsin Shares Child Care Subsidy benefits is NOT W-2 Cash Assistance.
FoodShare Wisconsin (10 digit #) _____	_____	
Wisconsin Works (W-2) Cash Assistance (10 digit #) _____	_____	
FDPIR (9 digit #) _____	_____	

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME (Complete a, b, and c)

If you completed PART 1, you do not need to list household and income information below.

a) List full names of all household members below, including yourself and all children. Household Member: anyone who is living with you and shares income and expenses, even if not related.	b) List all income on the same line as the person who receives it. <ul style="list-style-type: none"> • Record each income source only once. • Check the box for how often each income source is received. 																				
Household Members	(Optional) Age	Check if Foster Child	Check if No Income	Gross wages, Net income (self-employed), Commission, Tips, Cash bonuses, Military pay & allowances for off-site housing/food/clothing, Work comp, strike ben., Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Pensions, Retirement Social Security, VA benefits, SSI, Disability, Child Support, Adoption assistance, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, Trusts/estates, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
c) Record total # of household members: _____																					

PART 3: ALL HOUSEHOLDS

ETHNICITY AND RACE DATA COLLECTION – Completion is optional
 This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):
 American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)
 If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# OR check "None" if he/she does not have a SS#.

I CERTIFY (promise) that all information on this form is true, and that all income is reported unless eligibility is established by receiving FoodShare, W-2 Cash Assistance, and/or FDPIR. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member	Signature Date <i>Mo./Day/Yr.</i>	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**-____ None
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FOR CENTER USE ONLY – Complete all 3 sections and the Effective Month of Determination

Section 1: Basis of Determining Eligibility (A or B)	Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)	Free Reduced Non-Needy	_____ **Effective Month of Determination _____ Month/Year
B. Benefits/Foster FoodShare WI W-2 Cash Assistance FDPIR Foster Child(ren)		

*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers:

Weekly x 52	Twice a month x 24
Every 2 weeks x 26	Monthly x 12

**This form expires one year from the Effective Month of Determination.

Dear Parent or Guardian:

Boys & Girls Clubs of Greater Milwaukee

(Name of Agency)

is enrolled in the CACFP, a USDA program which

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

• You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDIPIR (Food Distribution Program on Indian Reservations), or the W-2 (Wisconsin Works) Cash Assistance Program and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDIPIR, or W-2 Cash Assistance.

W-2 Cash Assistance is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the Wisconsin Shares Child Care Subsidy Program.** W-2 Cash Assistance Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), W-2 Transitions (W-2 T), Custodial Parent of an Infant (CMC), and At Risk Pregnancy (ARP).

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDIPIR, W-2 Cash Assistance:

(a) The names of your enrolled children;

(b) Checked box for the benefit your household receives and its case number; and

(c) The signature of an adult member in the household & signature date

• **DO NOT list case numbers for:**

Medicaid, SSI, OR Wisconsin Shares Child Care Subsidy program AND

• **DO NOT list the 16 digit Quest Card number for FoodShare WI**

Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form

Household-Size Income Scale (Effective July 1, 2018 to June 30, 2019)

Household Size	Annual Income Level (at or below)
1	\$ 22,459
2	\$ 30,451
3	\$ 38,443
4	\$ 46,435
5	\$ 54,427
6	\$ 62,419
7	\$ 70,411
8	\$ 78,403
For each additional Household Member, add:	+\$ 7,992

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children.

For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):

(a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;

(b) Income received by each household member identified by source of income and its pay frequency;

(c) Total number of household members;

(d) The signature of an adult member of the household and signature date; and

(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

• Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children

enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below.

• Please note: These children's **eligibility for Free meals does not extend to other children in your household.**

The respective documentation is required for these children to be eligible for Free Meals:

• **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.


• **Children Enrolled in Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.

• **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, the W-2 Cash Assistance Program, or FDIPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Please note that filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, please notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider.


Signature of Agency Representative



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

VIRTUAL PROGRAMMING PARENTAL CONSENT FORM

Dear Parent/Guardian:

In an effort to continuously serve members during the Club closure and to provide your child with more program enrichment, Boys & Girls Clubs of Greater Milwaukee is providing distance-based and in-Club virtual programming for Club members, through which Club staff will communicate and facilitate program activities through online platforms.

Boys & Girls Clubs of Greater Milwaukee will use software, tools and applications provided by third parties that members, parents/guardians and/or staff will access via the Internet and use for purposes of communication and programming. These platforms include: Zoom meeting, Google Classroom, You Tube, Facebook, and MyFuture.net. These applications will be used for video conferencing, group lessons, chats, and advising, and sharing of projects and lessons. Third-party applications will also be used at times. lessons.

This letter seeks consent for your child to utilize these online platforms for distance-based and In-Club, virtual Club program purposes.

All that is needed to get started from home is access to a computer, mobile phone, iPad or Chromebook and an internet connection. In the Club, your child will be provided with a Chromebook and other technology in the classroom.

Our commitment to keeping the young people we serve safe is always our number one priority. Boys & Girls Clubs of Greater Milwaukee will actively monitor member activity and will provide internet safety lessons for your child.

Please complete the attached form to record your consent for your child's use of our virtual programming. Please return the completed form to your Club manager.

Parent/Guardian Permission

I, _____, parent/guardian of _____,
Print parent/guardian name *Print member's name*

give permission for him/her to participate in distance-based and in-Club online Club experiences at Boys & Girls Clubs of Greater Milwaukee

Parent/Guardian's Email Address: _____

Parent/Guardian's Cell Phone: _____

Parent/Guardian's Signature: _____

Date: _____



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

Child's Legal Name: _____

PARENT/GUARDIAN CONSENT & WAIVER FORM

PERMISSION: I hereby grant permission for my child/myself to participate in Boys & Girls Clubs. In the event of any injury requiring medical attention, I hereby grant permission to Boys & Girls Clubs 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 Boys & Girls Clubs activities that are not reasonably within the control of the BGC staff (including volunteers). I/we therefore agree to release and hold harmless the Boys & Girls Clubs 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.

MEDIA/RELEASE: I understand, as parent/legal guardian of the above-named child, that there maybe times when the local news media, national news media and/or nonprofit organizations partnering with Boys & Girls Clubs request the opportunity to videotape, take photographs and/or interview children within Boys & Girls Clubs. By signing this, I understand that I am giving permission for Boys & Girls Clubs to allow media coverage with respect to my child. I also understand that by signing this release, I give permission to Boys & Girls Clubs and/or its agents 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 Boys & Girls Clubs. I understand that by signing this, I am, on behalf of myself and my child, releasing Boys & Girls Clubs 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 unless revoked in writing by me (parent/legal guardian) to the attention of BGCGM (Mardak Administration Center).

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND ALL OF THE ABOVE INFORMATION.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____



ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Boys & Girls Clubs of Greater Milwaukee ("BGCGM") has put in place preventative measures to reduce the spread of COVID-19; however, Boys & Girls Clubs of Greater Milwaukee cannot guarantee that you will not become infected with COVID-19 while participating in BGCGM programming. Further, participation in activities involving other people could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING - INITIAL EACH PARAGRAPH

____ **INITIALS Assumption of Risk:** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at BGCGM may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BGCGM's employees, volunteers, and program participants and their families.

____ **INITIALS Liability Release Indemnification: I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at BGCGM.** I, and my assignees, heirs, guardians, and legal representatives, hereby release, covenant not to sue, discharge, and hold harmless BGCGM, its employees, agents, and representatives, of and from all claims, including all liabilities, claims, complaints, actions, damages, costs or expenses of any kind arising out of or relating thereto ("Claims"). I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of BGCGM, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programs or activities at BGCGM.

____ **INITIALS** By signing this agreement, I agree that if I am exposed or infected by COVID-19 during my participation in any BGCGM program or activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ **INITIALS Insurance:** I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

____ **INITIALS** In the event that I file a lawsuit, I agree to do so in the state of Wisconsin, and I further agree that the substantive law of Wisconsin shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ **INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and I agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

____ **INITIALS** If I have signed a separate general waiver of liability connected to my participation at BGCGM, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ **INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at BGCGM.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT *(Must be completed for participants under the age of 18)*

In consideration of _____ (*PRINT minor's names*) being permitted to participate in this activity, I state that I have legal authority to enter into this agreement on behalf of _____ (*PRINT minor's names*) and agree to indemnify and hold harmless BGCGM, its employees, agents, and representatives from any Claims alleging negligence which are brought by or on behalf of such minor(s) or which are in any way connected with participation by such minor(s) in any BGCGM program or activity.

Parent or Guardian _____ Print Name _____ Date _____

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER: State law requires all children in child care centers to present evidence of immunization against certain diseases within 30 school days (6 calendar weeks) of admission to the child care center. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

STEP 1: PERSONAL DATA (please print)

Child's Name (Last, First, Middle Initial) _____ Date of Birth (Month/Day/Year) _____ Area Code/Telephone Number _____

Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial) _____ Address (Street, Apartment number, City, State, Zip) _____

STEP 2: IMMUNIZATION HISTORY: List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

Type Of Vaccine	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year _____ (Vaccine is not required) No or Unsure (Vaccine is required)

STEP 3: REQUIREMENTS: The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

Age Levels	Number Of Doses						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib	2 PCV	2 Hep B	1 MMR3	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib	2 PCV	2 Hep B	1 MMR3	1w Varicella
At Kindergarten entrance	4 DTP/DTaP/DT	4 Polio			2 Hep B	2 MMR3	2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4 birthday is also acceptable).

STEP 4: COMPLIANCE DATA AND WAIVERS: if the child meets all requirements (sign at step 5 and return this form to the child care center), or if the child does not meet all requirements (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____
 (List in STEP 2 any immunizations already received)

Physician's Signature Required _____

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already receive

STEP 5: SIGNATURE: To the best of my knowledge, this form is complete and accurate.

Parent, Guardian or Legal Custodian _____

Date Signed _____