



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

**Clubs to open June 21,
hours to be determined.**

Membership Application – Summer 2021

Membership materials take 24-48 hours to process. 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.

BGCGM is committed to creating a learning and recreational environment that meets the needs of its diverse members, including those with disabilities. If you anticipate or experience any barriers to participating in our programs, please feel welcome to discuss your concerns with our Club Manager.

Please see the registration form for information regarding fee waivers. The inability to pay is not a barrier to participation in the program. Waivers are available for all program fees. No documentation

East Central – for more information call: 414-940-6513

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Allen-Field <i>Closed for summer due to renovations</i>
730 W. Lapham Blvd. 53204 | <input type="checkbox"/> Carson Academy
4920 W. Capitol Dr., 53216 | <input type="checkbox"/> Engleburg
5100 N. 91st St., 53225 | <input type="checkbox"/> Grantosa
4850 N. 82nd Street, 53218 |
| <input type="checkbox"/> Bethune
1535 N. 35th St., 53208 | <input type="checkbox"/> Cass Steet
1647 N. Cass St., 53202 | <input type="checkbox"/> Fratney
3255 N. Fratney St., 53212 | <input type="checkbox"/> Riverwest
2765 N. Fratney, 53212 |
| <input type="checkbox"/> Bradley Tech
700 S. 4th Street, 53204 | <input type="checkbox"/> Clarke Street School
2816 W. Clarke St., 53210 | <input type="checkbox"/> Gaenslen
1250 E. Burleigh Street, 53212 | <input type="checkbox"/> Siefert
1547 N. 14th St., 53205 |

North West – for more information call: 414-750-0408

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 53rd Street School
3618 N. 53rd St., 53216 | <input type="checkbox"/> Kluge
5760 N. 67th Street, 53218 | <input type="checkbox"/> North Division
1011 W. Center Street, 53206 | <input type="checkbox"/> Sherman
5110 W. Locust St., 53210 |
| <input type="checkbox"/> Carver Academy
1900 North 1st Street, 53212 | <input type="checkbox"/> LaFollette
3239 N 9th Street, 53206 | <input type="checkbox"/> Northwest Catholic
7140 N. 41st Street, 53209 | <input type="checkbox"/> Townsend
3360 N. Sherman Blvd., 53216 |
| <input type="checkbox"/> Early View
<i>Students will attend Daniels-Mardak</i>
4834 N. 35th Street, 53209 | <input type="checkbox"/> Maple Tree
6644 N. 107th St., 53224 | <input type="checkbox"/> Obama <i>Closed for summer due to renovations</i>
5075 N. Sherman Blvd, 53209 | |
| | <input type="checkbox"/> Marvin Pratt <i>Closed for summer</i>
5131 N. Green Bay Ave., 53209 | | |

Southside – for more information call: 414-659-4173

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 81st Street School
2964 N. 81st St., 53222 | <input type="checkbox"/> Hayes Bilingual
971 W. Windlake Ave, 53204 | <input type="checkbox"/> Mitchell
1728 S. 23rd Street, 53204 | <input type="checkbox"/> Washington High School
2525 N. Sherman Blvd., 53210 |
| <input type="checkbox"/> Audubon <i>Closed for summer due to renovations</i>
3300 S. 39th Street, 53215 | <input type="checkbox"/> Kagel
1210 W. Mineral Street, 53204 | <input type="checkbox"/> Prince of Peace
1646 S. 22nd Street, 53204 | <input type="checkbox"/> Wedgewood
6506 W. Warnimont Ave., 53220 |
| <input type="checkbox"/> Bay View
2751 S. Lenox Street, 53207 | <input type="checkbox"/> Lincoln
1817 W. Lincoln Ave., 53215 | <input type="checkbox"/> St. Joseph
<i>Students will attend Davis</i>
1975 S. 24th Street, 53204 | <input type="checkbox"/> Zablocki
1016 W. Oklahoma Ave., 53215 |
| <input type="checkbox"/> Greenfield Bilingual
1711 S. 35th Street, 53215 | <input type="checkbox"/> Milwaukee Academy of Science
2000 W. Kilbourn Ave., 53233 | | |

Weekly Fee: \$185 per child (sliding fee scale/scholarships available)

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

- | | |
|--|--|
| <input type="checkbox"/> DCF Child Care Enrollment | <input type="checkbox"/> Virtual Programming Parent Consent Form |
| <input type="checkbox"/> Am I Eligible for WI Shares Child Care | <input type="checkbox"/> Parent/Guardian Consent & Waiver Form |
| <input type="checkbox"/> Payment Process | <input type="checkbox"/> BCGM Covid-19 Waiver |
| <input type="checkbox"/> Health History & Emergency Care Plan | <input type="checkbox"/> Child Care Immunization Record |
| <input type="checkbox"/> Parent & Child Agreement Covid-19 | <i>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.</i> |
| <input type="checkbox"/> State Alternate Arrival/Release Agreement | |
| <input type="checkbox"/> BCGM Alternate Arrival/Release Agreement | |
| <input type="checkbox"/> Member Expectations Form | |

Drop off your completed application at any Club listed above. Please check the website for location days and hours. The completed digital applications can be emailed to membership@bgcmilwaukee.org.



Summer Youth Participant Registration Form

Site: _____

Early Drop-off Late Pick-up Both

Last Name	First Name	MI	Date of Birth	Age	Student ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check one for each of the following.

Gender: Male Female

Address: _____

Zip Code: _____ Phone: _____

Email: _____

School: _____ Grade: _____

Elem. Teacher Name: _____

Math Teacher Name: _____

English Teacher Name: _____

Ethnicity:

- African-American
- Asian-American
- White/Caucasian
- Hispanic-American
- Non-Hispanic/Latino
- Native American
- Native Hawaiian/Pacific Islander
- 2 or more Races
- Other/Unknown: _____

Primary Language:

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

Lives with: Both Parents Father (single parent) Foster Care Grandparent(s) Check this box if you would like to request a fee waiver. 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.): _____

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 checkboxes 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: _____

Revised 2/2020 MPS

OFFICE USE ONLY
Site #: _____
Bus #: _____
Date entered in computer: ____/____/____
Data Staff initials: _____

Do you Receive WI Shares Child Care or W2?

Please complete the form below. Not completing this form in no way affects your child's ability to participate in the 21st Century CLC program.

Please Select One:

<input type="checkbox"/>	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.
<input type="checkbox"/>	Yes, I receive W2. My Case Number is: _____ . I will contact my FEP worker to update my Child Care Authorization.
<input type="checkbox"/>	No, I currently do not receive WI Shares Child Care or W2.
<input type="checkbox"/>	I choose not to complete this form.

Signature: _____ Date: _____ Phone Number: _____

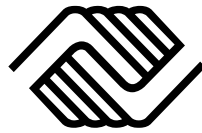
Am I Eligible?

Please complete the following information.

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 Worked Per Week	
Amount Earned Per Hour:	\$ _____
Do you receive any Additional Income? Circle all that apply:	
Child Support W2 Payments Social Security / SSI Unemployment Other: _____	
Total Additional Monthly Income Received:	\$ _____

<p>For Office Use Only:</p> <p style="text-align: center;">Eligible? Yes No</p> <p>If Eligible, Date Contacted: _____ By: _____</p> <p>Notes:</p>	<p>Club Location: _____</p> <p>Parent Needs to Update Auth</p>
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PARENT WRITTEN PAYMENT AGREEMENT

This Agreement is Between:

BOYS & GIRLS CLUBS:

- 53rd Street** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 061
- 81st Street** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 047
- Bayview** Boys & Girls Clubs of Greater Milwaukee (BGC)
- Bethune** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 130
- Bradley Tech** Boys & Girls Clubs of Greater Milwaukee (BGC)
- Carson** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 072
- Carver** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 128
- Cass** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 003
- Clarke Street** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 004
- Engleburg** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 094
- Fratney** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 008
- Gaenslen** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 153
- Grantosa** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 160
- Greenfield** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 013
- Hayes** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 166
- Kagel** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 016
- Kluge** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 172
- LaFollette** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 017
- Lincoln** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 154
- Maple Tree** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 149
- Milwaukee Academy of Science** (BGC)
Provider Number: 4000573254 Location Number: 015
- Mitchell** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 021
- North Division** Boys & Girls Clubs of Greater Milwaukee (BGC)
- Northwest Catholic** Boys & Girls Clubs of Greater Milwaukee (BGC)
- Prince of Peace** Boys & Girls Clubs of Greater Milwaukee (BGC)
- Riverwest** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 155
- Sherman** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 148
- Siefert** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 156
- St. Joseph** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 4000573254 Location Number: 014
- Townsend** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 028
- Washington** Boys & Girls Clubs of Greater Milwaukee (BGC)
- Wedgewood** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 137
- Zablocki** Boys & Girls Clubs of Greater Milwaukee (BGC)
Provider Number: 2000563892 Location Number: 042

PARENT/GUARDIAN:

Parent/Guardian Name (First, Last) _____

Second Parent/Guardian Name (First, Last) _____

SAMPLE: Child Name

Sally Jones

SAMPLE: Child Date of Birth

10/14/2015

Child Care Price

\$185 per week

Payment Schedule

SAMPLE: Payment Due On Friday

Child Name (First, Last) _____

Child Date of Birth _____

Child Care Price: \$185

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 414-303-4602.
- 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 in need of fee adjustments. The program will be operated with strict confidence to maintain and strengthen the dignity of all participants.



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

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.):** For families with more than 2 children, additional children fees are free. So, any third child or more do not pay fees. Please check the box on the registration form to waive all fees. 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.

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 / 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
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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.

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

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

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Cerebral palsy / motor disorder	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism	
<input type="checkbox"/> 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: _____



COVID 19 – PARENT & CHILD AGREEMENT

Site Name: _____

Sick Child Policy Amendment: COVID-19

The safety and wellbeing of all staff, children, and families continue to be of utmost importance to us. We always commit to taking all precautions toward keeping children and staff safe and healthy, including the current time of the COVID-19 outbreak. Following this additional sick child policy will help us to do this.

Children will be monitored for signs or symptoms of COVID-19 daily. Children will be asked to stay home or return home if any of the following applies:

- Have a fever of 100.4 or higher
- Have had a fever of 100.4 or higher or other potential symptoms of COVID-19, such as shortness of breath or persistent dry cough, within the last 72 hours
- Have come in contact with others who have COVID-19

To prevent the spread of COVID-19:

If you meet any of the following criteria, please do not visit or pick-up/drop-off a child at our program. Older than 60 years old, pregnant, have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma, have symptoms of COVID-19 (fever, cough, shortness of breath), have been in contact with someone with COVID-19 in the last 14 days, or have returned from travel to areas with community spread of COVID-19 as defined by the CDC in the last 14 days.

During this difficult and stressful time, we want you to know that we value the safety and wellbeing of you and your child(ren). For this reason, we ask that you take time to read through the following statements that we have put into place to keep everyone healthy and safe:

- Children who develop signs/symptoms of COVID-19 while at the program will be immediately separated from others and the program staff will contact the family member and/or emergency contact to pick the child up. Please have plans in place to ensure you or a designated person is available if this should occur.
- Please review your enrollment information to ensure we have your current contact information as well as emergency contact information.
- We encourage families to practice frequent handwashing at home
- We will practice handwashing upon arrival to the program, before meals and snacks, after outdoor play, after using the bathroom, before going home, after nose blowing or assisting a child with blowing their nose, coughing, or sneezing
- Cover cough and sneezes with tissues, throw tissues in the trash, and clean hands with soap and water or hand sanitizer (if soap and water is not readily available)
- Clean and disinfect frequently touched surfaces at least daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks

If an enrolled child or employee tests positive for COVID-19:

- The local public health department and the Department of Children and Families Bureau of Early Care Regulation will be contacted. We will follow their guidance for the next steps.
- The program will post and notify families of any confirmed staff or child cases of COVID-19

COVID 19 – PARENT & CHILD AGREEMENT: PAGE 2

Returning to a childcare facility after suspected COVID-19 symptoms

If a staff member or child has symptoms of COVID-19 or is in close contact with someone with COVID-19, they can return to the childcare facility if the following conditions are met:

- If an individual has a fever, cough, or shortness of breath and has not been around anyone who has been diagnosed with COVID-19, they can return to the center no sooner than 72 hours after the fever is gone (without the use of fever-reducing medication) and symptoms get better. If the person's symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19.
- If an individual is diagnosed with COVID-19, they must remain out of the program for a minimum of 7 days after the onset of the first symptoms. They may return under the following conditions:
 - If they had a fever: 3 days after the fever ends without the use of fever-reducing medication AND there is an improvement in their initial symptoms (e.g. cough, shortness of breath)
 - If they did not have a fever: 3 days after they see an improvement in their initial symptoms (e.g. cough, shortness of breath)

I, (family member name) _____, parent/guardian of,
_____, have read and agree to the above sick child policy amendment.

Family member signature: _____ Date: _____

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



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 _____